

HUMANITARIAN NEEDS OVERVIEW

NIGERIA

HUMANITARIAN
PROGRAMME CYCLE

2021

ISSUED FEBRUARY 2021



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PHOTO ON COVER

Bakassi IDP Camp, Protection and mobile clinic

Photo: OCHA/Eve Sabbagh.

CERF-Funded protection projects for IDPs in Bakassi Camp, Maiduguri, Borno State. These projects include protection screening, NFI distribution, and a mobile court.

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

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


fts.unocha.org/

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Summary of Humanitarian Needs and Key Findings

Pre-COVID-19 figures (HNO 2020)

PEOPLE IN NEED	TREND (2016-2020)	WOMEN	CHILDREN	WITH DISABILITY
7.9M		22%	59%	2.3%

Revised figures (COVID-19 Addendum 2020)

PEOPLE IN NEED	TREND (2016-2020)	WOMEN	CHILDREN	WITH DISABILITY
10.6M		18%	65%	8.5%

Projected figures (2021)

PEOPLE IN NEED	TREND (2016-2021)	WOMEN	CHILDREN	WITH DISABILITY
8.7M		20%	58%	16%

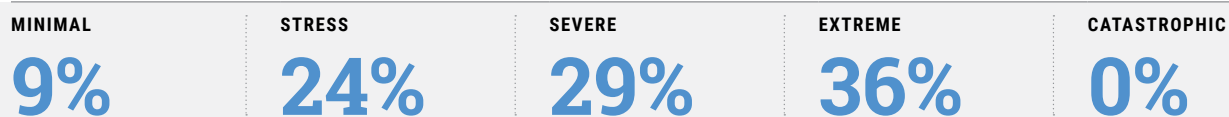
CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO STATE, NIGERIA

Kaka doesn't remember her age but she remembers her town, Dikwa LGA. She fled the crisis 4 years ago and has no idea where her family is. She sleeps on a concrete floor on a mat

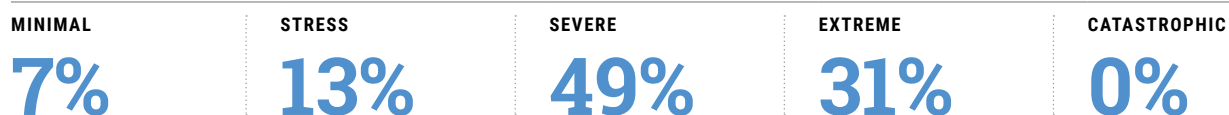
Photo: OCHA/Maryam Ibrahim



Severity of needs: current (2020)


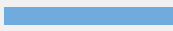




Severity of needs: projected (2021)




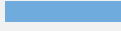

By Gender

More on pages 10 - 11

GENDER	PEOPLE IN NEED	% PIN
Boys	2.4M 	27%
Girls	2.7M 	31%
Men	1.7M 	19%
Women	1.9M 	23%





By Age

More on page 10 - 11



AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	5.1M 	58%
Adults (17 - 59)	3.2M 	37%
Elderly (60+)	0.4M 	5%

By Population Group

More on pages 10 - 11

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people	1.7M 
Returnees	1.2M 
Host communities	4.8M 
Inaccessible people	1.0M 

With Disability

AGE	PEOPLE IN NEED	% PIN
Physical disability	0.9M 	11%
Mental disability	0.3M 	4%

Context, Shocks/Events, and Impact of the Crisis

The major humanitarian crisis in Nigeria's north-eastern states of Borno, Adamawa and Yobe (BAY states) will persist in 2021: the continuing conflict will still severely affect millions of people in 2021, subjecting them to displacement (new or continued), impoverishment and threat of violence. What started as a localised insurgency more than eleven years ago has turned into a regional armed conflict with no clear end in sight. Some 1.9 million people in the Lake Chad Basin areas of the neighbouring countries of Cameroon, Chad and Niger need humanitarian aid. However the insurgency's effects in Nigeria are the greatest: with 8.7 million people in need, the humanitarian crisis in north-east Nigeria remains one of the largest and most severe in the world today.

The Nigerian Armed Forces' strategy (since mid-2019) of concentrating troops in so-called 'super camps' and internally displaced people (IDP) camps' location within 'garrison towns' have affected security and protection for IDPs or other civilians outside of these areas. Given continuing conflict, there are only limited prospects for displaced people's safe return to their areas of origin. The operating environment remains extremely volatile, particularly in Borno State where all the major roads—including humanitarian supply routes—have become dangerous for civilians and specifically for aid workers, humanitarian cargo and assets. Humanitarian hubs and aid organizations' offices have suffered regular attacks in 2020.

The COVID-19 pandemic both deepens humanitarian needs and complicates the response. The Nigerian economy has suffered from the fall in global oil prices and from measures to curtail the spread of the virus, particularly intermittent border closures and restrictions on internal travel, as well as the need to dedicate resources to respond to the pandemic. The consequent impact and impairment on livelihoods cascade down to loss of income and purchasing power, with acute effects on the already-vulnerable and food-insecure. Operationally, COVID-19 measures to keep humanitarian staff and beneficiaries safe consume time and resources. Conflict and insecurity have cut people off from their main means of

livelihoods — farming and fishing. This causes major food insecurity in north-east Nigeria, which COVID-19's effects on incomes, small businesses and trade have exacerbated: in many parts of the BAY states, food insecurity is rising, as is malnutrition, of which hotspots due to insecurity are emerging. As a result, more people will rely on humanitarian assistance to survive in 2021.

Scope of Analysis (Affected Geographical Areas and Groups)

All stakeholders who engaged in the 2021 humanitarian programme cycle (HPC) agreed to focus on the three conflict-affected states in north-east Nigeria (Borno, Adamawa and Yobe, or the 'BAY' states) and on the needs of the following groups: (i) IDPs, (ii) returnees¹ (former IDPs and refugees alike), and (iii) host communities or vulnerable conflict-affected population. The secondary data review undertaken in June-July 2020 set the tone for the Humanitarian Needs Overview (HNO) analysis and specifically informed the Multi-Sectoral Needs Assessment (MSNA) with key background on population groups, vulnerable populations, and humanitarian access in the BAY states. MSNA data collection (with methods adapted due to the COVID-19 pandemic) spanned from June to August 2020. Needs are multi-sectoral and vary in severity across areas and among the three affected groups of IDPs, returnees and host communities. Analysis of the MSNA data (applying the Joint Inter-sectoral Analysis Framework or JIAF) generated an inter-sectoral severity rating for each Local Government Area (LGA) in the BAY states, and furthermore, a rating for each of the three concerned groups (IDPs, returnees, host communities) in each LGA. The MSNA data also yielded sector-specific severity ratings for each LGA and target group therein. A risk analysis was factored into each LGA's rating. The trend in 2020 has not only been an increase in needs, but also a deepening of needs for those affected by the crisis.

Humanitarian Conditions, Severity and People in Need

Nearly 6.5 million people have acute needs across

the BAY states. Out of the 60 LGAs that the MSNA covered², needs in 19 LGAs are classified as 'extreme' on the severity scale; another 30 have 'severe' needs. Eight LGAs are at 'stressed' level, while the remaining four have 'minimal' severity of needs. Nine of the 19 extremely affected LGAs are in Borno State, which is the epicentre of the conflict, and many families have experienced some form of violence.

Fortunately, the JIAF-based inter-sectoral severity analysis rated no LGAs at the worst level on the scale ('catastrophic'). See annex 4.1 for JIAF classifications of all BAY state LGAs.

IDPs in and outside camps suffer difficulties coping and rely heavily on humanitarian assistance to survive and improve their living conditions. Out of the around 1.9 million displaced people in north-east Nigeria, 1.7 million require humanitarian aid for their survival. Few coping mechanisms, aside from some negative ones, are available to IDPs beyond heavy reliance on humanitarian aid. This dependency is much higher for IDPs who live in camps because of movement restrictions and scarcity of livelihood opportunities. Out of the 1.2 million returnees in need of humanitarian assistance, 63% of them reside in LGAs that the JIAF analysis classified as having 'extreme' or 'severe' inter-sectoral humanitarian needs. According to the analysis, almost 400,000 returnees have extreme humanitarian needs, while another 340,000 face severe inter-sectoral needs. Almost 4.5 million people in host communities live in the 49 LGAs that the JIAF analysis classified as having 'extreme' and 'severe' inter-sectoral vulnerabilities and needs. Many of these people face challenges similar to those of IDPs and returnees. Many of these locations are affected by insecurity due to fighting between security forces and non-state armed groups (NSAGs), or cordon-and-search operations. The conflict's impact continues to affect the physical and mental well-being, living conditions, and capacity for resilience and recovery of millions of Nigerians in the BAY states. Many households continue to lose their loved ones because of endemic diseases which are preventable, like malaria and cholera. The food security situation has deteriorated during 2020, and it is projected that more than 1.35 million people will face hunger (Integrated Food Security Phase Classification / IPC

Phase 4), unless they get food assistance. Exposure to violence and explosive ordnance inflicted physical and psychological injuries on many people: in 2020, 460 recorded explosive-ordnance incidents caused 187 civilian casualties, and attacks by non-state armed groups killed hundreds more.

Inadequate access to health, education, and livelihood opportunities aggravates IDPs' living conditions. Congestion in camps also significantly mars day-to-day health and living conditions and worsens risks for many IDPs: it facilitates the spread of COVID-19 and other communicable diseases, and exacerbates fire hazards, among many other deleterious effects. Currently, more than 400,000 IDPs live in highly congested camps (i.e. far below the Sphere standard of 45 square meters per resident). Lack of available land, security and resources make it difficult for humanitarian partners to improve services.

As with IDPs and returnees, host communities have no great stores of human, social and financial capital on which to draw. In qualitative consultations, affected people prioritized their humanitarian-aid needs as food, health, livelihoods, water-sanitation-hygiene (WASH), and protection. They generally preferred in-kind assistance over cash or vouchers. (The consultations did not capture the reasons for this preference but these could plausibly include paucity of food and other goods on the local market, and the inconvenience, costs or risks of carrying purchased goods back to the camp or residences.) Findings of household-level data collected during the 2020 MSNA indicated that 52% of households said they mostly needed food and 37% mentioned cash income or livelihoods. Only 13% of interviewed households reported having received aid in the past three months, and of those, as many as 55% were dissatisfied with the aid they received. (See section "Perceptions of affected people" at the end of part 1 below for further detail.) Return-intention surveys of IDPs have been few in 2020 but indicate that IDPs are willing or keen to return to their areas of origin in principle, but are very concerned about insecurity, lack of essential services, destroyed or deteriorated housing, and probable hardships in restarting livelihoods. Return preferences vary, and may partly correlate with whether the IDP resides in an urban or rural area and the proximity to area of origin.

Estimated number of people in need

TOTAL POPULATION

13.1M



PEOPLE IN NEED

8.7M



BY SECTOR

CCCM

1.9M



ERL

2.1M



EDUCATION

1.1M



FOOD SECURITY

5.1M



HEALTH

5.8M



NUTRITION

1.5M



PROTECTION

4.1M



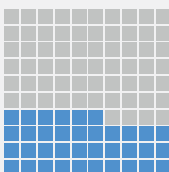
SHELTER & NFI

2.3M



WASH

2.8M



This does not account for one million people in inaccessible areas.

BY AGE & GENDER

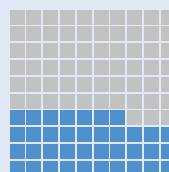
CHILDREN <17 YEARS

5.1M



ADULT 17-59 YEARS

3.2M

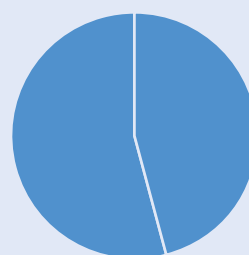


ELDERLY >60 YEARS

0.4M

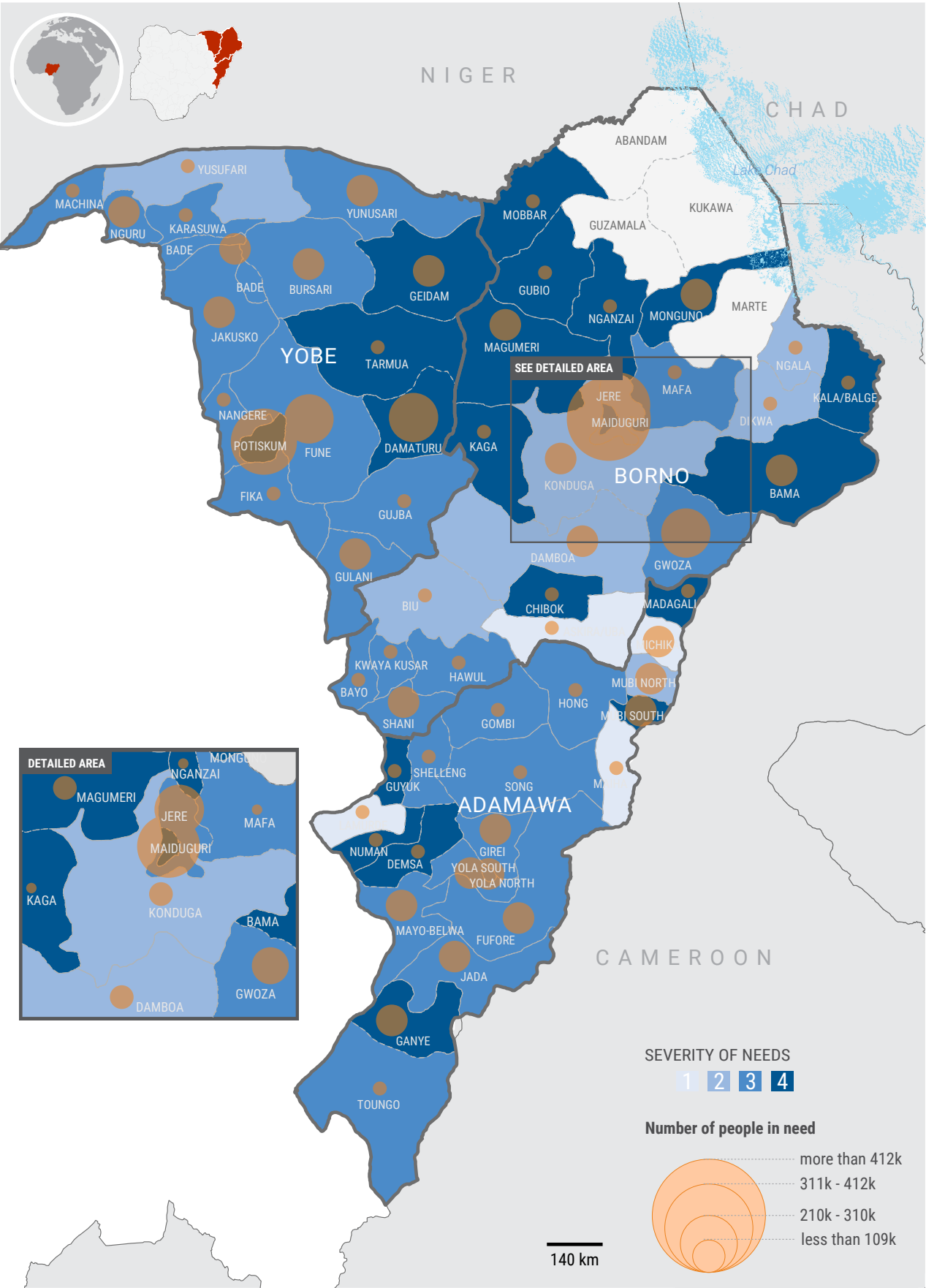


FEMALE
54%



MALE
46%

Severity of Humanitarian Conditions and Number of People in Need



Source: MSNA, Sectors

Severity of Humanitarian Conditions and Number of People in Need

INTERNALLY DISPLACED PEOPLE

RETURNEES

People in need

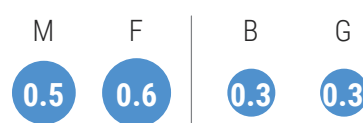
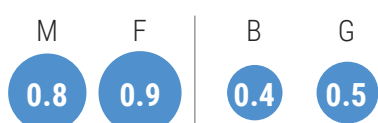
1.7
Million

1.2
Million

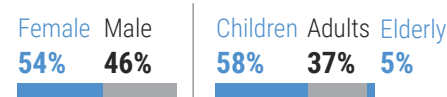
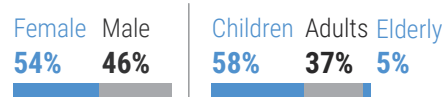
Severity of needs
(in millions)



Number by sex & age
(mn)



Per cent by sex & age



Associated factors

1. Recurrent and unpredictable attacks, violence
2. The dense congestion of camps
3. The movement restriction

1. The lack of access to basic services,
2. looking for livelihoods opportunities
3. looking for security

HOST COMMUNITIES

INACCESSIBLE POPULATION

People in need

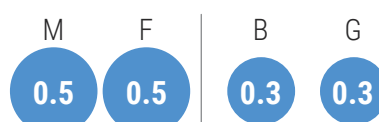
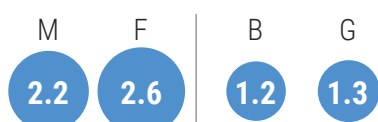
4.8
Million

1.0
Million

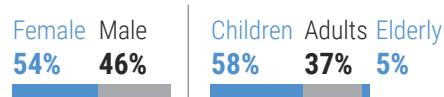
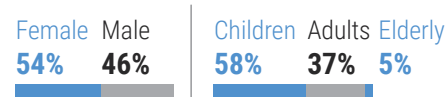
Severity of needs
(in millions)



Number by sex & age
(in millions)



Per cent by sex & age



Associated factors

1. No access to farming
2. Loss of purchasing power
3. Insecurity

TOTAL

People in
need

8.7
Million



Severity of
needs
(in millions)



Number by
sex & age
(in millions)



Per cent by
sex & age



Source: JIAF Table, MSNA, Sectors

Part 1:

Impact of the Crisis and Humanitarian Conditions

CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO
STATE, NIGERIA

Photo: OCHA/Eve Sabbagh



1.1

Context of the Crisis

Political/Governance

More than 11 years of conflict in north-east Nigeria is taking a heavy toll on people in the BAY states. Violent attacks by non-state armed groups and counter-operations are expected to continue to drive vulnerabilities and needs among affected people and communities in 2021. Underlying issues of widespread poverty, unemployment, socio-economic imbalances, marginalization, governance deficits, rapid population growth and climate shocks—which rank among root causes of the crisis—remain largely unaddressed.

Additional pressures and impacts of the COVID-19 pandemic on already-limited opportunities and services—particularly livelihoods, agriculture, health, education among others—have deepened vulnerabilities of populations across the BAY states and impacted government revenues and capacity to respond to the crisis. The persistent economic fall-out of the pandemic has increased vulnerability and food insecurity in the BAY states. Humanitarian organizations' self-imposed precautions inevitably limit operations.

The north-east region is historically the poorest of Nigeria's six geo-political zones¹: Yobe and Adamawa states are the third and seventh poorest Nigerian states respectively—out of a total of 36 states—according to the 2020 National Living Standards Survey by the National Bureau of Statistics.² Political will on the part of the federal government has relatively increased, as witnessed by the establishment of the Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHADMSD) and of the North-east Development Commission to drive the government humanitarian and development interventions in the BAY states. Nonetheless, ongoing conflict continues to hinder implementation of development efforts and impact, especially at

the community and LGA levels, where needs and vulnerabilities are most acute.

In 2020, the Borno State Government promoted returns of some internally displaced people (IDPs) from camps to their LGAs of origin, in many cases without the active engagement of humanitarian organizations. Some of the LGAs to which such IDPs return had a near-absence of civil authorities, basic infrastructure and critical services. More importantly, security conditions of return areas are critical. Such conditions raise concerns for returnees and sustainability of such initiatives, especially as aid agencies still do not have access to many of these areas. Ongoing conflict and attacks in these LGAs have also impeded livelihood opportunities, particularly in farming areas where non-state armed groups (NSAGs) maintain a heightened presence. Such attacks and NSAG presence further constrain access for aid workers, though there could be complementarity insofar as state government staff and resources may have lesser constraints. Some LGAs have conditions closer to suitability for return, and better security. However, returns to LGAs that lack these conditions will likely increase vulnerabilities of civilians.

Solutions to the crisis, including political solutions, remain elusive. Despite the federal government's offer of amnesty to repentant NSAG operatives through the "Operation Safe Corridor" programme³, deadly attacks targeting civilian and military locations continued throughout 2020. These attacks forced multiple displacements, and caused damage and destruction to critical infrastructure, including hospitals and roads, as well as disruption to livelihoods. The end result has been an increase in needs and imposes continued reliance on humanitarian aid.

In November 2020 the Borno State government



CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO STATE, NIGERIA

Bulama Kadi lives among the 1,080 Households in Custom House IDP Camp, one of the many crowded camps for internally displaced people in Borno State and surrounding areas. Photo: OCHA/Eve Sabbagh

launched its 25-Year Development Plan and Ten-year Strategic Initiative. It is a central document that brings together humanitarian and development plans of the state. One of its strategic pillars is “Reconstruct, Rehabilitate and Resettle,” which should embody a nexus of humanitarian action, stabilization and development. Such a nexus approach was endorsed as the way forward at a recent meeting of the high-level National Humanitarian Coordination Committee, chaired by the Vice President of Nigeria. The nexus is also a form of complementarity between international humanitarian actors and state governments.

Economy

In 2020, Nigeria’s economy suffered what is expected (when annual statistics are available) to be its worst recession in four decades and the economy could have

contracted by an estimated 3.2%. This is the result of the combined effects of the COVID-19 pandemic and collapsing global oil prices³. The protracted slump in global oil prices has reduced Nigeria’s oil revenue from an already low 8% of gross domestic product in 2019, to a projected 5% in 2020⁴. The drop in revenue is already curtailing service delivery and the funding of social-safety-net programmes for populations hardest hit by the pre-existing burden of climate shocks, underlying poverty, the conflict in the north-east and the recent COVID-19 pandemic. Moreover, the situation is likely to worsen as Nigeria is not among the countries that could benefit from the International Monetary Fund’s initial debt relief package for recovery from the COVID-19 pandemic.

The agricultural sector is the largest source of rural employment and livelihoods. In the north-east, the

conflict has continued to heavily impair agriculture. Farmers in Borno State report reductions in production of a variety of crops—from 50% to 100% down when comparing harvests during conflict to pre-conflict output⁵. Lower availability of labour due to the conflict and the pandemic, in addition to higher prices and security-based restrictions on transportation of nitrate-based fertilizer, have reduced production. The government of Borno State, the epicentre of the conflict, estimates that the insurgency has caused \$6 billion worth of destruction in the State⁶.

Across the country, inflation in food prices has constrained household consumption and access to food for the most vulnerable. Specifically, the COVID-19 associated movement restrictions and lockdown, although later relaxed, have caused severe hardships for people by reducing their incomes and their ability to procure commodities and services. The pandemic comes in the wake of a year-long closure of all Nigeria's land borders since September 2019 (as an anti-smuggling measure) which contributed to rising inflation, especially for food. In the first quarter of 2020, headline inflation was 12.2%, up from 11.3% over the same period in 2019. The impact of the pandemic on both domestic production and imports is projected to further drive inflation up to 13.8% by the end of 2020⁷. In August 2020 Nigeria recorded its highest annual inflation rate since March 2018, at 13.22%, as food prices increased to an over two-year high amid the pandemic. The COVID-19-associated measures also greatly destabilised the job market and weakened employment creation across the country: according to the National Bureau of Statistics, the unemployment rate in the second quarter of 2020 was 27.1%, the highest on record, up from 23.1% in the third quarter of 2018. The unemployment situation is much worse for young people, standing at 40.8% for 15-24 years old and 30.7% for 25-34 years old. Female unemployment was higher than male—31.6% vs. 22.9%. On the other hand, statistics on formal employment should be understood in the context of the fact that 89% of the working population is working in the informal sector⁸.

In the BAY states where the conflict continued unabated, unemployment is higher than the national

rate: Adamawa and Yobe report 38.4% and Borno reports 33% unemployment⁹. (The national rate as of Q2 2020 is 27.1%¹⁰.) The May 2020 National Living Standard Survey¹¹ indicated a 75.4% poverty headcount for Adamawa and 72.3% for Yobe, among the highest in the country.

Despite socio-economic progress in the years that followed the 2016 recession, Nigeria's human capital development remains weak. The country ranked 158th of 189 countries in the 2019 Human Development Report¹² and continues to face massive developmental challenges, which include the need to reduce dependence on oil and diversify the economy, address insufficient infrastructure, and build strong and effective institutions. .

Legal and Policy

In 2020, the Borno State Government has intensified its efforts to pursue the policy of returning IDPs living in camps to their LGA of origin, with the aim to close all camps in Maiduguri by May 2021¹³. The State Government identified 18 locations for return movements in the state¹⁴. Some of these locations are inaccessible to humanitarian partners due to insecurity and NSAG activities, plus in some cases partners' own security procedures. By December 2020, the State Government had assisted 4,562 households (around 31,000 individuals) to return. The humanitarian community has called on the Borno State government to ensure that returns are voluntary, safe and informed, and conducted according to the Borno Return Strategy agreed with the humanitarian community in 2018, plus that conditions conducive for sustainable returns be in place in the identified areas, comprising security (sufficient also to allow safe and effective freedom of movement to leave the area of return if desired), access to sufficient information regarding the conditions in return areas, services, and livelihoods opportunities.

(The regulatory and policy environment for humanitarian action and coordination is discussed in the Humanitarian Response Plan.)

Technological

Pre-existing deficits in power supply, roads and other public infrastructure, and information and communication technologies in the BAY states are exacerbated by the 11-year conflict. Lack of electricity supply and grids has forced essential humanitarian facilities such as hospitals to rely on generators for power, creating a dependence on the unpredictable logistics of fuel supply, particularly in deep-field locations where cargo movements have become a direct target of NSAG attacks. The Yola Electricity Distribution Company, serving Adamawa, Borno, Taraba and Yobe states, has had unstable ownership between the government and private sector that has greatly reduced its productivity and capacity to meet electricity needs in the four states. Important segments of the road network in the BAY states, especially in areas of active conflict, are either damaged from shelling or made unusable by still-active improvised explosive devices (IEDs), land mines of an improvised nature and explosive remnants of war. NSAGs continue to target roads and bridges to disrupt the movements of government forces. They also target roads for kidnapping and robbery of commercial and humanitarian transports. Yearly flash floods render some roads and bridges impassable from May till October, particularly around Ngala and Rann in Kala Balge LGA. Airstrip or aerodrome options in these conflict areas are limited by economic constraints and security risks.

Due to extensive damage to infrastructure by NSAGs, communication systems in the BAY states are extremely limited outside of the state capitals. Efforts by mobile communication companies to install mobile base stations in the garrison towns are heavily regulated by the security forces, further restricting access to an already limited essential service.

Demography/Socio-cultural profile

Nigeria is Africa's most populous country, with over 200 million people and about 500 diverse ethnolinguistic groups. Broadly differentiated as north and south, the country is divided into six geopolitical zones. Christianity and Islam are the most-practiced

religions. The population is growing rapidly: the annual population growth rate is 3.2%, and over 41% of Nigeria's population is under the age of 15. The total fertility rate, or the average number of children per woman over the course of her lifetime, is around 5.5.¹⁵ It is expected that the Nigerian population will double by 2050, putting enormous strain on natural resources and social infrastructure.

Although the country survived a three-year civil war shortly after independence between 1967 and 1970, tensions continued, fuelled by religious, political, regional and economic divisions and agitations, including over resource control. Strife in the Niger Delta region, inter-communal and farmer-herder clashes in north-central and Middle-Belt areas, armed banditry in the north-west, and the current armed conflict in the north-east are among the significant tensions facing the country in recent years. A series of major protests against the police Special Anti-Robbery Squads, sparking violent repression by security forces, shook the country in October 2020 and revealed youth's discontent with some of the current governance systems (some observers perceive that a part of these protests was hijacked by more organised groups). A United Nations vehicle was attacked, which underlines the need for safety and security of humanitarian staff.)

Populations across the BAY states in north-east Nigeria have strong affinities to people in the nearby part of the neighbouring Lake Chad Basin countries of Chad, Cameroun and Niger. The BAY states population is predominantly Muslim.

Kanuri, Babur-Bura, Fulani, and Shuwa Arab are among the major ethnic groups across the BAY states; Hausa is the most widely spoken language. Historically patriarchal in outlook, traditional, political, economic, and religious systems are all intertwined in the BAY states. Land ownership and agriculture, including livestock, are major yardsticks for wealth distribution and social status and mobility.

Decades of development deficits, lack of opportunities for a growing young population, climatic shocks (such as the shrinking of the Lake Chad which affects a major lifeline for agricultural livelihoods), political

deprivation and exclusion, and lack of educational opportunities, particularly for youth, provided fertile ground for the spread of extremist ideologies purporting to address political grievances, sparking an armed conflict that has raged since 2009.

Long-term conflict and insecurity in the BAY states have complicated the presence and capacity of state authorities, particularly outside cities in worst affected LGAs, and weakened traditional systems. Customary governance mechanisms that were effective for social cohesion and local conflict resolution have been replaced with military force; this generates allegations of rights violations and lack of access to justice. Children detained for alleged ties to NSAGs, especially in garrison towns, is a jarring example.

The crisis has eroded social cohesion and triggered serious human rights violations including sexual and gender-based violence, abductions, forced recruitment of children by NSAGs, and deployment of women and children as “human bombs.” Family and community structures, such as traditional hierarchies, have broken down as a result of the conflict. Social and gender roles or responsibilities have also changed: some women and girls have taken on new roles within households and communities.

The shift in social and gender roles has particularly exposed women and adolescent girls to greater burdens and vulnerabilities. There are many female-headed households, and many displaced women and girls have found their lives permanently changed, without the traditional protection and income support that their male relatives used to provide. Even where the male members of the household are present, they are hardly able to fully provide for families, forcing women to find new ways of earning incomes, including negative coping mechanisms such as child labour, forced and child marriages, street begging, borrowing, forced prostitution and transactional sex in exchange for food or other assistance.

Children and adolescents are among the worst-affected groups: they have lost out on education, skills acquisition and employment opportunities, and routinely are forcibly recruited by armed groups.

Between 2017 and 2019 alone, some 3,601 violations relating to forced recruitment and use of children were recorded across BAY states¹⁶. Some 1.5 million children were out of school across the BAY states in 2019¹⁷, and the number reached 4.2 million during the peak of the COVID-19 pandemic. Many of them may never go back to school. The number of unaccompanied children and child-headed households also continues to rise as hostilities endure. The influx of IDPs into host communities and informal settlements has triggered additional pressure on meagre services and competition over limited resources particularly land assets, fomenting tensions that threaten pre-crisis communal ties.

Gender

Before the crisis, the situation for women and girls was poor, particularly in the north-east. Globally, Nigeria ranks 118th out of 134 countries on the Gender Equality Index¹⁸. The inadequate inclusion of women and girls' perspectives in policy-making decisions, resource allocation and implementation in economic and social sectors continues to challenge the advancement of gender equality. Over 70% of women live below the poverty line. The maternal mortality rate is 917 per 100,000 (as of 2017), fourth highest in the world; the global average was 211¹⁹. Access to education has been historically low with more than one-third of children in the north-east out of school. Of those who attend school, 72% are unable to read upon completion of sixth grade. In Borno, which has the lowest literacy rates of any state in the country, only 35% of adolescent girls and 46% of adolescent boys are literate, compared to 98% in the south-east. The Boko Haram insurgency, the rise of violent extremism and the humanitarian crisis have exacerbated the pre-existing, persistent gender and social inequalities. This in a context where discrimination related to socio-cultural practices was already prevalent. Gender-based violence is pervasive and vulnerability is defined by age and sex as well as social status²⁰. Female-headed households, for example, are at higher risk of sexual and physical violence and are also more likely to experience rape, sexual abuse, and sexual exploitation as they engage in survival sex to access to food, shelter, or non-food items. This is compounded by the

fact that the social fabric, including the supporting mechanisms and institutions, has collapsed and cannot provide protection to the most vulnerable such as the elderly, women, and children.

For many survivors of gender-based violence (GBV), reaching available services such as the police, the judiciary and healthcare requires an untenable investment of time, resources, and determination to overcome socio-cultural barriers²¹. Many women have lost their husbands, and they are now the ones providing for their families which is very hard with no prior skills because of long-standing gender inequalities. For men and boys, the fear of being abducted, killed, or conscripted to join an armed group still looms large making it difficult for them to freely engage in livelihoods. The loss of livelihood and the varying impact of the crisis is causing mental health challenges among men. Unpaid childcare activities and paid casual labour has increased for women since the start of the crisis.

The primary and secondary effects of COVID-19 have further worsened the vulnerability of the affected population along gender lines: the Rapid Gender analysis indicates that the pandemic has further magnified existing inequalities, including gender inequalities²². Female-headed households, especially those in IDP camps, had difficulty accessing services related to food and non-food items due to their marital status. The elderly, women and pregnant women were the most affected by food insecurity. Also, food scarcity at the household level during the pandemic contributed to an increase in stress levels that potentially affected mental well-being. In most instances, women had to eat last or miss meals as a coping mechanism risked exposing themselves to the virus in search of food for the family. Adolescent girls from male-headed households were at higher risk of being given to early or forced marriage, which heads of household considered a coping mechanism to reduce residential crowding for the sake of social distancing.

Environmental

The natural environment in north-east Nigeria is fragile and volatile, especially in the Lake Chad

basin as exemplified by the dramatic shrinkage of the lake. Once the sixth-largest lake in the world, Lake Chad shrank by 90% between the 1960s to the 1990s—a period that featured stretches of severe drought—and has not recovered despite more normal rainfall since the 1990s, primarily due to greater agricultural and municipal water withdrawals²³. This fragility undermines food security and livelihoods and drives migration down south into the savannah. For herders and pastoralists, the scarcity of surface water up north with the drying of Lake Chad and ancillary water bodies have added to the difficulties of watering and grazing animals, causing them to encroach on agricultural resources further south. Likewise, with rapid population growth, farmers have expanded their cultivation into areas previously used for grazing, rendering the remaining herding sites more exposed to overgrazing. As a result, the various and interdependent livelihood systems in the Lake Chad basin are under ever-greater strain, of which the current conflict is one of the symptoms. Climate change and weather variability including desertification have played a critical part in the environmental degradation of the BAY states. These are exacerbated by other man-made stressors such as irrigation projects and water-reservoir or dam construction²⁴. For instance, the annual release of flood water from the Lagdo dam located next to the town of Garoua in northern Cameroon, which since 1982 covers the energy supply for northern Cameroon, and the flooding of the Bodo River have forcibly displaced thousands of Nigerians and restricted access to many more living next to the Benue river in Adamawa state and Rann in Borno state. Widespread bush-burning practices across the north-east, reliance on firewood, record droughts and floods, unprecedented heat, and worsening sandstorms in the harmattan seasons have brought more havoc to the already-stressed environment in the BAY states. .

Security

The operating environment for humanitarian partners has deteriorated steadily since mid-2019. According to the United Nations Department of Safety and Security (UNDSS), no fewer than 852 significant security-related incidents (of which 486 affected civilians) were registered in Borno State alone between

January and August 2020²⁵. In that same period, humanitarian partners suffered 98 instances. NSAGs continued to target garrison towns which host the so-called 'super camps.' These attacks also damaged the nearby humanitarian hubs and non-governmental organization (NGO) facilities, which are critical infrastructure in the 'stay and deliver' humanitarian strategy. A humanitarian helicopter, the only safe means of accessing most deep-field locations amidst escalating road insecurity in the north-east, was struck by gunshots during an NSAG attack against a government-forces position in Damasak on 2 July 2020, forcing the temporary suspension of humanitarian flights, which significantly impaired humanitarian activities²⁶.

NSAG checkpoints, ambushes, robberies, and the abduction and execution of humanitarian staff and affiliated persons have gravely heightened the risks of working in deep-field locations. NSAGs make clear that the targeting of humanitarian actors is not incidental: in 2020 they have published a proliferation of claims and articles on social media castigating humanitarian agencies. The extreme insecurity that aid agencies

face if they attempt to operate outside the garrison towns or in hard-to-reach areas limits their ability to demonstrate that they work in a principled manner and thus potentially defuse NSAGs' suspicion that those agencies and others like them are tacitly taking sides and are not neutral and impartial.

According to a Global Initiative for Civil Stabilisation Report, the main strategy of ISWAP ('Islamic State of West African Province,' which has gradually become the leading non-state armed group in the north-east) has been its ability to appeal to and seamlessly and gradually co-opt local networks, blending a globalist caliphate messaging with local grievances and adeptly using the combination to establish legitimacy in the eyes of local communities²⁷.

All in all, there seems no clear prospect of a resolution to the conflict (nor even of Government forces expanding their areas of control and road security enough to allow sufficient humanitarian action), nor of a political process towards a negotiated resolution, nor of negotiated humanitarian access to and safe operation within the NSAG-controlled areas.

CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO STATE, NIGERIA

Yagana Bulama, 20 years old, is from Mafa LGA. She now lives in Custom House camp, one of the many overcrowded camps for internally displaced persons around Borno State capital, Maiduguri.

Photo: OCHA/Eve Sabbagh



1.2

Shocks and Impact of the Crisis

Shocks and ongoing events

The major humanitarian crisis in Nigeria's north-eastern states of Borno, Adamawa and Yobe will persist unabated in 2021. The continuing conflict will still severely affect millions of people in 2021, subjecting them to new or continued displacement, impoverishment and threat of violence. The armed conflict has no clear end in sight, and the lack of security in areas outside urban centres leaves the prospects for displaced people's safe return to their areas of origin very limited. Many roads have become unsafe for humanitarian cargo and staff movements, and for access to areas that previously had been relatively accessible (e.g. Gubio and Nganzai).

As military operations against NSAGs continue, the BAY states are also grappling with the impact of COVID-19 pandemic, as well as high morbidity and mortality from malaria, measles, and acute watery diarrhoea (AWD) or cholera. Flooding, although less severe in 2020 than in 2019, ravaged over 6,800 shelters²⁸. Assessments by the Office of the United Nations High Commissioner for Refugees (UNHCR) in August 2020—on the impact of rains and windstorms and the protection challenges arising in the camps and communities in selected LGAs—revealed that 80 water-sanitation-and-hygiene (WASH) facilities and 3,891 shelters were damaged. This affected over 2,500 households (about 10,000 individuals) by causing loss of food and non-food items. It also resulted in congestion in certain areas of the camps due to damaged shelters and people sleeping in the open (which in turn increases risk of GBV and harm to children). In August, the Borno State Government started facilitating IDPs to return to locations in their LGAs of origin, with the stated aim to close all IDP camps in Maiduguri by May 2021.

Impact on people

Displacement and population movement

Recurrent military operations and NSAG attacks targeting civilian and military locations continue to displace people from their homes. The conflict is also characterized by massive and widespread abuses against civilians²⁹ that include killings, rape and other sexual violence, child recruitment, burning of homes, pillaging, abduction, deliberate attacks on civilian targets, forced displacement, and the use of explosives (improvised landmines and other explosive devices, some forcibly person-borne, and firing of explosive ordnance at residential areas). Some 1.92 million people have been displaced internally since the start of the crisis³⁰. The majority (54%) of IDPs have found refuge in host communities. Borno State hosts 81% of the IDPs, of whom slightly more than half (54%) stay in IDP camps. As of August 2020,³¹ there were some 75,000 more displaced people across north-east Nigeria than at the start of 2020 (2,119,000 vs. 2,040,000 people), similar to the increase in 2019 of some 90,000 more displaced people. (These figures count IDPs who attempted to return to their areas of origin, but subsequently abandoned the attempt, as well as newly displaced people.) Nigerian refugees in Cameroon and Niger continue to arrive into bordering LGAs in Nigeria due to insecurity and poor living conditions in their areas of asylum. Some 6,038 Nigerian refugees crossed international borders into IDP camps in 2020, many of them (5,700 or 68%) into Damasak and Bama towns³².

Safety and Protection

Protection needs are formidable. Women and girls are under threat of sexual or gender-based violence and abduction, for example when venturing outside the trenches that surround many IDP camps to collect firewood or work agricultural fields, though

also within IDP camps. Gender-based violence is rampant, as are forced and child marriages; women and girls still lack adequate protection and access to education and services. Desperation drives women to negative coping strategies such as exchanging sex for food and other necessities. These all engender greater maternal mortality, morbidity such as fistula, unwanted pregnancies, and girls dropping out of school. Displacement and returns impose high risk on separated and unaccompanied children. Boys and adolescent males (and to a lesser extent girls and adolescent females) risk forcible recruitment by armed groups or suspicion on the part of authorities of association with armed groups. Many children, especially boys, are obliged by circumstances to engage in unsafe labour and/or drop out of school.

Killings and other violence against civilians continue. In 2020, 80% of the recorded instances of security incidents affected civilians in the form of direct and indirect attacks, ambushes, abductions and killing. Humanitarian workers, facilities and assets have not been spared either: at least 14 instances in 2020 affected them. In July, NSAGs executed five civilians in Borno State, among whom three aid workers. Incidents of abductions of civilians by NSAGs persisted. Over 150 abduction incidents were reported in 2020, most of them (75%) in Borno State.

Gender-based violence (GBV) including sexual violence is prevalent in the region and is exacerbated by the conflict, as well as by dysfunction of rule-of-law institutions and other factors. Poor living conditions in IDP camps and informal settlements may be a contributing factor. In 2019, 98% of the reported incidents of GBV were perpetrated against women and girls across the BAY states; 81% of incidents of GBV were perpetrated against adults over the age of 18 years and 19% against children³³. In 2020, over 3,700 cases of GBV were reported (a 15% decrease from 2019). Sexual exploitation associated with social norms around marriage and girls' education, and women and girls' exposure to trafficking and abduction, are also major concerns that are grossly underreported. Of the GBV cases recorded in 2020 by GBV actors using the Gender-Based Violence Information Management System (GBVIMS), 18% were incidents of

sexual violence, out of which rape accounted for 15% of all the sexual violence incidents, similar to the 16% reported in 2019.

The proximity of IDP camps and informal settlements to military bases for protection also make them vulnerable to attacks targeting military forces, which in turn has caused restrictive security measures around IDP camps, returnee settlements and border areas near refugee settlements³⁴. IDP camps are more prone to attacks: according to International NGO Safety Organisation (INSO) data, NSAGs perpetrated 33 attacks on IDP camps from January-October 2020, killing at least 20 civilians and injuring another 31. All the recorded attacks were in Borno State. Besides the killings, the attackers also looted food and other property from the IDPs.

Civilians continue to suffer death and injury from explosive ordnance, including the use of explosive weapons in populated areas. Data from the Mine Action Sub-sector recorded 23 preventable incidents involving explosive remnants of war from January to October 2020. All the victims, 24 killed and 33 injured, are civilians. 152 incidents of improvised explosive devices (IEDs) placed along roads were also recorded in 2020, including at least 103 cases of anti-vehicle and anti-personnel landmines of an improvised nature. Despite military efforts to clear some roads, 31 of the IEDs detonated, and 26% of their victims were civilians. In some cases, these detonations also caused dramatic loss of livelihood, especially cattle. Person-borne IEDs struck 42 civilian victims plus 10 victims from security forces and vigilante groups—indicating the continued deliberate targeting of civilians. Reports indicate prevalent use of females and children as forced carriers of IEDs. In addition, the use of conventional explosive weapons in populated areas continue to put civilians at risk: for example, in July 2020, at least 15 civilians were killed and 6 injured by mortar shelling in the outskirts of Maiduguri.

Movement restrictions

The civilian population's freedom of movement continues to be restricted, albeit mainly in order to safeguard lives and property. The restrictions and insecurity threats continue to hamper the ability of

IDPs, returnees and the host communities to access basic services, livelihoods, and land for farming and grazing. Restrictive security measures prevent IDPs from moving freely in and out of camps. People's movement in the garrison towns of Borno State is restricted to a small security perimeter defined by military authorities. Frequent movement restrictions in Damasak and Banki for instance continue to affect returnees and refugees from Niger and Cameroon respectively³⁵, although such restrictions can be necessary for civilian security.

NSAGs continue to target roads and bridges to disrupt the movements of government forces, which also affects civilians. Between January and October 2020, the NSAGs set up over 228 informal checkpoints and 105 ambushes along the main supply routes connecting garrison towns particularly along the Maiduguri-Damaturu, Maiduguri-Monguno and Maiduguri-Damasak roads, entailing robbery, abduction and killing of civilians.

The governments of BAY states imposed a three-week lockdown from mid-April 2020 to slow the spread of COVID-19. The measures, which comprised restrictions on movement and closures of markets and inter-state borders, severely impaired delivery and access to critical services by government and humanitarian partners. These restrictions seem to have contained the spread of COVID-19 into the highly congested IDP camps and communities, thus likely preventing significant loss of lives. At the same time, the restrictions caused severe hardships for people whose incomes and food supplies are generated day-to-day such as wage laborers, small agricultural producers, workers in the informal sectors, the unemployed and marginally employed, and displaced people.

The inclement weather during the rainy season, often causing flooding, render some roads and bridges impassable from May to October.

Poor living conditions

Many IDPs live in conditions that are hard to endure. Some 134 camps or camp-like sites (out of a total of 273) sheltering 750,000 IDPs across Borno state are congested, and of these 73 are highly congested³⁶.

This means 474,000 IDPs live in less than 15 square metres of space per person, far less than the recommended minimum global standard of 45 square meters. Overcrowding increases the risks of disease outbreaks, including COVID-19, and of fire. Alleviating the overcrowding is much more than just a matter of expanding camps into available land, particularly in the garrison towns, where the military requires that defensive trenches be extended to encompass the camp expansion (which entails major earthworks), and otherwise hesitates to authorize expanded camp settlements if they feel unable to guarantee their defence due to limited troop numbers or assets.

Slightly more than one third of households in Borno surveyed during the 2020 MSNA, as well as 41% in Yobe and 11% in Adamawa, live in poor housing conditions: they do not have shelter or they live in either a communal public building, an emergency shelter, a makeshift shelter, a transit shade or a mud-brick shelter. Water and sanitation services are over-stretched and many of the households lack access to basic non-food items. In Borno, IDPs in 9% of the sites have access to less than 15 litres of water per person per day, while many others have only intermittent water access with long walking distances and often over 30 minutes queuing time at water points. Access to safe sanitation is also highly inadequate: in 32% of the sites, more than 20 people share one latrine³⁷. Many households (22%) across the BAY states overall do not have access to soap, but IDP households are worse off: the 2020 MSNA indicated that 41% of IDP households in Borno do not have access to soap, nor 29% and 24% in Adamawa and Yobe states respectively.

Food insecurity and malnutrition

Conflict and insecurity have cut people off from their main means of livelihoods—agricultural and grazing lands. This causes major food insecurity in north-east Nigeria, which COVID-19's effects on incomes have exacerbated: despite good crop yields, food insecurity is rising.

Levels of food insecurity and malnutrition across the BAY states remain of public-health significance, and are predicted to worsen, with conflict causing

mass population displacement, sub-optimal access to primary health care services, poor hygiene and sanitation conditions (including poor child feeding and care environments) and high food prices being the main drivers. The food security situation has deteriorated significantly in 2020. Findings of the October 2020 Cadre Harmonisé (CH) analysis projected about 5.1 million people in the three states will be food-insecure in the lean season between June and August 2021 – a 19% and 34% increase on the 2020 and 2019 figures respectively. The CH analysis estimated that one million people will be in “emergency” situation (CH Phase 4) during the lean season of 2021, a 45% and 130% increase on 2020 and 2019 respectively. The projected figures of food-insecure people are similar to those found in November 2016 and March 2017 rounds of CH analysis at the height of the crisis.

The high levels of food insecurity are attributed to chronic climatic shocks, including seasonal floods and erratic rainfall, significantly compounded by the conflict, which has limited people’s movement, interrupted markets and constrained access to land for agriculture (both cropping and livestock husbandry). The outbreak of COVID-19 and related effects have further worsened the food security situation by impacting the livelihoods and income sources of already vulnerable households and contributing to significant increases in food prices. For instance, between March and September 2020, the cost of a minimum expenditure basket in Maiduguri Metropolitan Council increased by over 47%. Traders also reported challenges with the availability of food.

Levels of acute malnutrition across the BAY states remain high relative to the World Health Organization thresholds of 15% (or 10-14% with presence of aggravating factors such as high food insecurity and disease epidemics) for global acute malnutrition and 2% for severe acute malnutrition. According to the Nutrition and Food Security Surveillance (NFSS) Round 9, conducted in October 2020, the level of acute malnutrition increased in Adamawa and Yobe compared to 2019. The current global acute malnutrition (GAM) rates are 10.7% in Borno (slightly lower than the 2019 mark of 11.3%), 7.5% in Adamawa and 13.6% in Yobe. According to the survey, several

LGAs had pockets of high global acute malnutrition above the 15% threshold (emergency phase) including Gubio, Magumeri, Mobbar and Bayo in Borno State. Moreover, all LGAs in northern Yobe had high GAM rates. The LGAs in southern Adamawa had the lowest acute malnutrition rate at 4.7%. The host community population have higher levels of acute malnutrition compared to IDPs and returnees. It is important to note that results of the assessment are only representative of accessible areas: GAM prevalence in inaccessible areas is predicted to be far worse.

Although behavioural practices of exclusive breastfeeding of children under six months old showed improvement compared to 2019, the observed rates are still suboptimal. According to the NFSS findings, 64.3% of mothers in Borno exclusively breastfed their children, and similarly 37.6% in Yobe and 56.3% in Adamawa. Children under six months not exclusively breastfed are twice more likely to die from infections than an exclusively breastfed child. According to the survey, fewer than 1% of children 6-23 months old are receiving the minimum acceptable diet, indicating severe food insecurity in terms of households’ ability to access and consume adequate, safe and nutritionally dense food.

High risk of disease outbreaks

High prevalence of malaria, measles, diarrhoeal and acute respiratory diseases compounded by the COVID-19 pandemic pose a severe threat to the health of IDPs, returnees and the host community. The main underlying causes of high disease incidences include flooding during the rainy season, lack of access to safe potable water and sanitation infrastructure, and other vulnerabilities arising from protracted displacement into overcrowded and under-serviced camps and settlements and underlying poverty. Although reported cases declined in 2020 compared to 2019, the risk of measles and AWD outbreaks persists. Some 4,890 cases of measles have been reported in the BAY states to date in 2020 (as of 8 November for Borno and 31 October for Yobe), a decrease of 78% from 2019³⁸. Borno State reported 39,310 cases of AWD, a reduction of 18% from 2019³⁹. However, reported cases of malaria in Borno State increased by almost 10% to 307,175 in 2020 from 279,389 in 2019⁴⁰, while

Yobe state reported 209,861 cases in 2020. According to early warning alert and response (EWARS) data, malaria remains the highest cause of morbidity and mortality in Borno State. The malaria season peaks during rainy season from July to August and in October.

The COVID-19 pandemic remains a major public health concern. As of 10 December 2020, 1,153 cases were reported in BAY states with 63 deaths, out of 71,344 cases nationally since the start of the pandemic⁴¹. In the BAY states, 66% of the cases were in Borno and 25% in Adamawa. The sparse coverage of COVID-19 testing in the BAY states and the low reliability of estimates of morbidity and mortality mean the true number of cases is almost certainly much higher than the reported number.

Lassa fever and meningitis continue to be a concern. In 2020, four cases of Lassa fever were reported in Yobe state⁴², while 26 cases of meningitis were recorded in Borno and one case in Yobe⁴³.

Impact on systems and services

Insecurity due to NSAG activities continues to limit the presence of civilian authorities outside state capitals, especially in northern Borno State, leaving people reliant on humanitarian aid. Basic social infrastructure and services including the police and judiciary, access to health care, education and livelihoods, and civilian personnel such as teachers, nurses, doctors and civil administrators are lacking in most locations. However, there is more frequent presence of local government officials in some LGAs (mostly in the form of day visits from Maiduguri) such as Damboa, Dikwa, Mafa, Konduga and Magumeri, thus improving government services. Where civilian authorities are absent, the military controls the parameters of humanitarian action, including indirectly such as controlling land allocation which determines possibilities for camp expansion and decongestion, and affects the balance of interests between IDPs and host communities.

NSAGs' activities have extensively damaged health facilities, schools, markets, roads, communication towers and many other community assets, as well as disrupting essential social services. Of the 2,631

health facilities in BAY states, 23% are either damaged (12.4%) or non-functional (10.2%), while 11.4% are only partially functional⁴⁴. This places a huge strain on the functional facilities. NSAG attacks and vandalization of health facilities continue to be reported in Borno State, significantly disrupting delivery and access to essential health care services in many LGAs. Unidentified individuals or groups vandalized and looted the Adamawa state primary-health-care warehouses in October 2020 and carted away essential and non-essential medicines, paralyzing supplies to the state's health facilities.

Since the start of the crisis, 910 schools have been damaged or destroyed while more than 1,500 have been forced to close. 611 teachers have been killed and 19,000 displaced – all these leaving about 900,000 children without access to learning. Across IDP camps, 50% of the children do not have access to functional primary schools⁴⁵; many of them rely on alternative basic education but 32% do not have access even to that, meaning they have access to no kind of education.

Due to extensive damage to communication infrastructure by NSAGs, communication systems in the BAY states are mostly limited to the state capitals. Mobile phone networks are non-functional in deep field locations, particularly in LGAs bordering Niger, Chad, and Cameroon. .

Impact on humanitarian access

The humanitarian operating environment remains extremely volatile, particularly in Borno State where all the major supply routes have become dangerous for civilians and specifically for aid workers, humanitarian cargo and assets. Humanitarian hubs and aid organizations' offices have suffered regular attacks in 2020.

Humanitarian access in the conflict-affected states of north-east Nigeria has been highly constrained since the start of the current humanitarian response. Nigeria is one of the most challenging operational environments for humanitarians, who have been the direct target of violent attacks from organized armed groups (OAGs) and non-state armed groups (NSAGs).

The protection of humanitarian workers and assets is paramount; yet a reliable and safe mechanism to assure access for the humanitarian community to affected people has not yet been achieved.

Along with being engaged in offensive counter-operations, the Nigeria Armed Forces (NAF) play a role in affording humanitarians valuable security, but this paradoxically brings the humanitarian community uncomfortably close to armed actors. Armed military escorts are mandated by the NAF for humanitarians and cargo travelling on certain routes. Although NAF have provided some armed escorts, in circumstances of last resort, this support to the community is neither reliable nor does it provide a long-term neutral and impartial solution to the problem of humanitarian access. (NSAGs target the military, including convoy escorts, so paradoxically this escort arrangement can create more risk for humanitarian cargo or staff movements.) Active and dynamic military operations, along with NSAG-constructed impediments, such as vehicle checkpoints, will continue to reduce access

in the long term unless a sustainable solution can be urgently developed.

A classic civil-military coordination framework exists in accordance with OCHA's mandate and is enhanced with a key resource embedded from Logistics Sector who, daily, negotiates with NAF on cargo movements. UNDSS, and INSO for international NGOs, assist in liaison with the NAF for humanitarian personnel. At the local level there is broadly a functioning humanitarian-military coordination architecture. The Office for the Coordination of Humanitarian Affairs (OCHA) team continues to advocate through Army Command protection of civilians and an enabling operating environment for humanitarian partners.

In addition, the NAF placement of 'super camps' or areas of garrison has heightened insecurity and protection concerns. NAF have effectively prohibited organizations from working outside the 22 garrison areas.

CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO STATE, NIGERIA

An old man explains that only old people respecting COVID-19 prevention measures. "Only old people wear a face mask in the camp though all have been sensitized about COVID-19."

Photo: OCHA/Eve Sabbagh



Impact of the crisis

Millions of people

YEAR	NO. IDPS		% CHILDREN
2016	2.2M	<div></div>	55%
2017	1.8M	<div></div>	25%
2018	1.7M	<div></div>	51%
2019	1.8M	<div></div>	51%
2020	1.9M	<div></div>	59%
2021	1.7M	<div></div>	58%

Impact of the crisis

Millions of people

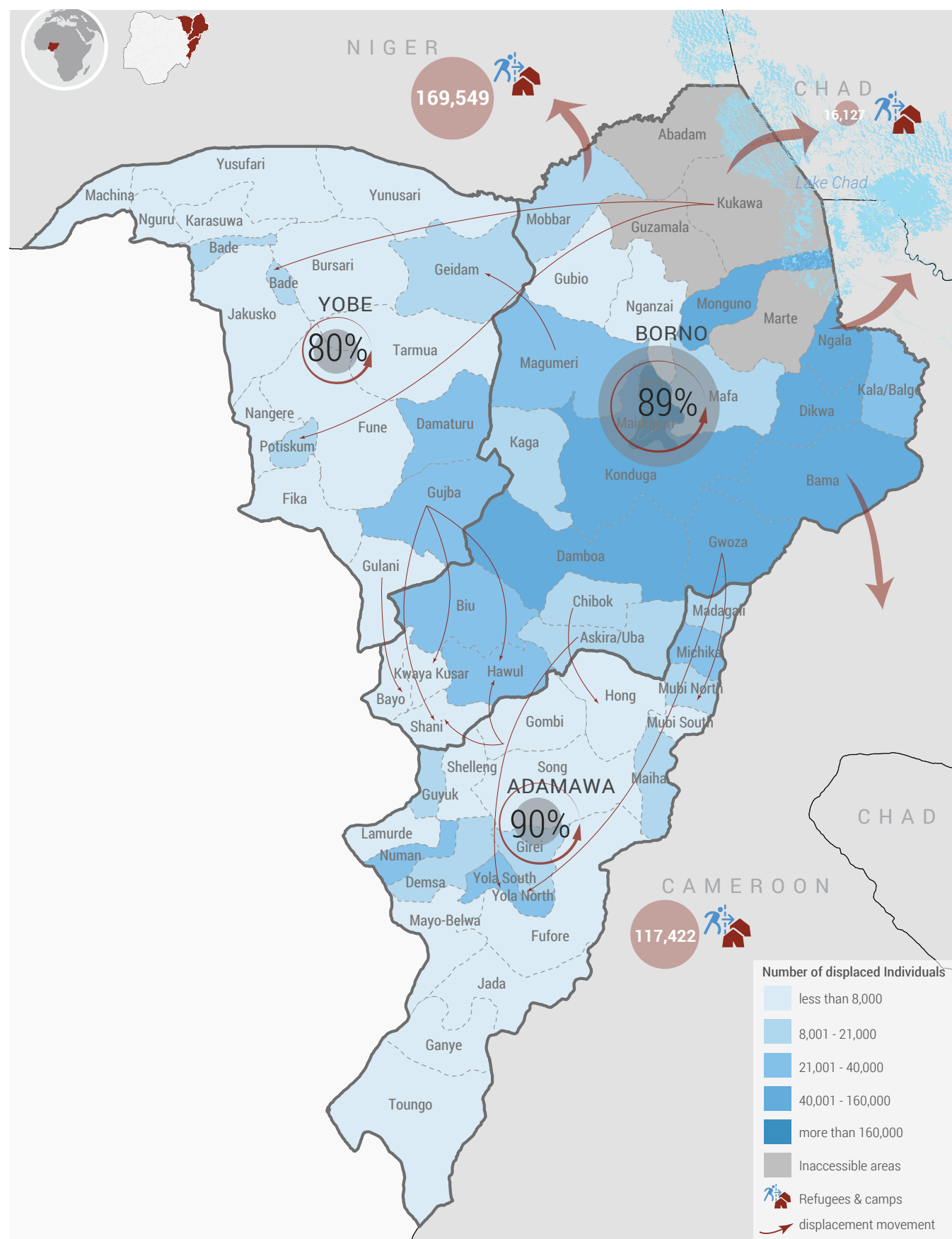
YEAR	NO. RETURNEES		% CHILDREN
2016	1.0M	<div></div>	55%
2017	1.2M	<div></div>	25%
2018	1.3M	<div></div>	51%
2019	1.6M	<div></div>	51%
2020	1.6M	<div></div>	59%
2021	1.2M	<div></div>	58%

Impact of the crisis

Millions of people

YEAR	NO. HOST COMMUNITIES		% CHILDREN
2016	1.8M	<div></div>	55%
2017	11M	<div></div>	25%
2018	1.1M	<div></div>	51%
2019	2.9M	<div></div>	51%
2020	3.2M	<div></div>	59%
2021	4.8M	<div></div>	58%

Impact on people: internal displacement



Source: IOM-DTM Round 33, UNHCR

1.3

Scope of Analysis

The 2021 HNO accounts for the last year of a 3-year Humanitarian Response Strategy. Like other years, all stakeholders, including the Humanitarian Country Team (HCT), sector coordinators, technical assessment focal points, the FMHADMSD and State ministries of humanitarian affairs engaged in the 2021 HPC agreed to focus on the three conflict-affected BAY states and the needs of the following groups: (i) IDPs, (ii) returnees (both IDPs and refugees), and (iii) host communities or vulnerable conflict-affected population.

The secondary data review undertaken in June-July 2020, facilitated together by the assessment and analysis working group (AAWG) and the information management working group (IMWG), set the tone for the HNO analysis and specifically informed the MSNA with key background on population groups, vulnerable populations, and humanitarian access in the BAY states.

The Vaccination Tracking System (VTS) and the International Organization for Migration's Displacement Tracking Matrix (DTM) were the main sources to inform the population baseline by category of population. The DTM Round 33 (August 2020) dataset provided estimates of IDPs and non-displaced population numbers in identified settlements, camps and informal sites, as well as estimated number of returnees at the LGA level.

The MSNA informs the HNO and HRP, and all relevant sectors are engaged for feedback into the sector-specific indicators selected to disclose gaps in the

response, the severity of the crisis, vulnerabilities, and other essential information components of the analytical framework. While the 2018 and 2019 MSNA exercises were conducted through in-person household surveys, the 2020 assessment methodology was adapted to the current COVID-19 health emergency, following a strict 'do no harm' approach. A mixed methodology was adopted, to avoid in-person data collection wherever possible and limit staff and vulnerable populations' potential exposure to COVID-19. The approaches include snowball sampling with interviews conducted over the phone and two-stage cluster sampling conducted through partner-assisted phone interviews and face-to-face data collection. A two-stage cluster sampling strategy was applied in physically accessible, priority LGAs where the need to address information gaps is highest. For these LGAs, areas deemed inaccessible due to security reasons or COVID-19 movement restrictions were identified on a map by field and security officers and other security-related documents and were excluded from the sample.

In addition to that, the risk analysis conducted as part of the joint analysis flagged that IDPs, returnees and host communities are the population groups likely to be the most affected through 2021. All datasets have been disaggregated by sex and age. The needs of people with disabilities were considered based on vulnerability data for IDPs and reported percentage of people with a disability according to the last national population census for the host communities and inaccessible population.

Scope of Analysis Matrix

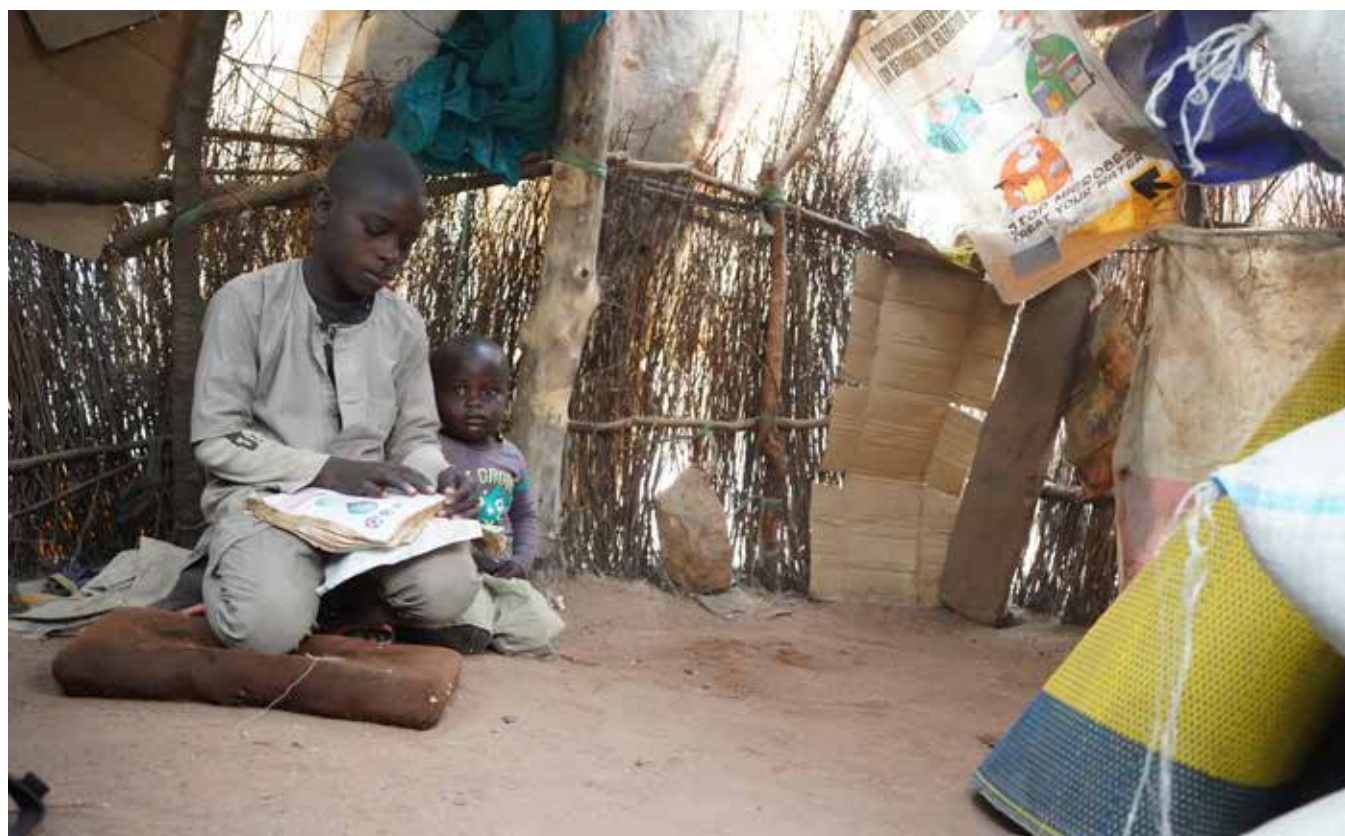
Population Groups

State	LGA	IDPS	Returnees	Host Community	Inaccessible
Adamawa	Demsa	Yes	Yes	Yes	No
Adamawa	Fufore	Yes	No	Yes	No
Adamawa	Ganye	Yes	No	Yes	No
Adamawa	Girei	Yes	Yes	Yes	No
Adamawa	Gombi	Yes	Yes	Yes	No
Adamawa	Guyuk	Yes	Yes	Yes	No
Adamawa	Hong	Yes	Yes	Yes	No
Adamawa	Jada	Yes	No	Yes	No
Adamawa	Lamurde	Yes	Yes	Yes	No
Adamawa	Madagali	Yes	Yes	Yes	Yes
Adamawa	Maiha	No	Yes	No	No
Adamawa	Mayo-Belwa	Yes	Yes	Yes	No
Adamawa	Michika	Yes	Yes	No	No
Adamawa	Mubi North	Yes	Yes	Yes	No
Adamawa	Mubi South	Yes	Yes	Yes	No
Adamawa	Numan	Yes	Yes	Yes	No
Adamawa	Shelleng	Yes	Yes	Yes	No
Adamawa	Song	Yes	Yes	Yes	No
Adamawa	Toungo	Yes	No	Yes	No
Adamawa	Yola North	Yes	No	Yes	No
Adamawa	Yola South	Yes	Yes	Yes	No

Population Groups

State	LGA	IDPS	Returnees	Host Community	Inaccessible
Borno	Abadam	No	No	No	Yes
Borno	Askira/Uba	Yes	Yes	No	Yes
Borno	Bama	Yes	Yes	Yes	Yes
Borno	Bayo	Yes	Yes	Yes	No
Borno	Biu	Yes	Yes	Yes	Yes
Borno	Chibok	Yes	Yes	Yes	Yes
Borno	Damboa	Yes	Yes	Yes	Yes
Borno	Dikwa	Yes	Yes	Yes	Yes
Borno	Gubio	Yes	Yes	No	Yes
Borno	Guzamala	No	No	No	Yes
Borno	Gwoza	Yes	Yes	Yes	Yes
Borno	Hawul	Yes	Yes	Yes	No
Borno	Jere	Yes	Yes	Yes	Yes
Borno	Kaga	Yes	Yes	Yes	Yes
Borno	Kala/Balge	Yes	No	No	Yes
Borno	Konduga	Yes	Yes	Yes	Yes
Borno	Kukawa	No	No	No	Yes
Borno	Kwaya Kusar	Yes	No	Yes	No
Borno	Mafa	Yes	Yes	Yes	Yes
Borno	Magumeri	Yes	Yes	Yes	Yes
Borno	Maiduguri	Yes	No	Yes	No

Borno	Marte	No	No	No	Yes
Borno	Mobbar	Yes	Yes	Yes	Yes
Borno	Monguno	Yes	Yes	Yes	Yes
Borno	Ngala	Yes	Yes	Yes	Yes
Borno	Nganzai	No	No	Yes	Yes
Borno	Shani	Yes	No	Yes	No
Yobe	Bade	Yes	No	Yes	No
Yobe	Bursari	Yes	No	Yes	Yes
Yobe	Damaturu	Yes	Yes	Yes	Yes
Yobe	Fika	Yes	No	Yes	No
Yobe	Fune	Yes	No	Yes	No
Yobe	Geidam	Yes	Yes	Yes	Yes
Yobe	Gujba	Yes	Yes	No	Yes
Yobe	Gulani	Yes	Yes	Yes	Yes
Yobe	Jakusko	Yes	No	Yes	No
Yobe	Karasuwa	Yes	No	Yes	No
Yobe	Machina	Yes	No	Yes	No
Yobe	Nangere	Yes	No	Yes	No
Yobe	Nguru	Yes	No	Yes	No
Yobe	Potiskum	Yes	No	Yes	No
Yobe	Tarmua	Yes	No	Yes	Yes
Yobe	Yunusari	Yes	Yes	Yes	Yes
Yobe	Yusufari	Yes	Yes	Yes	Yes



ADAMAWA STATE, NIGERIA

Photo: OCHA/Eve Sabbagh

1.4

Humanitarian Conditions and Severity of Needs

Though the Nigerian military has recorded relative success in counter-insurgency operations over the past years, millions of people are no closer being able to return to their homes and starting the recovery from the conflict. The majority of displaced people are still in camps, camp-like settings or living in host communities, who are themselves stressed. Besides, new displacements have also been registered as the result of conflict in 2019 and 2020.

The scale and nature of the conflict over the last eleven years have affected population groups to different degrees. As years have passed with limited progress towards a political or military solution to the conflict, the number of conflict-affected people living under

challenging conditions has not declined significantly.

In general, the contextual factors described in Part 1.1 and the humanitarian impacts narrated in Part 1.2 have caused a total of 7.7 million people to face adverse humanitarian conditions in areas accessible to aid workers in the BAY states. (Estimates indicate a further 1.02 million people in need in accessible areas.) Out of the 61 LGAs that the JIAF classified using MSNA and other data, 19 are estimated at 'extreme' level in terms of severity of needs; another 30 at 'severe' level. Eight LGAs are at 'stressed' level, while the remaining 4 have 'minimal severity' of needs⁴⁶.

This means that more than 2.2 million people face an extreme degree of needs and more than 4 million have severe needs in the BAY states. In the LGAs that have extreme needs, 83% of the population require some kind of humanitarian assistance, as do 62% of the population in LGAs with severe needs⁴⁷.

The people in need are divided into three groups—IDPs, returnees, and host communities—all with different types of need according to severity levels. Looking at the inter-sectoral severity analysis, IDPs are more vulnerable than returnees and host communities. Overall, 65% of the IDP households have reported at least one kind of vulnerability: having a female-headed household, a family member with a mental or physical disability, a pregnant girl or women in the household; a child separated from them; or being or having a married child. DTM data suggests that many of the IDP households are highly dependent on humanitarian aid, and almost 50% of them live in an IDP camp or informal camp-like setting.

This analysis yields people in need per sector as well as the particular needs, thus informing programming decisions. The three major sectors for which households require urgent assistance are health, food security and protection, each of which counts more than 4 million people in need.

Considering the three groups together, their needs coalesce around the following key problem areas, most of which apply to varying degrees among all three groups, and which interact:

1. Conditions, services, and protection in the IDP camps.
2. Acute, worsening food insecurity and related severe vulnerabilities.
3. Loss of livelihoods and self-reliance, and lack of opportunities for new or interim livelihoods, especially for IDPs and returnees.
4. Uncertain prospects of alternative and durable solutions.
5. Prevalence of communicable disease and risk of outbreaks or epidemics.

An area that has not been sufficiently explored is how displacement and other factors affect the social fabric and disrupts people's social networks, social capital and coping mechanisms. Normally these are systems on which individuals and households depend for help, reciprocity and emotional support in times of stress. Like people and societies everywhere, the crisis-affected people in north-east Nigeria have innate resilience and versatility in coping. These qualities reside partly in the individual but also, importantly, in their community and local society, including social contacts near and far. The extent to which people manage to maintain emotional equilibrium and productivity in displacement appears to be partly conditioned by the degree to which their displacement circumstances and their pre-displacement social endowment allow them to re-establish or replace social relations and capital⁴⁸. Common sense suggests that this is one of the keys to empowerment of crisis-affected people and their regaining self-reliance even before durable solutions. Closer examination of what the affected people in north-east Nigeria are doing to maintain, restore or improvise social relations and capital can form a part of needs analysis and communication with affected people in 2021. .

NGALA TOWN, BORNO STATE, NIGERIA

Photo: OCHA/Intersos









Most vulnerable groups

Millions of people (M)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS
Internally Displaced Persons	1.7M	30k	687k	576k	434k	0	1. Recurrent and unpredictable attacks, violence 2. The dense congestion of camps 3. The movement restriction
Returnees	1.2M	261k	165k	335k	391k	0	1. The lack of access to basic services, 2. looking for livelihoods opportunities 3. looking for security
Host community	4.8M	11k	286k	3.1M	1.4M	0	1. No access to farming 2. Loss of purchasing power 3. Insecurity

MOST VULNERABLE GROUPS

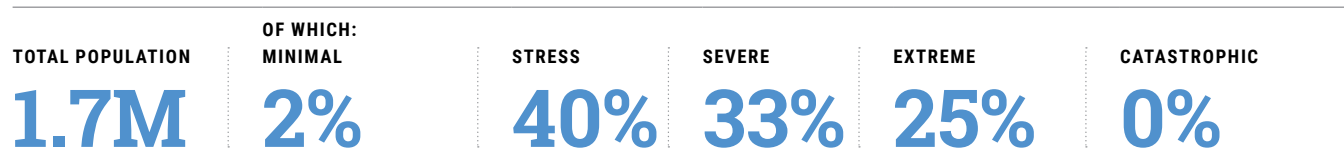
POPULATION GROUP	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN/ADULTS/ELDERLY (%)
Internally Displaced Persons	54 / 46 	58 / 37 / 5 
Returnees	54 / 46 	58 / 37 / 5 
Host community	54 / 46 	58 / 37 / 5 

NGALA TOWN, BORNO STATE, NIGERIA

Photo: OCHA/Intersos



Internally Displaced People



Humanitarian conditions: intersectoral severity of needs

Out of the 1.7 million IDPs in need, 805,000 reside in the nineteen LGAs whose inter-sectoral needs rate as 'extreme' or 'severe' (342,000 and 463,000 IDPs respectively). In those 'extreme' LGAs, IDPs compose on average 16% of the LGAs' current population, according to the MSNA. Another 673,000 IDPs reside in LGAs whose inter-sectoral needs are at 'stressed' level. This shows that most IDPs are living in highly vulnerable areas whose populations suffer profound poverty and deprivation.

Further vulnerabilities of IDP households come from the family structure itself: 28% of IDP households are female-headed, and many of them are single parents; a staggering 25% are widows. Some 31% of the women are currently breastfeeding or pregnant. Moreover, 12% of the IDPs report that they have a family member with a physical disability.

Movement restriction is widespread—almost 47% of IDP households surveyed for the MSNA reported movement restrictions during the preceding three months—and can be a major factor in increasing IDP households' vulnerabilities (curtailing their coping strategies) even as it may help safeguard their physical security.

At least 2% of IDP households report having a child being married before the age of 17, and while this seems a small proportion, it equates to some 5,000 married children.

IDPs in either rural or urban settings also face a relatively prominent level of discrimination.

Employment offers are few, and they face challenges in accessing services partly because of their lack of proper documentation or language barriers. There are reports that camp officials sometimes delay services for IDPs because of their origins⁴⁹.

Household separation, uncertainty and instability also force households to focus on issues of daily survival. It limits their capacity to plan for their and their children's sustainable future in the current settings.

Drivers of severity and underlying factors

Displacement remain the key underlying severity factor coupled with limited human, social, physical, and financial capital available to the IDP population. Displacement, compounded by the paucity of livelihood opportunities in the location of displacement, forces households to significantly depend on humanitarian aid. Even the latter is constrained, as is durable solution programming, leaving harsh living conditions that force families to adopt extremely harmful coping strategies for survival. Recurrent, unpredictable attacks force many households to displace multiple times. Limits on access to land for camp expansion or farming result in over-congestion in camps and camp-like settings, causing conditions conducive for outbreaks of diseases such as malaria and cholera.

The dense congestion and growing presence of military personnel in and around camps make it difficult to establish child- and gender-friendly locations in camps and thus improve protection. The movement restriction imposed on the IDPs exacerbates the severity of needs across physical and mental well-being, living conditions and coping mechanisms.

Physical and mental wellbeing

One of the main factors that affect IDPs' physical and mental well-being is food insecurity. IDPs' ability to access land or other livelihood opportunities in the BAY states is highly constrained by insecurity: both those who are confined to garrison-town camps and those who reside with host communities are having greater trouble than the other affected groups in meeting their daily food needs and will be forced to rely heavily on humanitarian aid for their survival.

Depending on age and gender, other key factors are protection, educational exclusion, and the grinding impact of exposure to ongoing violence or attacks.

Many households in the BAY states will continue to lose their loved ones because of endemic and preventable diseases like malaria and cholera: an estimated 73 children under five lost their lives to malaria in Borno state in 2020. The high prevalence of chronic and acute malnutrition worsens vulnerability to infectious disease: 45% of deaths in children under five years of age are due to nutrition-related factors. The lack of neonatal and postnatal obstetric care has contributed significantly to the mortality and morbidity of mothers and children.

At the time of writing, based on the latest Nutrition and Food Security Surveillance round IX (October 2020), an estimated 800,000 children under five suffer from acute malnutrition (290,000 severe, 510,000 moderate) across the BAY states. One in every five children with severe acute malnutrition (SAM) and one in every 15 children with moderate acute malnutrition (MAM) risk dying if not treated in time⁵⁰.

Protection remains a great concern for many families and individuals, especially for girls and women who are at higher risk of gender-based violence in many of the camps and camp-like settings. Lack of secure sanitation facilities, safe firewood collection, and overall protective systems in some camps and camp-like settings heighten GBV risks. Where essential goods and services are in short supply, affected people resort to negative coping strategies including transactional sex. Moreover, women, men, boys,

and girls have been forced to be combatants or suicide bombers, or are asked to provide intelligence for military operations. At the same time, the high incidence of family separation, including children and adults, have affected the mental health of the IDP population.

The experience of crisis and displacement exacts a heavy toll on mental health. A 2019 study (using survey data collected in 2017) found: "...a high burden of mental health needs: 60% of participants strongly endorsed [reported] at least one mental health symptom, and 75% endorsed functional impairment associated with mental health symptoms. Unexpectedly, we found that adult men had the highest rates of symptom burden, suggesting that typical approaches focusing on women and children would miss this vulnerable population. Qualitative findings (free lists, interviews, focus group discussions) reflect MHPS [mental health and psycho-social] needs that could be addressed through solutions-focused approaches, although tailored interventions would be needed to support stigmatised and vulnerable groups such as drug users and rape victims. Finally, participants emphasised the breakdown of community and political leadership structures, as well as of economic and livelihood activities, suggesting that MHPS interventions should focus on restoring these key resources."⁵¹

According to the United Nations Children's Fund (UNICEF) in late 2019, "Self-reported psychosocial distress amongst children was extremely pervasive. Culturally relevant manifestations of psychosocial problems amongst children were identified as 'thinking too much' and 'worrying all the time', indicating high levels of anxiety. An overall sense of distrust was manifested in children's levels of suspiciousness and hyper-vigilance. Self-reported and teacher-reported anger, aggressiveness and irritability were common complaints. Children and protection workers shared concerns regarding sleep-related difficulties such as nightmares, disturbed sleep and sleeplessness; flashbacks of horror experiences; trouble concentrating; forgetfulness; withdrawal; isolation; somatic complaints (such as headaches); numbness; confusion; an inability to connect with what

was happening around; poor self-care and hygiene; functional impairments; and moodiness.”⁵²

Living conditions

The key issues that limit the IDPs' living conditions are congestion and limitations of access to shelter, security and safety, health, education, water and sanitation, hygiene, and livelihood opportunities. More than 5% of the IDPs—equating to some 100,000 people—do not have access to primary health care services within a one-hour walk from their location.

The shelter conditions for IDPs are not up to standard: 37% of IDPs in camps or camp-like settings live in self-made or makeshift shelters, and 35% in emergency shelters, many in deteriorated condition⁵³. Some 5,000 IDPs live in the open: as of end of September, over 855 households remain without shelter altogether, according to camp coordination and camp management (CCCM) sector inputs for September 2020 Digital Sitrep. Fortunately, 98% of IDPs in camps or camp-like settings use a relatively safe water source (piped water, handpumps, trucked water, or protected wells), and only 2% have to resort to unprotected wells. Among IDPs in host communities, 9% resort to unprotected water sources. In 88% of displacement sites and 95% of host-community sites for IDPs, toilets were described as not hygienic⁵⁴. One of the most pervasive factors that aggravates living conditions of IDPs is the current congestion in many of the camps. Around 430,000 IDPs—more than half of IDPs living in camps—reside in highly congested conditions⁵⁵. Moreover, many IDPs, specifically those who live outside camps or in informal settlements, do not have the appropriate complaint and feedback mechanisms for the services they receive from humanitarian partners and the government.

Many IDPs (81% of whom are women and children) are living without access to adequate health care. The vaccination coverage for IDP households, especially for those living outside camps, is far from universal. (The Health sector does not calculate precise coverage percentages among IDPs because the dynamic nature of this population precludes a reliable denominator.) What we have is absolute numbers of under 5 children vaccinated in amongst IDPs during vaccination

campaigns. This is partially due to movement restrictions and measures to contain the spread of COVID-19, unavailability of vaccines, or postponements of campaigns for reasons such as insecurity⁵⁶. Though significant efforts have been made to improve education coverage in IDP communities, still only 37% of IDP families report that all their children attend schools. Moreover, the teacher-student ratio in many camps is not conducive to the learning process. Considering only registered teachers, the overall average student-to-teacher ratio across the BAY states is 1:55, and highest in Yobe (1:69) followed by Borno (1:60). This drops significantly when the volunteer workforce is calculated as part of the ratio: that yields an overall average of 1:39.⁵⁷

IDPs living in host communities or residing on private land also risk eviction. Some 36% of IDPs face challenges with land and property issues. In 2020, an estimated 72,000 IDPs (6% of the total outside formal camps) report that they risk being evicted⁵⁸.

Coping mechanisms

Few coping mechanisms are available to IDPs aside from heavy reliance on humanitarian aid. This dependency is much higher for IDPs who live in camps because of movement restrictions and paucity of livelihood opportunities. Several reports show when there is a delay in, or shortage of, humanitarian assistance like food because of pipeline breaks, IDPs immediately fall into negative coping mechanisms, including survival sex and early marriage⁵⁹. Many families have reported skipping meals because of shortage of firewood or cooking fuel.

Among IDPs in camps and camp-like settings, petty trade is the main livelihood activity for 38%, followed by daily wage labourer (26%) and farming (25%). Among IDPs in host communities, by contrast, the majority (60%) engage in farming, followed by petty trade (15%) and daily wage labour (14%)⁶⁰. Some 88% of IDP households have reported that they do not earn enough for their monthly consumption. A family emergency forces many of the IDPs to fall into debt or sale of productive assets. Moreover, 4% of IDP households report resorting to begging as a coping mechanism, which erodes their dignity.

Returnees



Humanitarian conditions: intersectoral severity of needs

Out of the 1.2 million returnees in need, 63% reside in LGAs that are classified as having extreme or severe inter-sectoral humanitarian needs. According to the 2020 MSNA, almost 400,000 returnees have extreme severity of conditions, while another 340,000 face severe intersectoral needs.

It seems likely that the hard-to-endure conditions in some returnees' former places of displacement acted as a 'push' factor in their decision to return. (As a small snapshot, though not reflecting a representative sample, of the 298 people who left camps in the week of 7-13 December 2020 in Borno and Adamawa states, 23.4% cited poor living conditions in their camp as the main reason. 48.7% cited voluntary relocation, 14% cited improved security in their destination, and 13% cited conflict or attack near their camp.⁶¹) Others were encouraged to return with the hope of receiving return packages from the government.

Many of these households resettled in their villages after several years of being detached from livelihoods and traditional solidarity systems. The conflict has left 23% of returnee families to be headed by a single (divorced or widowed) household member, 15% being female-headed. About 17% of returnee households have a family member with physical or mental disability, and 47% have a family member currently pregnant or lactating.

A significant number of households who had intended to return to their original home villages to rebuild their lives have ended up in towns within their home LGA, primarily because they found or came to expect

insecure or untenable conditions there. As such, they are now facing secondary displacement and need humanitarian aid, but now in environments where humanitarian access is a problem. This creates congestion within the 'return towns and villages' such as in Gujba town in Yobe state, and also adds to the population who are located in inaccessible areas. In many such areas, the returning population is unable to safely access farmland, which attenuates the sustainability of returns as well as food insecurity. According to DTM, of the 1.9 million IDPs in the BAY states, only 323,000 or 17% have been displaced just once; 51% have been displaced twice, 27% three times, and 5% more than three times.

Returnees also face property issues on their return—their land and/or houses having been taken over by previously-returning households or even by other IDPs. (See the Protection section below for more detail on how access to land for residence and livelihoods, plus tenure on housing, land and property, affect not only returnees but also those still displaced.)

Drivers of severity and underlying factors

The lack of access to basic services, livelihoods opportunities and security impinge on the lives of returnees. The rehabilitation or reconstruction of essential infrastructure and the re-establishment of basic services continue to suffer delays, and many of the return locations are still affected by insecurity. Conflict (both inter-communal violence and military operations) and sparseness of human, social, physical and financial capital remain the major driver of severe needs for returnees. Households have limited educational levels because of unequal investment

in formal and vocational education infrastructure in the past; this limits households' ability to obtain decent employment.

Physical and mental wellbeing

Despite having returned home, most IDP-returnee households still rely on humanitarian aid. One key and persistent issue that impairs returnees' physical and mental well-being is security. IDPs who have returned to areas where the government recently regained control continue to suffer due to insecurity such as NSAG attacks in their LGAs, particularly in Borno State⁶². Around 10% of returnee households have suffered security incidents affecting household members in the past three months.

Returnees have poor access to water: 32% of returnees report insufficient safe water for drinking, cooking, washing and personal hygiene⁶³. Moreover, 87% of households do not have proper hand-washing facilities and 26% do not have access to soap. Many returnee families struggle to feed their children adequately. According to the nutrition sector, the GAM rates for returnee children under five, as of September 2020, are 7.5% in Adamawa, 10.5% in Borno, and 13.6% in Yobe states. One out of five children is chronically malnourished.

Only 48% of childbirths in 2020 so far are conducted by qualified birth attendants, endangering many mothers and their children. The Health sector estimates some 600,000 women need access to safe delivery attended by a skilled birth attendant, and that 700,000 women and adolescent girls will be seeking access to family planning to avert an unintended pregnancy.

It has also been reported that some of the people returning are exposed to unexploded ordnance and improvised explosives. These particularly endanger children.

Living conditions

As stated above, necessary infrastructure and services remain very limited in return areas. The main drivers aggravating living conditions for returnees, similar

to IDPs, are inadequate shelters and livelihoods opportunities. Likewise, access to basic services such as health care, education and water and sanitation is inadequate. These problems are compounded by lack of civil documentation and secure tenure of housing, land and property. About 10% of the returnees have no access to primary health care facilities within an hour's walk from their homes. Less than half of the families (48%) can send all their children to school. The student-per-teacher ratio remains high (for example, 1 teacher to 73 students in Yobe state⁶⁴), with definite effects on the quality of education as well as child health and safety. Most returnees struggle with shelter: 62% of returnee households live in partially destroyed shelters, 3% live in transit shades or makeshift shelters, and 19% share a shelter with other households.

An estimated 25% of returnee households have lost their civil documentation, which exposes them to risk of eviction from their homes.

Coping mechanisms

Livelihood opportunities in the areas of return are minimal, mainly confined to subsistence agriculture, small-scale livestock herding, and petty trade. Young male returnees tend to be limited to casual agricultural employment. Labour exploitation is quite common on returnees working on others' farms in return areas; some have reported that they decided to abandon their jobs and return to the camps because of penurious labour exploitation⁶⁵. Many farming households struggle to get basic farming inputs, such as seeds and tools. A significant majority (65%) have to rely on high-interest credit to fulfil their input needs. Similarly households also take out loans in case of unforeseen family emergency. Most often, returnee households find it difficult to sell their agricultural produce in towns due to high transport costs. As such, they are forced to sell to a wholesaler at lower prices, too low for economic security.

Host Communities



Humanitarian conditions: intersectoral severity of needs

Almost 4.5 million people live in the 49 LGAs that are classified as having extreme and severe intersectoral vulnerabilities and needs. Many of these people face challenges similar to those of IDPs and returnees. Many of these locations suffer insecurity because of fighting between security forces and NSAGs, or cordon-and-search operations. Current family structures deepen host communities' vulnerability: there is a high dependency ratio (children to adults), 15% of the households are female-headed, and 16% of households have a family member with a mental or physical disability. A staggering 49% of host-community households have one or more pregnant or lactating women or girls in the family.

Host communities in many locations suffer insecurity and the overall lack of basic services. Many services like schools, hospitals, and other institutions are not fully functioning. In many LGAs local government officials, including the judiciary, are absent from their offices from fear for their safety, creating a vacuum of civil administration and rule of law. Like IDPs and returnees, host community members also face security-derived movement restrictions.

Drivers of severity and underlying factors

As with IDPs and returnees, host communities have no great stores of human, social and financial capital on which to draw. Past deficiency in education opportunities restricts many of them to low-skill livelihood options. The region's stunted formal labour market makes the employment situation worse.

In the prevailing conflict situation, farming households confront multiple challenges. The conflict hampers access to essential farming inputs—for example the military, and national counter-terrorism laws, regulate and restrict movement of nitrate-based fertilizer (because of its explosive potential). Transport of inputs in and produce out becomes more expensive and less timely. Movement restrictions impede farmers from accessing their farms or searching for work.

Lastly, the overall economic recession in Nigeria because of COVID-19 significantly lowers households' capacity to procure essential food items.

Physical and mental wellbeing

Conflict, security and overall lack of basic services are the chief factors that impair the host communities' physical and mental well-being. 30% of households have suffered safety and security incidents affecting household members in the past three months.

Food insecurity is the broadest factor affecting host communities. The October 2020 Cadre Harmonisé projects 5.1 million people in the BAY states will be in food insecurity phase 3 ('crisis') or phase 4 ('emergency') during the 2021 lean season. Of these, 1.6 million are in IDP-hosting communities. Global acute malnutrition among children under five in host communities are 7.5% in Adamawa, 10.5% in Borno, and 13.6% in Yobe states, as of September 2020.

Poor access to health services is costing lives: many children die because of preventable diseases like malaria, acute watery diarrhoea, measles, and cholera.

The North-East Nutrition and Food Security Survey (October 2020) revealed the crude mortality rate of children under five (deaths in children under five, per 10,000 children under five, per day) in Adamawa, Borno and Yobe states to be 0.12, 0.42 and 0.44 respectively⁶⁶. This under-five mortality rate equates to 79 children per day in BAY states, and is approximately 1.5 times higher than the average of sub-Saharan African countries⁶⁷. A major part of the host-community population (42%) do not have sufficient access to water for domestic use. Moreover, 78% of the households do not have proper handwashing facilities, and 26% lack access to soap.

Many households also face significant protection issues, mainly women and girls, and in particular sexual or gender-based violence (SGBV).

Living conditions

Low investment in social-service infrastructure by consecutive governments over the years impact on living conditions in many of these areas. Almost 10% of this population cannot access primary health care services in less than three hours' walk. Many of the schools are partially destroyed by the conflict and lack of investment in rehabilitation. The students-per-teacher ratio remains high even by sub-Saharan-African standards.

Many households also report lacking civil documentation (likely is a developmental problem which the current crisis exacerbates), which impedes their access to credit and government services. Host communities' shelter situation is generally better than that of most IDP households; however, 57% of host-community houses are partially dilapidated because the owners cannot invest in rehabilitation. Many children from different age groups share the same room with their parents. Broadly, the growing demand for housing in urban and semi-urban areas and rising prices render home ownership unaffordable for everyone, especially for young couples who are starting families.

Coping mechanisms

As stated above, many households have limited access to farming inputs and other livelihood assets. In many parts of the BAY states, there is significant shortage of credit supply at reasonable interest rates. Any shock that a family suffers can force sale of already-depleted productive assets, or resort to short-term borrowing (loan sharks). Farming households who lose their crops can be forced to consume seed, and then go further into the debt trap to secure the next season's inputs. Some households reportedly have to marry off their young girls to raise funds to repay debts, and also to create alliances with better-off families.

Compounding the stresses on host communities' coping mechanisms is the weight of IDP presence: in Borno state 720,000 IDPs (46% of the state's total IDPs) live in host communities, in Yobe 129,600 (91%) and in Adamawa 190,000 (89%)⁶⁸.

Perceptions of affected people

According to the 2020 MSNA, 52% of respondent households prioritized food as their first need while 35% prioritized cash income or livelihood. (The latter can of course purchase the former, if markets function, but the coding of survey responses did not differentiate further, nor systematically ask respondents if they preferred in-kind or cash assistance; however see below re qualitative data.) Three per cent of the households prioritized shelter followed by water and health at 2% each. Looking at the different population groups, 61% of the IDP households prioritized food, followed by 30% that prioritized cash income. 50% of the returnee households prioritized food while 37% prioritized cash income or livelihoods. Host communities showed similar prioritization: of them, 43% of households indicated food as their immediate need while 41% prioritized cash income or livelihoods.

Only 13% of the households surveyed in the MSNA reported having received aid in the past three months. Of those, some 55% were dissatisfied with the aid they received, the reasons being (in descending order of

frequency) insufficient quantity, delays in delivery of the aid, quality not good enough, and/or unsuitable type of assistance.

As part of the HNO community-level consultations, qualitative data was collected from 77 key informants in the affected population across 11 LGAs in Borno (6), Adamawa (2) and Yobe (3). (This is admittedly a small sample even for qualitative data, but COVID-19 restrictions and precautions precluded more. It is therefore to be understood as the expression of a certain range of opinions, not confidently generalizable to all or part of the affected people.) community participants from across 11 LGAs in Borno (6), Adamawa (2) and Yobe (3) were interviewed. The participants in each LGA consisted of a male and a female leader from among IDPs, IDP youths, and host community as well as one person with disability. The participants prioritized their humanitarian-aid needs as (i) food, (ii) health, (iii) livelihood, (iv) WASH and (v) protection. The participating people with disability ranked their needs in that order too. However, women prioritized livelihoods over health and protection over WASH. The youth prioritized protection and WASH over livelihoods. The participants reported that affected people somewhat prefer assistance in-kind more than cash or voucher. The youth participants preferred vouchers over cash, while men preferred cash and voucher equally. Some participants preferred a mix of the three modalities.

Ground Truth Solutions' perceptions survey of 2,085 cash-or-voucher (CVA) recipients in the BAY states found similar reported needs: 78% of surveyed aid recipients reported food as the most pressing need not currently met. Food was found to be the main unmet need in each of the BAY states⁶⁹.

Second to food, the same study found that CVA recipients reported different unmet needs in each of the BAY states. 57% of CVA recipients in Adamawa and 63% in Borno mentioned ongoing livelihoods needs, but only 19% in Yobe. Health needs were higher in Adamawa, reported by 65% of respondents, compared to just 26% in Yobe and 15% in Borno. Similarly, people in Adamawa reported high ongoing education needs (50%) compared to only 26% and 22%

in Borno and Yobe respectively.

Many CVA recipients reported a preference for in-kind aid⁷⁰. Goods in-kind were almost as popular as cash overall (55% and 59% of respondents respectively), while only 33% preferred vouchers⁷¹. In Borno, goods-in-kind were the most popular modality (58%) followed by cash (54%), while in Yobe in-kind and cash were essentially tied (48% and 50% respectively). In Adamawa, 96% said they preferred cash, compared to 58% who preferred in-kind aid. Both men and women reported preference for cash followed by in-kind aid, with men being more likely (by 11 percentage points) than women to express a preference for aid in-kind. The popularity of in-kind assistance is likely due to reduced household spending power, caused by rapid price inflation across the BAY states and the subsequent devaluation of the Naira. The vast majority of CVA recipients pointed to the lack of food, rising food prices, the high cost of living, inflation, and currency devaluation as their main economic concerns.

The reason behind this preference may relate to the fact that recipients of cash assistance appear to feel the brunt of price changes more than voucher recipients. Prices of goods are agreed in advance with vendors for recipients of commodity or value-based vouchers, providing some level of resilience to market shocks or changes in prices. While cash recipients have more flexibility in their ability to spend their assistance, in times of economic crisis they may not be able to adapt to market shocks.

When asked about their main sources of information, participants in the HNO community-level consultations mentioned radio, camp committee meetings, flyers, community leaders, mobile phone and community meetings. Most of the participants preferred radio as their source of information (though youth more so than men and women), of which Dandal Kura radio station was most popular. The second most preferred source of information was camp committee meetings. Participants averred that affected people need information most on the assistance they can receive, security, health, livelihoods, food, returns, and peace.

Regarding preferred information sources, Ground Truth

Solutions found that CVA recipients prefer to receive face-to-face information from community leaders (96%). However, there is some regional variation, with religious organisations being the second-most-preferred information source in Adamawa, while less than 10% of respondents mentioned religious leaders in Borno and Yobe. Other preferred sources of information were Bulamas and Lawans.

On awareness of complaint and feedback mechanisms, participants in the HNO community consultations advised that most of the affected people are aware of their option to present complaints or feedback to community leaders / Bulamas, complaint or protection desks, and also suggestion or complaint boxes. They are least aware of WhatsApp groups, hotlines, voice recorders and radio stations as means of complaint or feedback. They trust the complaint / protection desks and the community leaders / Bulamas to act on or convey their complaints and feedback.

In the event of abuse by aid providers, according to the Ground Truth Solutions study, most CVA recipients surveyed (79%) stated that they are aware of how to report issues. Aid beneficiaries in Yobe stated that they would report to community volunteers; those in Borno were more likely to contact local authorities; and in Adamawa recipients would report to family and friends in the case of abuse. Religious leaders and the police are more preferred as a reporting channel in Adamawa than the other states.

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1.5

Number of People in Need

Pre-COVID-19 figures (HNO 2020)

PEOPLE IN NEED

7.9M

TREND (2016-2020)



WOMEN

22%

CHILDREN

59%

WITH DISABILITY

2.3%

Revised figures (COVID-19 Addendum 2020)

PEOPLE IN NEED

10.6M

TREND (2016-2021)



WOMEN

18%

CHILDREN

65%

WITH DISABILITY

8.5%

Projected figures (2021)

PEOPLE IN NEED

8.7M

TREND (2016-2021)



WOMEN

20%

CHILDREN

58%

WITH DISABILITY

15%

GOLONGOLONG, MAIDUGURI, BORNO
STATE, NIGERIA










NHF-funded emergency water and sanitation

Photo: OCHA/Eve Sabbagh



PIN by severity phase and location

AREA	POPULATION GROUP	TOTAL POPULATION	NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	
Adamawa	IDPs	0.21M	0.00	0.10	0.05	0.06	0.00	50% ✓
Adamawa	Returnees	0.81M	0.02	0.23	0.37	0.19	0.00	41% ✓
Adamawa	Host community	2.61M	0.43	0.66	0.95	0.58	0.00	2% ✓
Borno	IDPs	1.55M	0.00	0.06	0.19	1.30	0.00	0%
Borno	Returnees	0.71M	0.17	0.14	0.08	0.33	0.00	49% ✓
Borno	Host community	3.02M	0.93	0.66	0.48	0.74	0.00	50% ✓
Yobe	IDPs	0.14M	0.00	0.01	0.06	0.07	0.00	12% ✓
Yobe	Returnees	0.18M	0.00	0.00	0.11	0.07	0.00	24% ✓
Yobe	Host community	2.85M	0.00	0.70	1.36	0.69	0.00	31% ▲
Sub-total		12.08	1.55	2.55	3.65	4.02	0.00	
Total PIN							7.7M	18% ✓

AREA	BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	IDPS	RETURNEES	HOST COMMUNITY
Adamawa	48 / 52 	54 / 37 / 9 	16% 	110k	563k	1.5M
Borno	50 / 50 	57 / 28 / 15 	16% 	1.5M	405k	1.2M
Yobe	52 / 48 	54 / 34 / 12 	16% 	131k	182k	2.0M

Part 2

Risk Analysis and Monitoring of Situation and Needs

CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO
STATE, NIGERIA

Photo: OCHA/Eve Sabbagh



2.1

Risk Analysis

Risk analysis identifies the main drivers in a given humanitarian context, both positive (opportunities) and negative (shocks and stresses), their likelihood and potential severity. The risk analysis clarifies which and why changes are expected to occur, where, when and who will benefit or be affected.

The Index for Risk Management (INFORM) model is based on risk concepts published in scientific literature and envisages three dimensions of risk: hazards and exposure, vulnerability, and lack of coping capacity. They are conceptualized in a counterbalancing relationship: the risk of what (natural and human hazard), and the risk to whom (population).

Nigeria has the third-highest risk score (6.5) among countries in the Sahel region, according to INFORM⁷². The main findings of the October 2020 INFORM index update show that the BAY states have, by far, the highest levels of risk (7.5 for Borno, 5.0 for Adamawa and 6.3 for Yobe), with high or very high levels of exposure to conflict and natural hazards. The

vulnerability and lack of coping capacity documented in these states is very high compared to other Nigerian states. From 2017 to 2020, the INFORM index has consistently highlighted the BAY states' level of risk.

In the joint analysis workshop, humanitarian actors identified the main drivers, both positive and negative, that would influence the evolution of humanitarian needs in 2021. A risk analysis framework was developed to better build and agree on a scenario that will inform potential changes in operational access and estimate the likelihood and impact on the humanitarian situation, plus measures to mitigate risks and reduce their potential impact. A key objective of the framework is to harness extensive quantitative information, including historical, and to allow a quick and straightforward evaluation of the combined risks across the BAY states. Hence five main drivers were identified: COVID-19 and similar disease outbreak; floods; food insecurity; military operations; and insecurity.

NGALA, BORNO STATE, NIGERIA

Photo: OCHA/Eve Sabbagh



INFORM

INFORM RISK
6.9

HAZARD
& EXPOSURE
8.3

VULNERABILITY
6.0

LACK OF COPING
CAPACITY
6.5

For more information, visit: www.inform-index.org

INFORM
INDEX FOR RISK MANAGEMENT


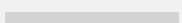

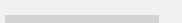
COVID-19 and other communicable disease outbreak

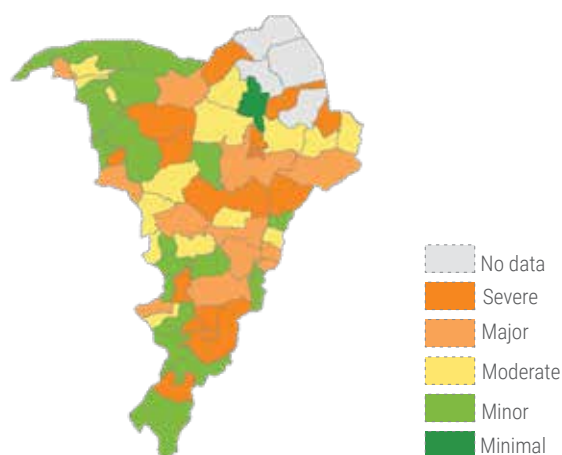
In the BAY states, on average 13 new COVID-19 positive cases are registered each week; confirmed cases now amount to 1,374 people (one out of every 13,000 people in the BAY states). According to official figures 69 people in the BAY states have died of COVID-19; and 993 COVID-19 patients have been discharged (all figures as of 1 January 2021.) The low testing capacity (500 tests a week) could explain the low rate of confirmed infections: testing in Nigeria has covered only 0.6% of the population⁷³. Excess morbidity may not be well documented in real time by health systems, nor excess mortality by vital registration systems. Risk of rapid spread of COVID-19 still looms in north-east Nigeria, with its 1.9 million displaced people, half of whom are in camps. Many of the globally-prescribed preventive measures such as physical distancing will be hard to implement given the conditions where

Nigeria's most vulnerable populations reside. The majority of IDP camps are highly congested; and three (Jere, Gwoza and Kala Balge) have per capita space of less than one square meter. Observed behaviour, in IDP sites and elsewhere, seems to evince lack of awareness of COVID-19 risks and preventive measures, or perception of low risk.

There are many factors that could strengthen prevention of COVID-19 spread, and humanitarians' efforts thereon might not be decisive. Nonetheless, dwindling humanitarian access will hinder efforts to prevent COVID-19's spread, even if not decisively. Another hindrance is the absence of an approved BAY states COVID-19 preparedness and response plan, leaving a fragmented, uncoordinated response in an already-flawed health system.

Disease Outbreak Analysis Table

DRIVERS	PROBABILITY OF OCCURENCE
Disease outbreak	55 
Floods	54 
Food insecurity	53 
Military operations	48 



Floods

Historical flood data from 1985 to 2014 show that the BAY states normally recorded moderate, frequent floods⁷⁴. In recent years, flash flooding has created humanitarian emergencies in areas of north-eastern Nigeria.

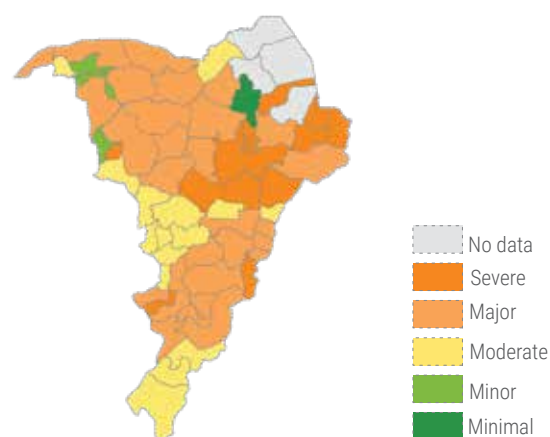
Floods are responsible for around 60% of the total incidence of disasters in terms of people affected by these and for 10% of the overall economic losses from disasters⁷⁵. Heavy rains destroy shelters, submerge others, and cut humanitarians' access to the camps. They also impact of access to safe water and

sanitation and cause an increase in disease-carrying vectors (insects).

If historical trends continue, the 2021 rainy season (June to September) will exacerbate the risk of malaria, cholera, and other water-related diseases for most of the hotspot locations. Decongesting camps—which affords measures for drainage, flood control and vector control among other benefits, and which can relocate IDPs from current sites on flood plains—can mitigate the effects of likely floods but depends on government actions in tandem with humanitarian actions.

Floods Analysis Table

DRIVERS	PROBABILITY OF OCCURENCE	
Disease outbreak	55	<div></div>
Floods	54	<div></div>
Food insecurity	53	<div></div>
Military operations	48	<div></div>

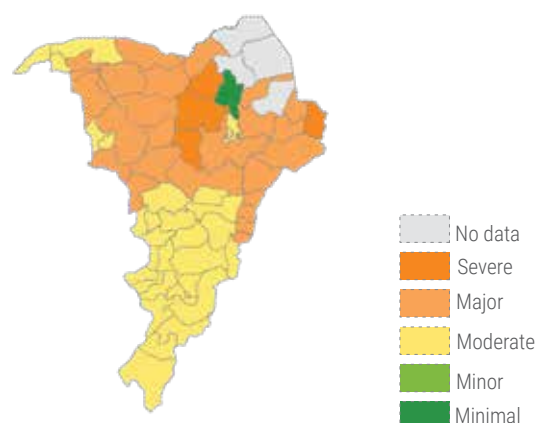
**Food insecurity**

Food security has been an issue in the north-east of the country long before conflict erupted; but the disruption to agriculture, distribution systems and markets caused by insecurity, as well as loss of livelihoods and income have all contributed to food insecurity. Likewise, climate change is having a profound impact on agriculture in Nigeria. The large number of people displaced by conflict also means an increase in dependence on food aid. Displaced people's food-production capacity is idled with loss of access to land for cropping and grazing.

Flooding reduces harvests, causes post-harvest losses (on-field and store), and/or harms livestock. Food security is also sensitive to lack of rain: for farmers relying on rain-fed production, it stresses crops and livestock, and reduces yields. Market disruption due to macro- and micro-level factors is raising food prices and reducing availability: the cost of the minimum expenditure basket in Maiduguri Metropolitan Council and Jere LGA jumped by over 47% between March and September 2020. Price rises are expected to continue throughout 2021.

Food Insecurity Analysis Table

DRIVERS	PROBABILITY OF OCCURENCE	
Disease outbreak	55	<div></div>
Floods	54	<div></div>
Food insecurity	53	<div></div>
Military operations	48	<div></div>


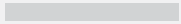




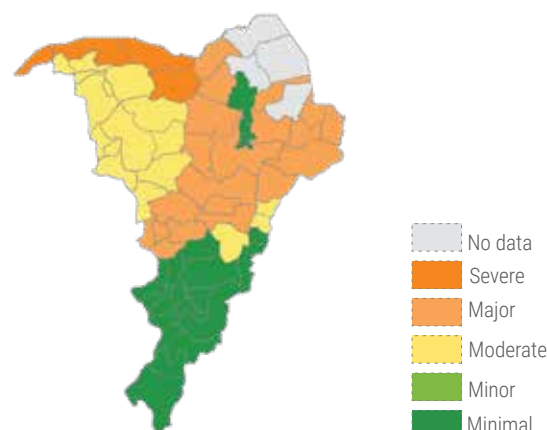
Conflict and Insecurity

The so-called ‘super camp’ strategy adopted by the Nigerian security forces means that it has limited ability to control of areas outside garrison towns. Likewise, the NSAGs’ strategy appears not to be to directly control areas, but rather to conduct hit-and-run attacks against military targets and civilian settlements. The situation remains fluid and unpredictable, and any short- or medium-term end to the conflict is unlikely. Civilians continue to be targeted in NSAG raids on villages and attacks on public spaces, triggering new and secondary displacements. Insecurity along major transport routes restricts trade and markets, as well as supplies reaching towns and settlements. Insecurity is also affecting agriculture – the mainstay of the economy in the BAY states – as farmers are not able to tend their land. Livelihood opportunities for IDPs and host communities are further constricted by insecurity, widening and deepening food insecurity. Lack of access to health services, poor living conditions, and overcrowding increase the risk and vulnerability to infectious disease outbreaks, particularly cholera and measles.

The next twelve months will likely be marked by continued forced displacements and violations of fundamental human rights, destruction of economic and social infrastructure, and further constraints to humanitarian access. Large-scale military operations in the coming months (especially the dry season—through April-May 2021—during which both sides typically step up operations as roads and tracks dry out) are expected to be the response to continued NSAG violence. The continued fragmentation among NSAGs, the increase in criminal activities, and the use of asymmetrical warfare will continue to impact on civilian populations and restrict humanitarian operations. With continuing conflict, it is expected that security forces will continue to impose restrictions on both the civilian population and humanitarian actors to contain the insurgency. Preserving humanitarian access to the affected people within the militarized context of the BAY states will continue to be the most critical and challenging element to ensuring a response equal to the needs in 2021 and beyond.

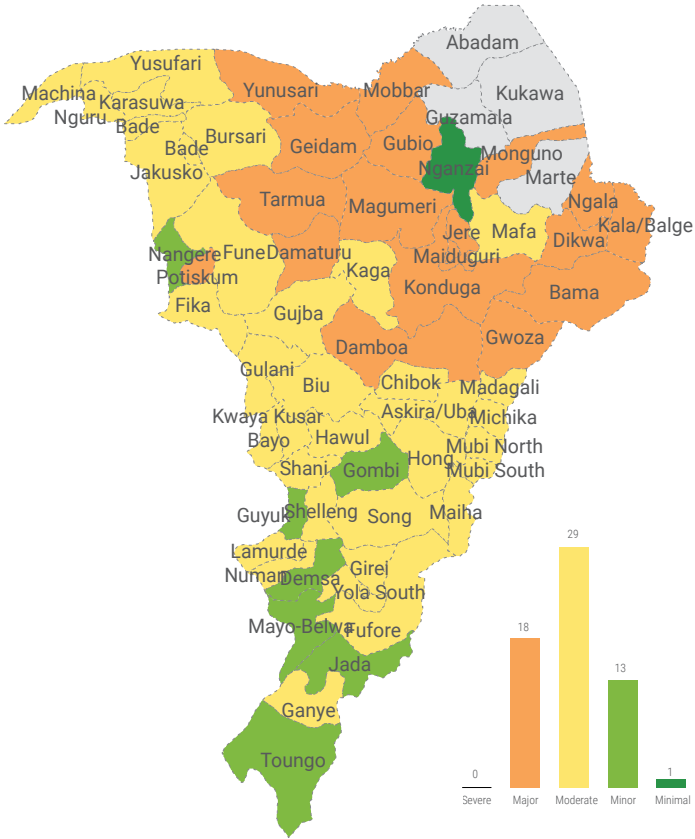
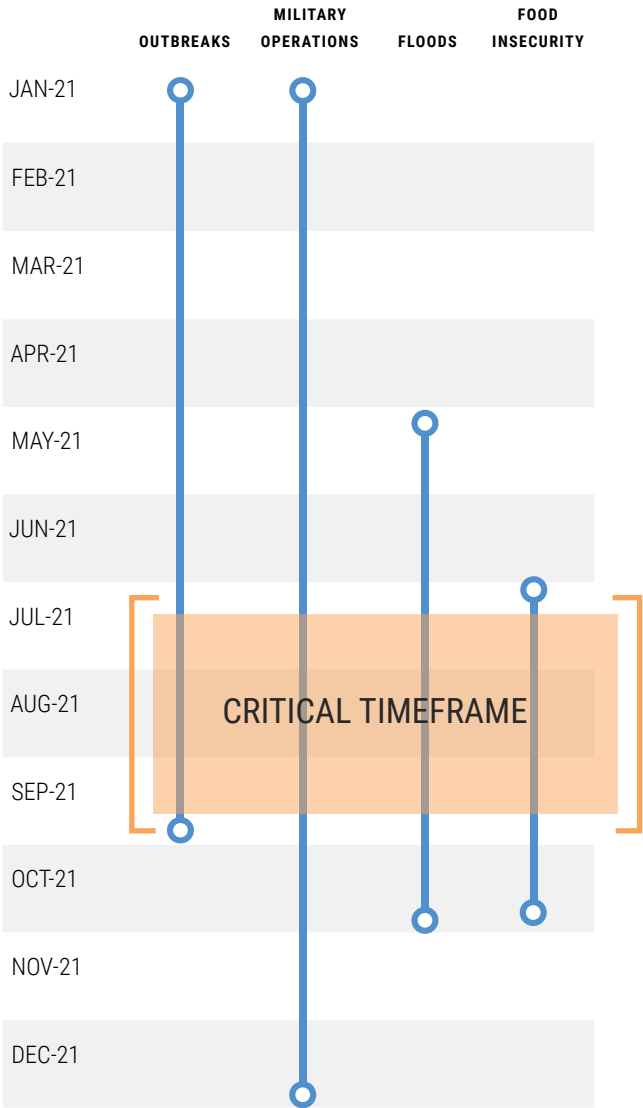
Conflict and Insecurity Analysis Table

DRIVERS	PROBABILITY OF OCCURENCE
Disease outbreak	55 
Floods	54 
Food insecurity	53 
Military operations	48 



Global Risk Analysis

The analysis was limited to the LGAs in Borno, Adamawa, and Yobe state (BAY) as this is the scope of the coordinated response in Nigeria. It considered carefully, as agreed the IDPs, returnees, host community and areas considered inaccessible to the humanitarian community.



Risk Analysis
Likelihood

DRIVERS	PROBABILITY OF OCCURENCE
Disease outbreak	55
Floods	54
Food insecurity	53
Military operations	48

Projected needs

Based on the most likely scenario as identified in the risk analysis, an expanded sectoral expert group identified indicators, areas and groups in the JIAF aggregation dataset. The forecast for additional people in need (PIN) due to likely risks in 2021 followed the same rules for the PIN aggregation and severity classification as for 2020.

The resulting overall risk score identified 18 LGAs as at major risk and likely to experience an increase in humanitarian needs. An additional 720,000 people would require humanitarian aid because of risks materializing with the given scenario. Considering the expectation that the volatile context will continue, people will not be able to withstand shocks due to a lack of adequate coping mechanisms and support systems. Moreover, the needs of people newly displaced will further deplete the resources of host

communities, thus having an impact beyond their immediate needs, affecting the communities they move into. Based on the scenarios outlined, the priority is to provide life-saving assistance to those affected. Critical services, such as providing protection, food, water, sanitation, shelter primary health care, nutrition, and non-food-item (NFI) distribution, would be required. Surveillance for infectious diseases would also be needed.

On a technical note, the process agreed on six key indicators (table below) in the JIAF aggregation dataset for which the percentage breakdown of population by severity is likely to change (“forecasting indicators”). The estimated change in severity class of the chosen indicators is predicted to move into a higher severity in 18 LGAs—hence their designation as being at major risk and likely see greater needs.

Indicators

#	INDICATORS	SECTORS
01	CH classification	Food Sec
02	Case Fatality Rate (CFR) for cholera/epidemic outbreaks	Health
03	% of HHs who have suffered safety or security incidents affecting HH members in the last 3 months	Protection
04	% of population in need of adequate shelter and NFI solutions	Shelter & NFI
05	% of people accessing and using a functioning latrine	WASH
06	Prevalence of global acute malnutrition among children under 5 years' old	Nutrition

2.2

Monitoring of Situation and Needs

The scale and severity of the crisis in north-east Nigeria underlines the need for continual monitoring to gauge any changes in need, to guide programming, and for emergency preparedness and response. For 2020, the Inter-Sectoral Working Group (ISWG) identified 44 indicators to monitor the situation, inter-sectoral needs, gaps and progress. More systematic and regular methods of data collection accompanied this shared indicator list. For 2021, the humanitarian partners in Nigeria have agreed a focused set of 10 key indicators from the JIAF list to be monitored regularly through different mechanisms.

While the annual MSNA is not per se a monitoring tool, it facilitates a deeper understanding of the humanitarian situation and evolution of needs across the years. Additionally, in 2021 the Assessment and Analysis Working Group (AAWG) plans to orchestrate some coordinated assessments on population returns, rapid needs assessments, and regular data collection on the 10 key indicators (see table below).

Like in previous years, the periodic Cadre Harmonisé analysis will be conducted twice a year in March and October 2021. The analysis will be complemented by the semi-annual Nutrition and Food Security Surveillance (NFSS), periodic market assessments and price-monitoring exercises, SMART (Standardised Monitoring and Assessment of Relief and Transitions) surveys and sector assessments.

With regards to displacement, the DTM offers ongoing and immediate insights concerning population movements whether caused by conflict or natural disasters. The DTM will continue to analyse trends in population movements including displacements, returns, and new arrivals coming from areas considered inaccessible to international humanitarian partners.

For improved situational awareness and context analysis, the AAWG will continue to monitor a wide range of indicators through an in-house database and share issues of concern with the HCT and the ISWG. Likewise, it will also share analysis and concern at the operational level through the individual sectors, the local coordination groups and local partners. The humanitarian community will also increase coordination and collaboration with State Government institutions in order to move towards common operational datasets which could enable better joint analysis, as well as assessments at the lowest geographical unit. For the population in inaccessible areas in Borno and Yobe the ISWG, in consultation with the Access Working Group and the HCT, will use 'indirect interviews' (interviewing people coming out from the inaccessible areas) to monitor the needs in areas that are inaccessible to international humanitarian actors. Sectors will also monitor needs among IDPs newly arriving in camps and host communities from inaccessible areas as proxy indicators for the situation in those areas. Remote sensing provides some information on agriculture, settlement and shelter. .



GOLONGOLONG, MAIDUGURI, BORNO STATE, NIGERIA

NHF-funded emergency water and sanitation
Photo: OCHA/Eve Sabbagh

Indicators

#	INDICATORS	SECTORS	SOURCE
01	CH classification	Food Sec	CH
02	Case fatality rate for cholera/epidemic outbreaks	Health	Lab. Result
03	% of HHs who have suffered safety or security incidents affecting HH members in the last 3 months	Protection	Prot Track, Sector
04	% of population in need of adequate shelter and NFI solutions	Shelter & NFI	DTM, Site Tracker
05	% of people accessing and using a functioning latrine	WASH	MSNA, Sector
06	% of HHs with reasonable access to health facilities	Health	MSNA
07	# of IDPs, returnees per LGA	CCCM, Shelter	DTM, Site Tracker
08	% of people with access to sufficient clean safe water for drinking, cooking and personal use.	Shelter / WASH NFIs, Logistics	MSNA, Sector
09	Global acute malnutrition among children under 5 years' old	Nutrition	SMART, Sector
10	% of conflict-affected children who are out of school	Education	Sector

Part 3

Sectoral Analysis

CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO
STATE, NIGERIA

Photo: OCHA/Maryam Ibrahim



3.1 CCCM

PEOPLE IN NEED

1.9M

TREND (2015-2021)



SEVERITY OF NEEDS

9%

Minimal

6%

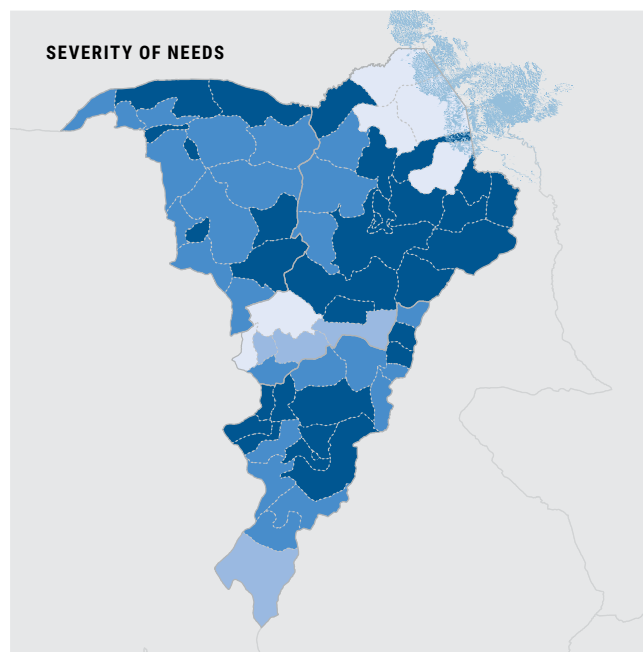
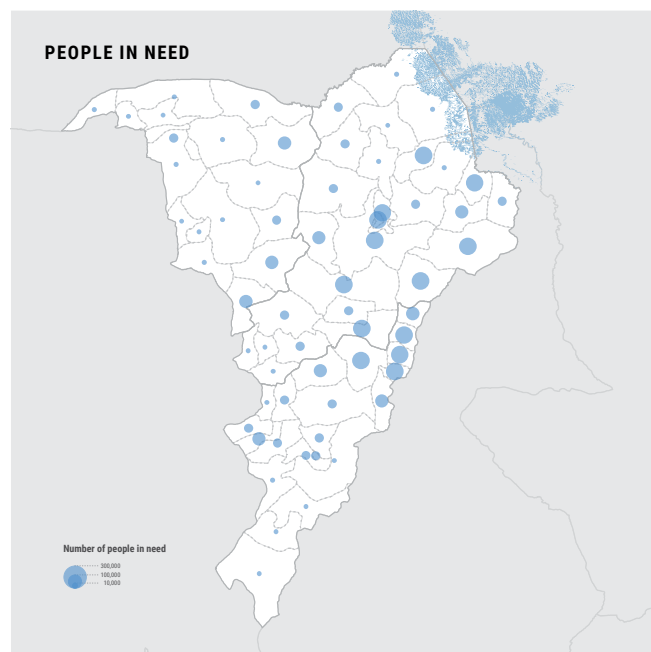
Stress

37%

Severe

48%

Extreme



3.2 Early Recovery and Livelihoods

PEOPLE IN NEED

2.1M

TREND (2015-2021)



SEVERITY OF NEEDS

12%

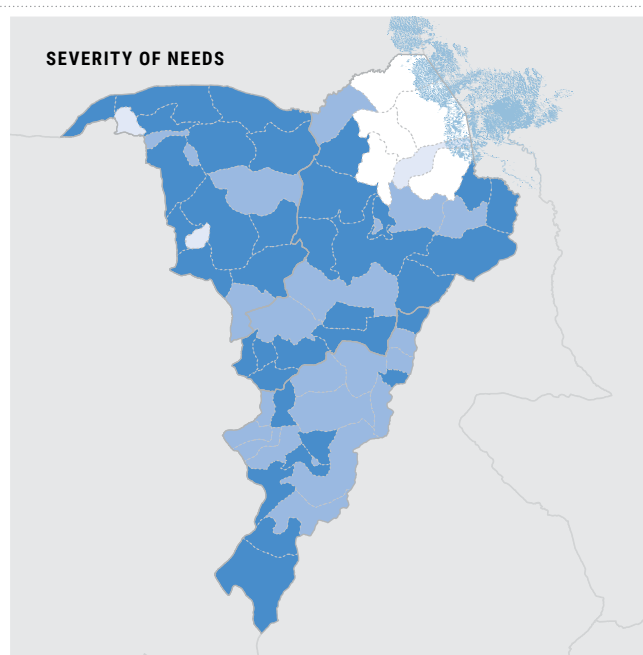
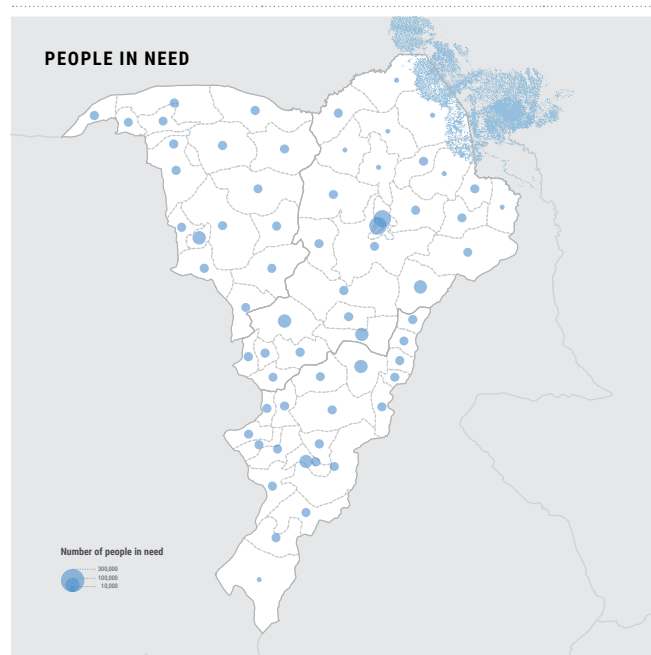
Minimal

34%

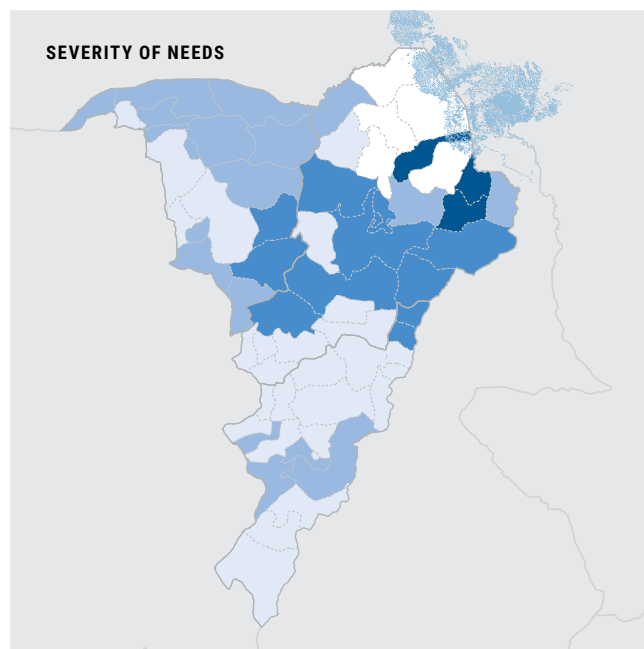
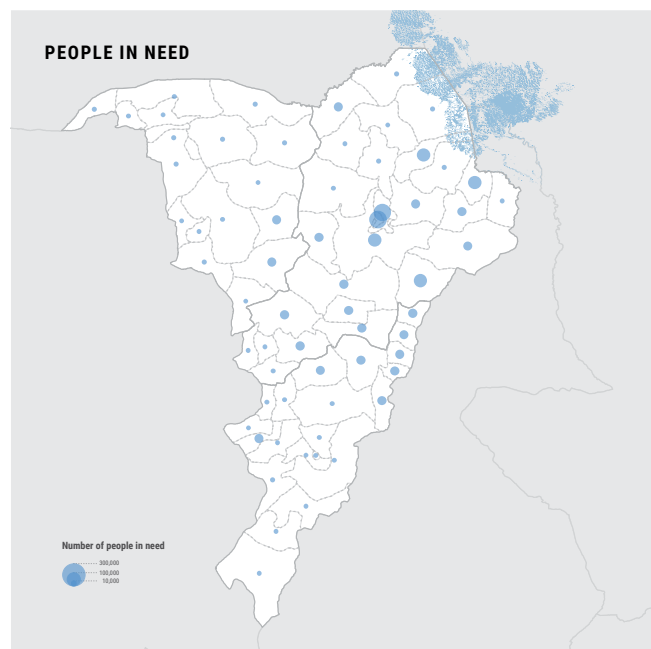
Stress

54%

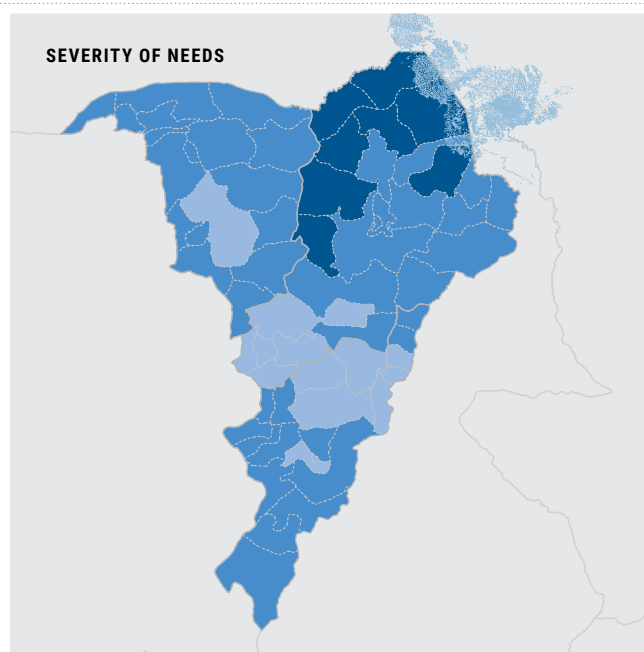
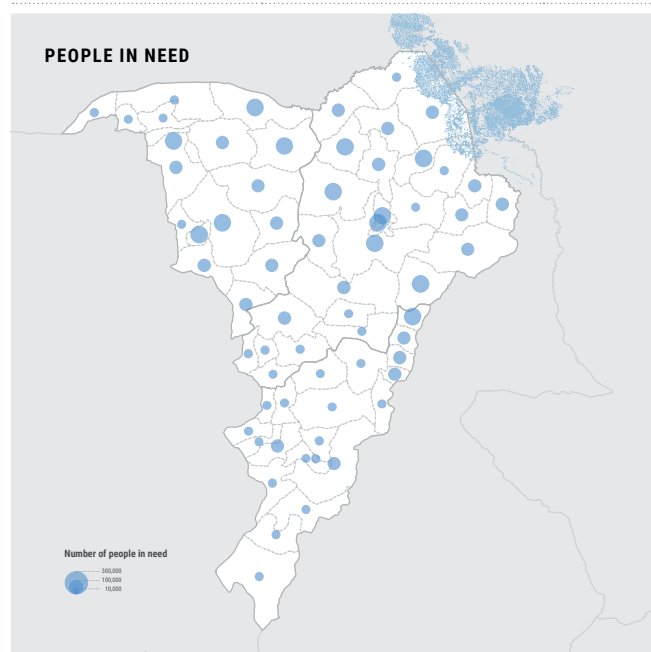
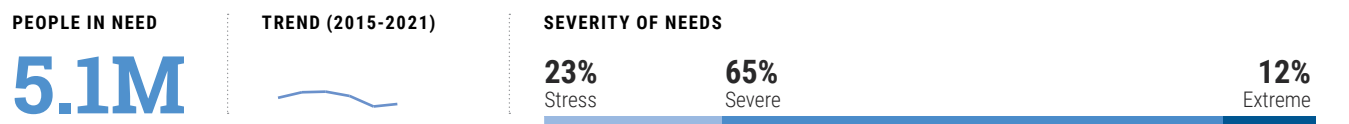
Severe



3.3 Education



3.4 Food Security



3.5 Health

PEOPLE IN NEED

5.8M

TREND (2015-2021)



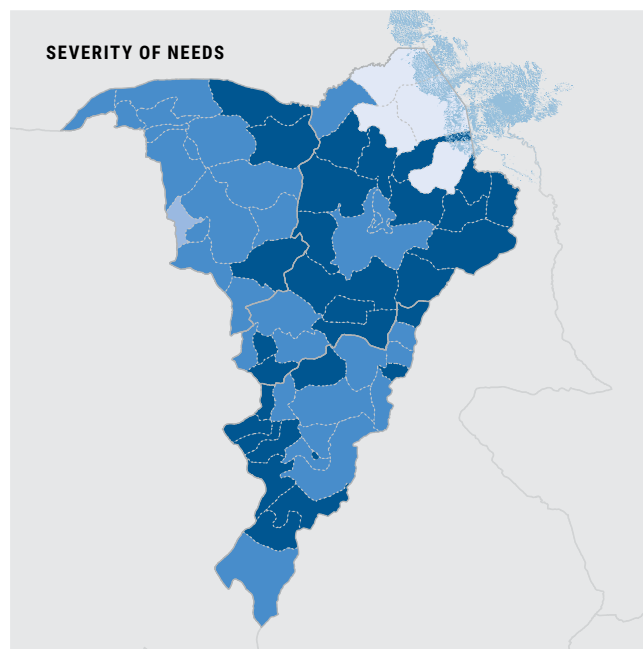
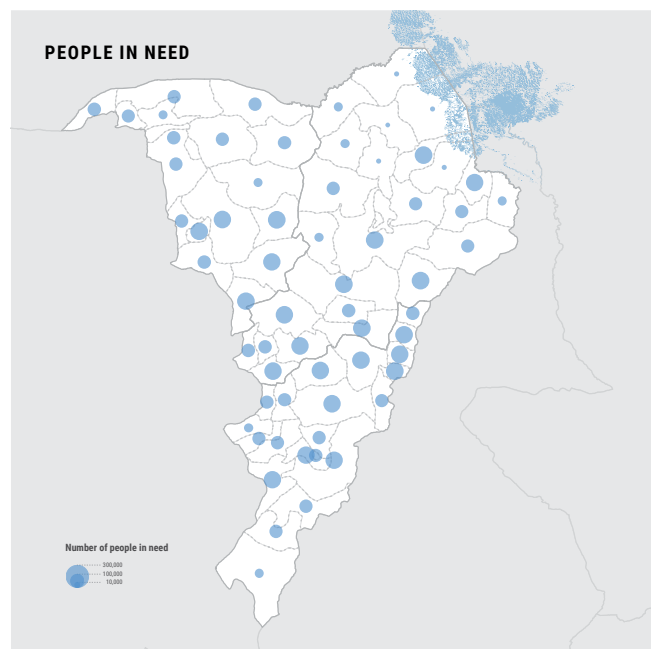
SEVERITY OF NEEDS

6%
Minimal

46%
Severe

46%
Extreme

2% Stress



3.6 Nutrition

PEOPLE IN NEED

1.5M

TREND (2015-2021)

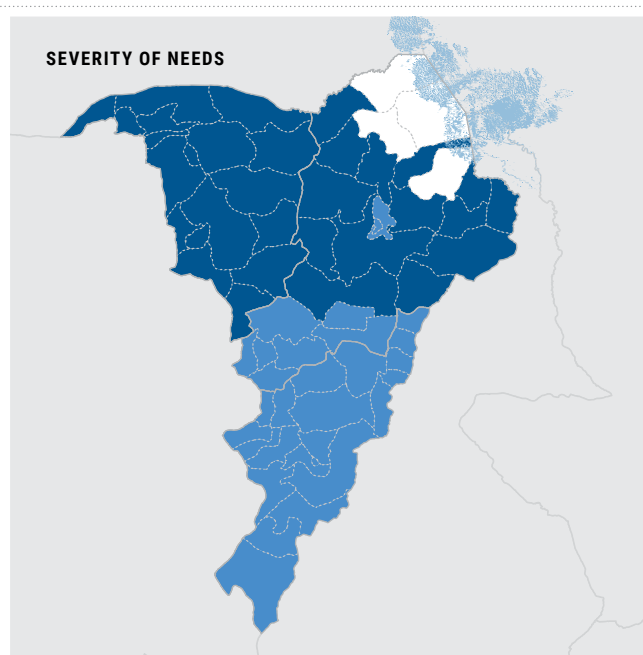
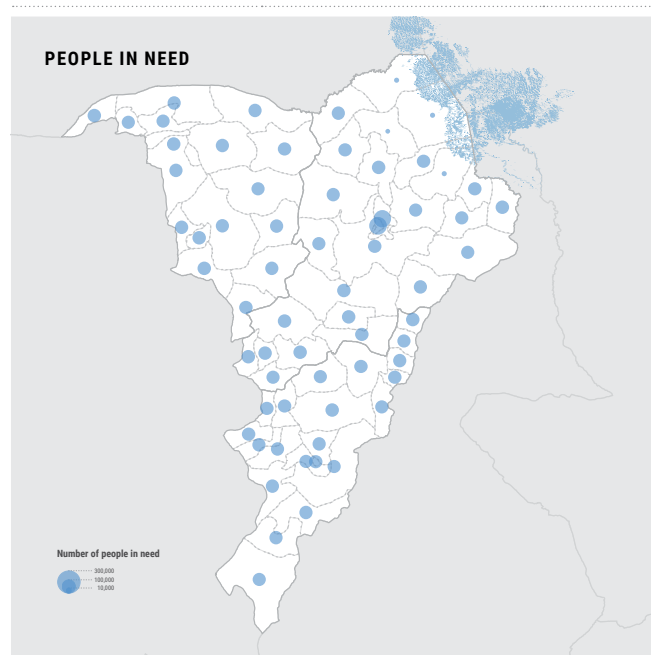


SEVERITY OF NEEDS

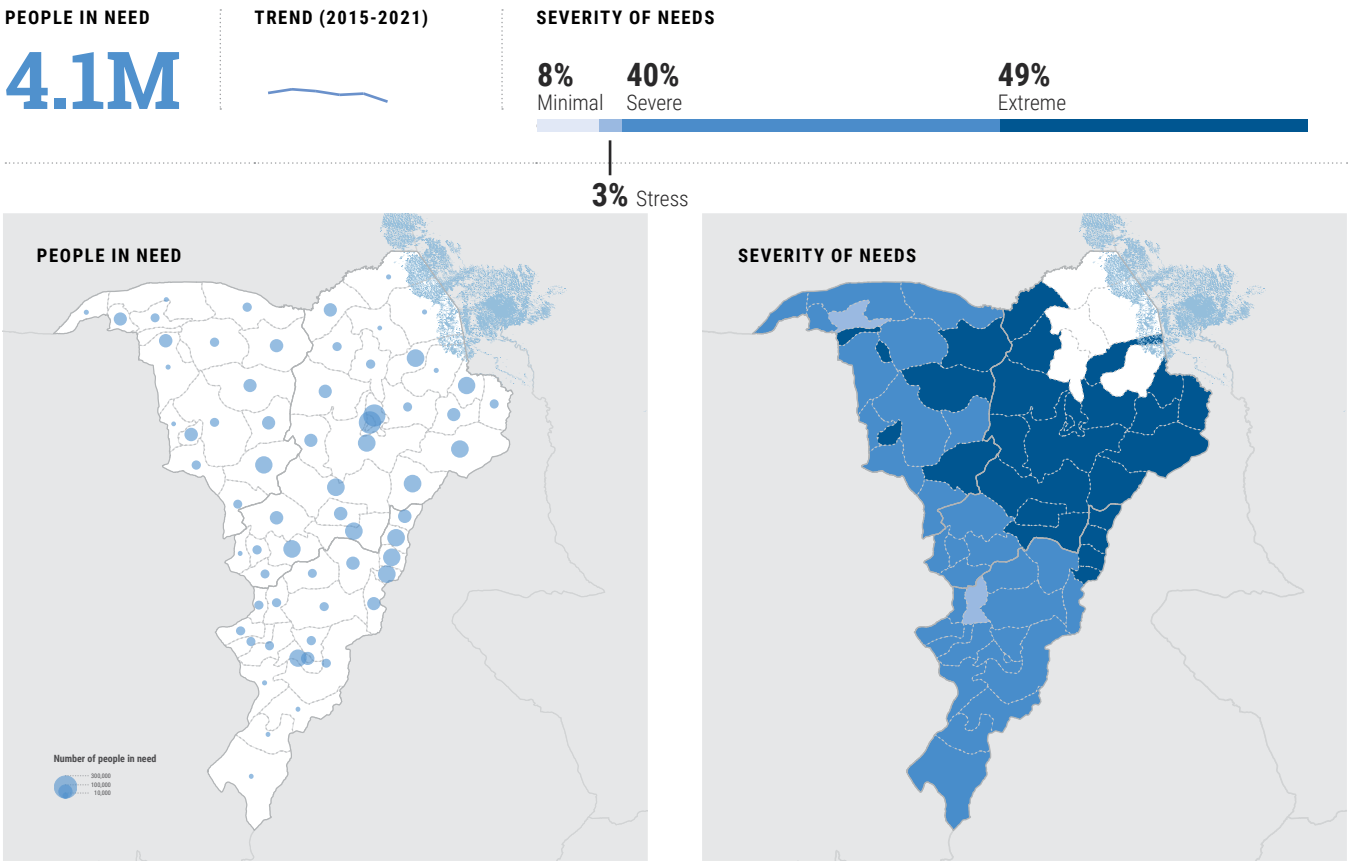
6%
Minimal

46%
Severe

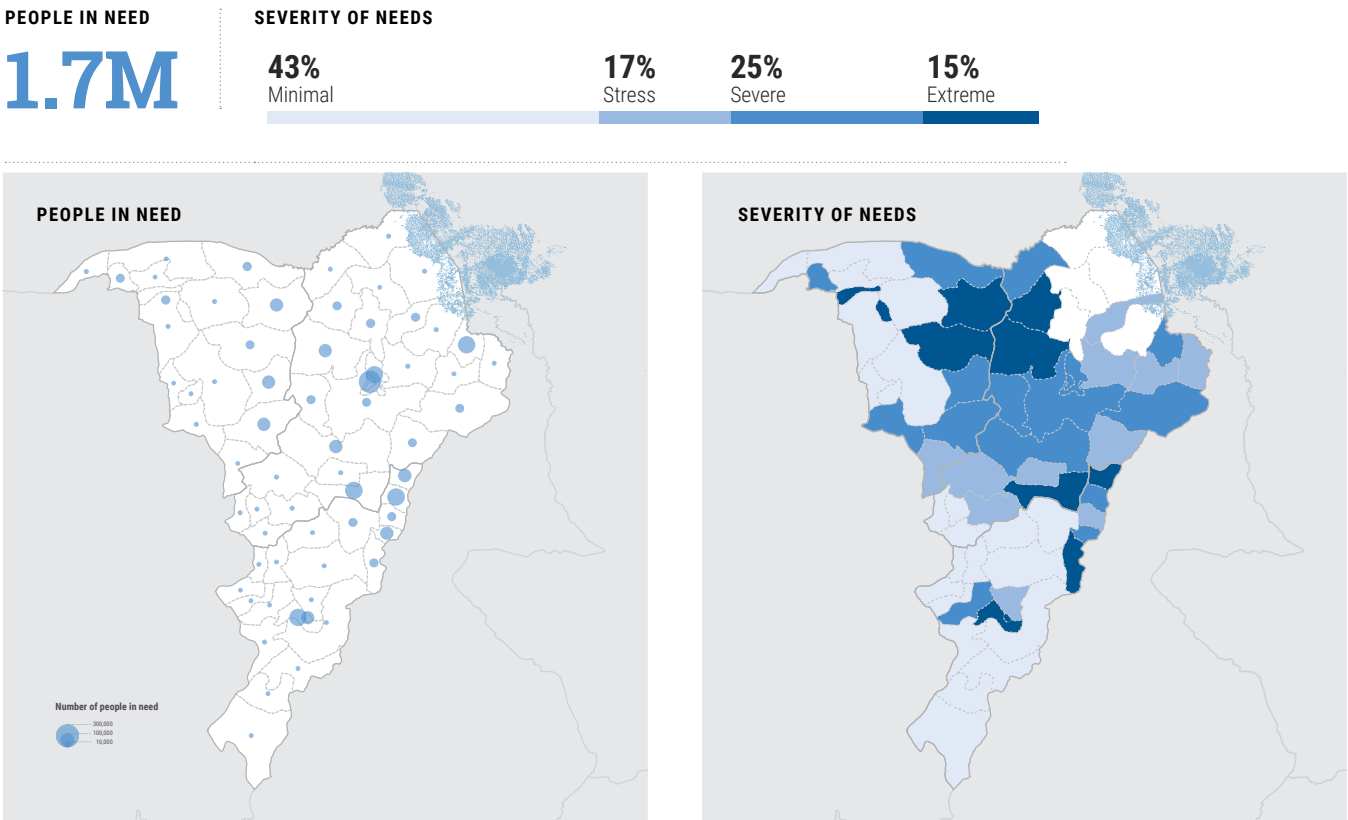
48%
Extreme



3.7 Protection



3.7.1 Child Protection



3.7.2 GBV

PEOPLE IN NEED

1.5M

SEVERITY OF NEEDS

8%

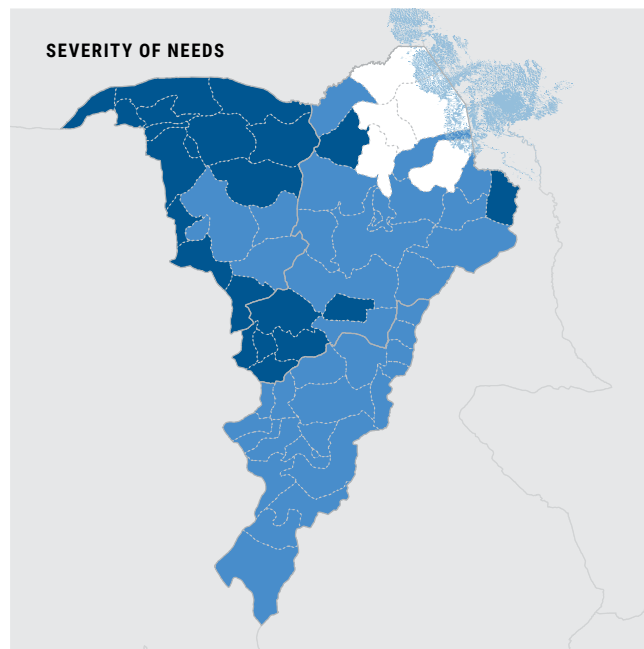
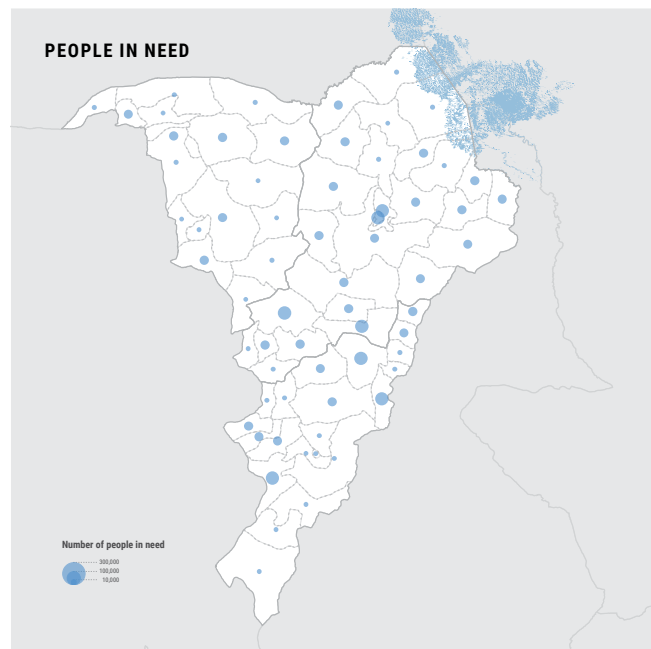
Minimal

60%

Severe

32%

Extreme



3.7.3 Mine Action

PEOPLE IN NEED

1.5M

SEVERITY OF NEEDS

77%

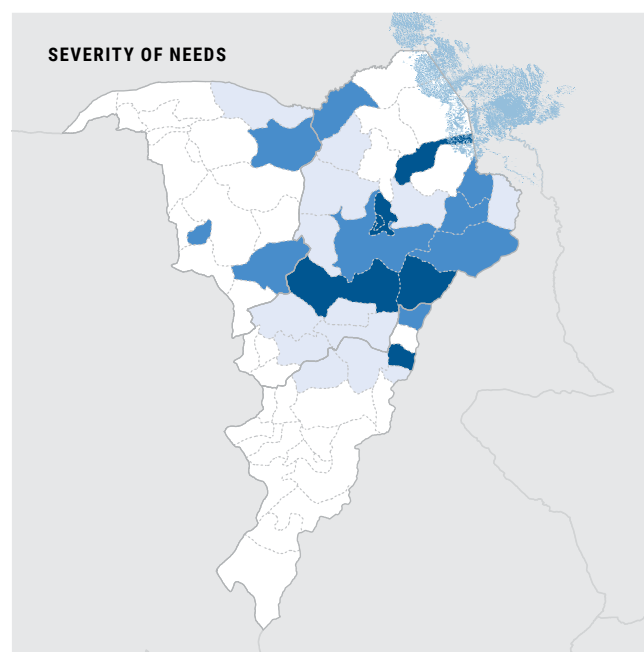
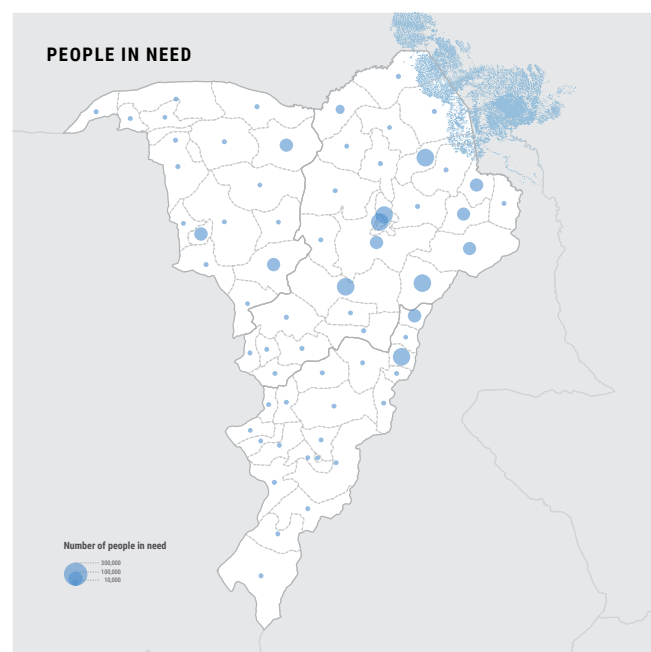
Minimal

14%

Severe

9%

Extreme



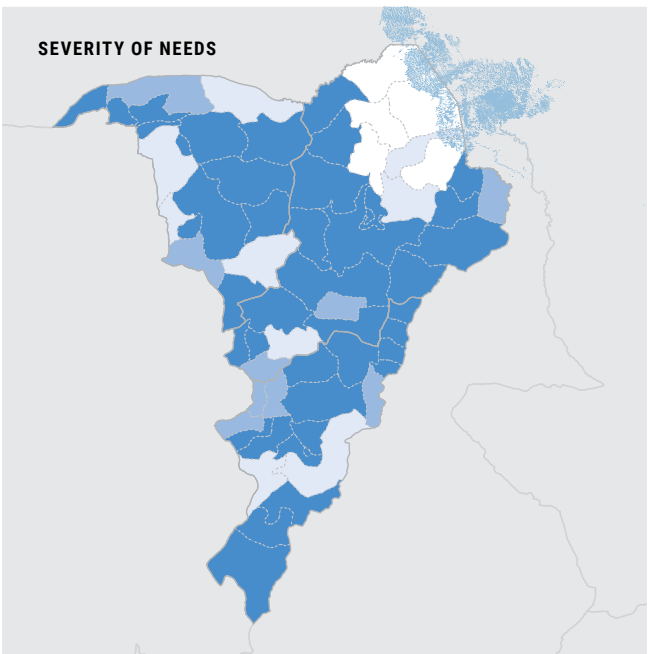
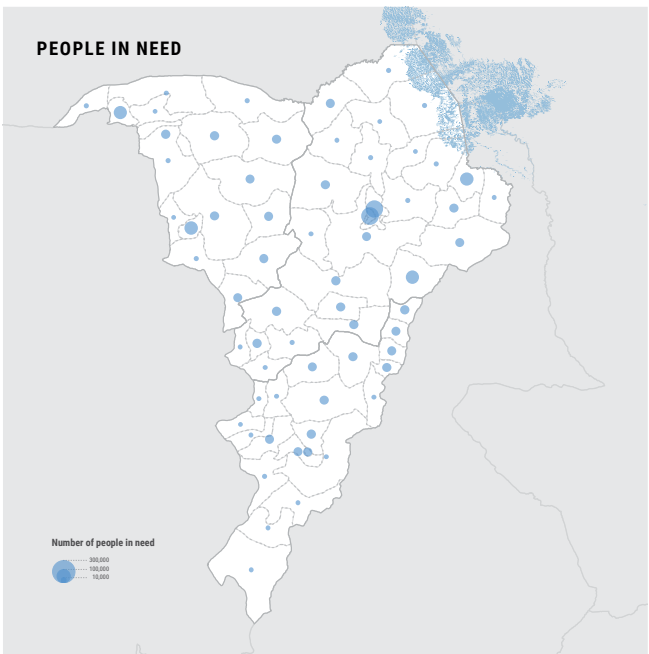
3.7.4 Housing, Land and Property

PEOPLE IN NEED

1.3M

SEVERITY OF NEEDS

22% Minimal
14% Stress
65% Severe



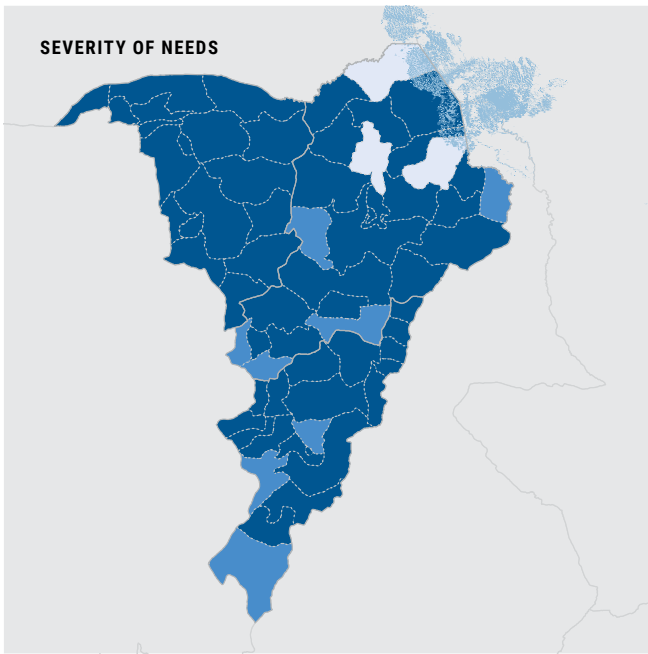
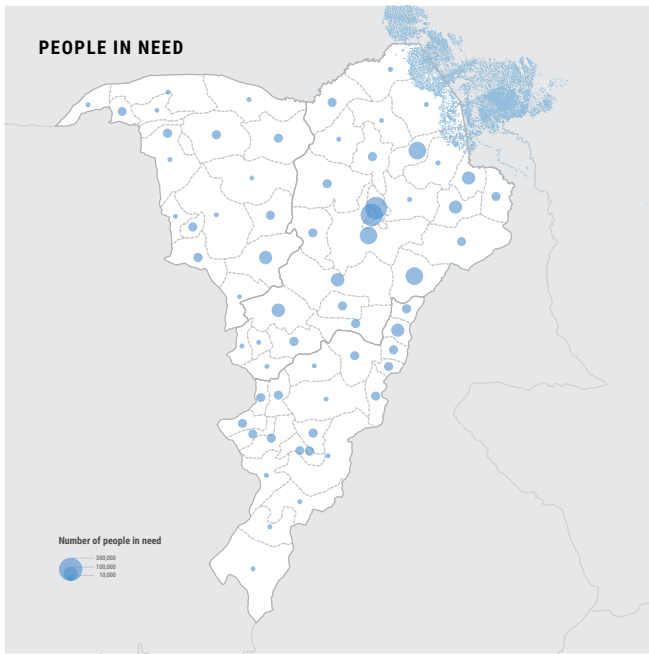
3.8 Shelter and NFI

PEOPLE IN NEED

2.3M

SEVERITY OF NEEDS

5% Minimal
2% Stress
83% Severe



3.9 WASH

PEOPLE IN NEED

2.9M

TREND (2015-2021)



SEVERITY OF NEEDS

8%

Minimal

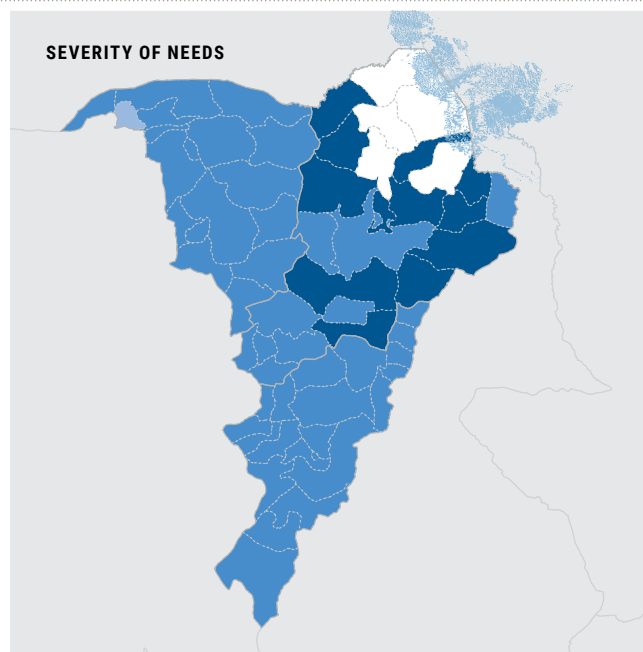
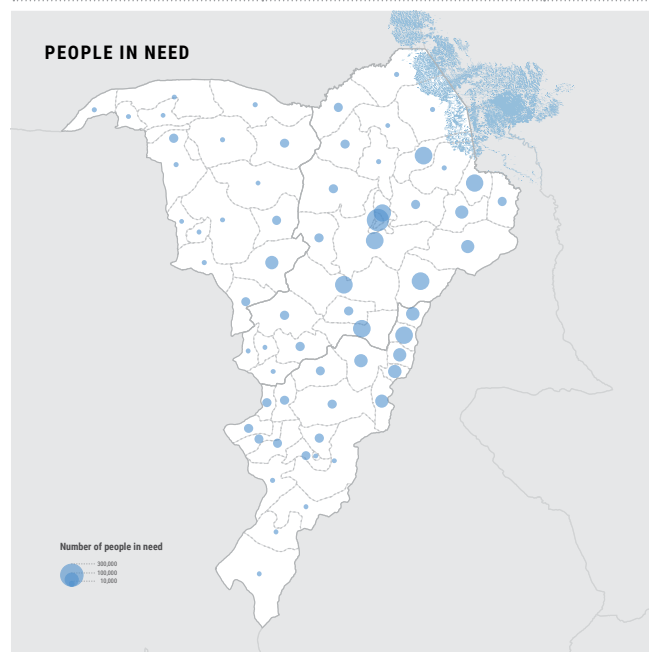
72%

Severe

18%

Extreme

2% Stress



NGALA, BORNO STATE

Photo: OCHA/Eve Sabbagh



3.1 Camp Coordination and Camp Management



PEOPLE IN NEED	WOMEN	CHILDREN
1.9M	20%	56%

Overview

According to DTM Round 33, there are 1,921,903 IDPs living in formal camps, informal sites, collective and transitional centres and among host communities in the BAY states. Over 81% of IDPs are in Borno State, the epicentre of the crisis. A slight majority of IDPs (54%) are living among host communities, while 30% are settled in 46 formal camps (including collective as well as transitional centres), and 16% in informal sites.

Congestion remains a major challenge for IDPs in camps: about half of the camps are highly congested with IDPs living below the Sphere standard of 45 square metres per person. Congestion is due to unpredictable or spontaneous population movements and new-arrival flows, unplanned settlements, and lack of land to extend the current settlements. Secondary displacement in reaction to military operations and hostilities and seasonal flooding in some LGAs also congests camps. The consequence of congestion is that IDPs are living in deplorable conditions with heightened vulnerability to disease outbreaks, epidemics, and other hazards such as fire and flooding. Camp decongestion remains a top priority need in the Sector, especially for camps in Ngala, Pulka, Monguno and Dikwa LGAs in Borno State. Other locations in the BAY States such as Hong, Song, Yola north, Gashuwa, Bade, Geidam, Baimari, Nguru, Jakusko, Karasuwa, Monguno, Kala-balge, Dikwa and Ngala are at high risk of seasonal flooding.

Assessments by the Sector indicate that a high number of IDPs live in poor or damaged shelters that expose them to health and protection risks. The prolonged use of shelter materials designed only for short-term

use is a main reason for the poor condition of many shelters, suggesting a need to move from temporary to transitional shelters which are more resilient to weather and seasonal changes.

The 46% of IDPs in the BAY states who live in IDP camps need continued humanitarian assistance. However, the CCCM sector—constrained by access, resources and security—is reaching only 61% (167) of the 275 camps in the BAY states with services.

Based on recent assessments (DTM, Site Tracker and partner assessments), the sector estimates that more than 1.9 million people will need CCCM assistance in 2021. This includes IDPs in camps and host communities, and would-be returnees marooned in camps because their areas of origin lack services and are insecure. Projections and contingency plans estimate that a significant number of people living in inaccessible areas in Borno State and anticipated refugee returns to Nigeria from Niger and Cameroon will need site management services should they end up in camps.

While CCCM services are crucial in ensuring access to humanitarian services, better site governance and mitigation of hazards for IDPs and inter-sectoral coordination and interventions are vital for efficient and effective coordinated response. This ensures complementarity in the responses, thereby avoiding duplication and maximizing the efficiency of resources. For example, CCCM sector services complement and operationalize protection services by ensuring availability of adequate lighting, sufficient WASH capacities and cooking fuel to reduce women's and girls' vulnerability.

Affected population

Up to 81% of the 1.9 million IDPs in the BAY states are women and children. Other groups of people with specific needs due to the crisis are the elderly and children under the age of five. Up to 46% of IDPs (887,840 individuals) are living in 281 IDP sites (camps, collective centres and camp-like settings) while 1,034,163 individuals are in 1,311 host community locations, the majority residing in host families. DTM Round 33 reported that 1,467,563 people returned to their habitual residence (78% being women and children). Adamawa State reported the highest portion of these returnees (45%) followed by Borno State (43%) and Yobe State (13%). The returnees need assistance to resettle durably in their places of habitual residence.

Projection of Needs

Through multi-sectoral coordinated assessments, the CCCM sector projects that all IDPs in camps, sites and host communities, projected refugee returns to Nigeria that could drive secondary displacement to existing camps and sites, and projected arrivals from inaccessible LGAs will require qualitative support from the sector. The projection is based on analysis of DTM and Site tracker assessments, OCHA projections on inaccessible areas, baseline trend analysis on

new arrivals and movements of population based on Emergency Tracking Tool (ETT), DTM and camp management and profiling information in sites.

The sector foresees the development of new satellite settlements to accommodate IDPs and returnees. In 2021, the sector projects a higher number of government-led IDP returns; these would require the establishment of return settlements. The sector projects the closure of camps in the urban and peri-urban areas and the need to encourage the integration of IDPs into the host community for a longer-term recovery and transition stage of the response.

Monitoring

Through various monitoring tools developed by the sector for tracking coverage by partners to commitments made to the selected indicators, the CCCM sector's Displacement Management Services will ensure that it gathers information on all sites receiving site management services through the monthly 4Ws tool as well as site tracker, assessments, and flash reports. The sector Information Management team will continue to provide technical information management support and ensure records of all activities are well analysed, shared and archived for reference.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	239,000	208,000	31,500	478,500

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of population in need of site management services.	CCCM	4W	Monthly
2	# of IDPs in need of improved living conditions.	CCCM	4W/Site Tracker	Monthly
3	% of population with inclusive and representative governance structures	CCCM	4W/Assessments	Monthly

3.2

Coordination and Support Services



Number of Organizations Supported

The sector supports and coordinates over 150 organizations including 86 operational humanitarian partners that participated in the 2020 humanitarian response plan as well as other stakeholders, such as state and federal counterparts, donors, and humanitarian actors outside the response plan. According to the utilization data, 119 NGOs, 19 United Nations (UN) agencies, six donors and four government entities used services at the humanitarian hubs in 2020.

Overview

The humanitarian response in north-east Nigeria remains a large-scale and complex operation in a highly challenging environment. Strategic coordination at the federal level and operational coordination at state and LGA levels are essential, as well as information management and multi-sectoral needs assessments; and access and civil-military coordination. Safety and security of aid workers especially in deep field locations remains paramount.

Analysis of Humanitarian Needs

Over the past months, NSAGs have publicly indicated the humanitarian community was now amongst their targets and threatened civilians supporting aid response across the BAY states. Humanitarian actors are now very clearly the direct target of attacks, which include killings, abduction, shooting and looting of facilities and assets, threats of IEDs and unexploded ordnance.

In 2020, five aid workers have been killed in Borno State while five were abducted by NSAGs bringing the total number of those killed and abducted since 2018 to 16 and 21 respectively, according to UNDSS

data. In January, the NSAG attacked the humanitarian hub in Ngala, looted and burned the store and laundry room, shot and damaged one of the generators and burned the hub's armoured vehicle. Again, in June, NSAG elements attacked the humanitarian hub in Monguno town hosting over 50 humanitarian workers. In the same month, NSAG activities left unexploded ordnance contamination in Jere, Bama-Banki road, Monguno and Ngala LGAs. Forty unexploded-ordnance incidents affected humanitarian organizations during the period from September 2019 to June 2020. In July 2020, a humanitarian helicopter was hit by bullets during clashes in Damasak, sustaining serious damage and causing the brief suspension of humanitarian air services to the town.

The dynamic security and operational environments, often prone to sudden changes, require deployment of enhanced and flexible security capabilities to assure continued operational support to the humanitarian operations. To enable delivery of aid to the affected people in remote locations, there is continued need for safe and secure accommodation, office spaces, and support services to the partners in deep field locations.

Humanitarian partners interact with various federal- and state-level institutions within a complex legal and policy environment. Coordination and information exchange between the Government and humanitarian partners at all levels is highly beneficial but often complex, and could be further strengthened and streamlined. The FMHADMSD, inaugurated mid-2019, has faced numerous hindrances in operationalizing its systems and frameworks. The North-east Development Commission and the Borno State Agency for the Coordination of Sustainable Development and Humanitarian Response were also inaugurated in 2019. A communiqué of the International Civil Security Cooperation (CiSEC) workshop in November 2019 sought to foster understanding, coordination and

communication between the humanitarian community, government institutions and security agencies. Three coordination bodies were inaugurated in 2020 – the Humanitarian Policy Dialogue Forum, the National Humanitarian Coordination Committee under the leadership of the FMHADMSD and the National Security Advisor, and the National Humanitarian Coordination Technical Working Group. To avoid duplication and unnecessary bureaucracy and to maximise resources across the response in BAY states, the humanitarian community needs to continue advocating a rationalisation of existing institutions, policies and frameworks.

As in any dynamic humanitarian response, assessment and analysis will have to be continuous. Some of the key dynamics in north-east Nigeria that impel continual re-assessment are: the continued population movements across the BAY states; the Borno State government plans to relocate IDPs from Maiduguri to their LGAs of origin; changes in demographics; changes in operational access; and evolving food insecurity and malnutrition.

The upsurge in attacks and illegal vehicle checkpoints by NSAGs forced aid organizations to scale down activities and temporarily withdraw their staff from some areas. In Borno State, most roads leading in and out of Maiduguri, the state capital, are insecure for civilians and aid workers. Resurgence in NSAGs activities led to further military restrictions on civilians and greater scrutiny of humanitarian organizations. In Borno, aid workers and the assistance they deliver are largely confined to garrison towns, Maiduguri and neighbouring areas. There are also significant bureaucratic impediments restricting the humanitarian response. There is need for continued engagement with the military and government counterparts at both state and federal levels to seek humanitarian partners' unhindered access to the affected population.

Language barriers continue to inhibit communication

with the affected population groups who speak more than 30 different primary languages. According to the 2019 MSNA data, Hausa is the primary language for only a minority (31%) of the people surveyed, and a large proportion of the population do not understand it well. Some 59% of 2020 MSNA respondents reported their preferred language was one other than Hausa. Clear, accurate content and verbal mother-tongue communication are critical to reach everyone, particularly women and other less literate groups. Provision of humanitarian information, data collection and feedback mechanisms need to cater to a wider range of languages spoken by the affected population.

Slow fund inflows in 2020 hampered the effectiveness of the response. The 2020 Humanitarian Response Plan (HRP) sought US\$1.08 billion but had only received 26% funding by July 2020, and 50% as of November. This is a considerable decline on previous Nigeria HRPs in both absolute terms and in proportion to requirements. A key function of the Coordination sector will be spearhead resource mobilization for the crisis overall – deepening the pool of resources that partners can mobilize for their programs.

Monitoring

The sector will track monthly coordination meetings in selected LGAs to generate information on gaps and challenges in the humanitarian response and advocate action with relevant actors. The sector will also track, support and facilitate regular meetings of the HCT, OHCT, ISWG and the AAWG. Issues on safety and security of aid workers, operational access, civil-military coordination and advocacy for humanitarian funding will be tabled in these forums for discussion and resolution. To gather evidence of the humanitarian needs, the sector will facilitate multi-sectoral needs assessments across accessible LGAs in the BAY states. The sector will track occupancy in the humanitarian hubs as well as security briefings, and analysis and assessment of security risks. .

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of Local Coordination Group meetings held	Coordination and Support Services	OCHA	Monthly
2	Number of regular and Ad Hoc HCT, OHCT, ISWG and AAWG meetings with clear action points convened	Coordination and Support Services	OCHA	Monthly
3	Number of Local Government Areas (LGAs) where multi-sectoral needs assessments were conducted	Coordination and Support Services	REACH	Annually
4	% of 2021 MSNA respondents who report receiving information in a preferred language other than Hausa	Coordination and Support Services	REACH	Annually
5	Operational humanitarian hubs	Coordination and Support Services	IOM	Bi-Annual
6	Average Daily Occupancy of the humanitarian hubs	Coordination and Support Services	IOM	Daily
7	Number of security briefings conducted in the BAY states	Coordination and Support Services	UNDSS	Monthly
8	Number of security risk analysis and assessments conducted	Coordination and Support Services	UNDSS	Monthly

STADIUM IDP CAMP, MAIDUGURI, BORNO STATE

Internally displaced people in Stadium camp, Maiduguri. More than 700 people fled Konduga LGA to arrive at the Borno State capital after their villages were attacked by non-state armed groups a few weeks ago.

Photo: OCHA/Leni Kinzli





3.3 Early Recovery and Livelihoods

PEOPLE IN NEED	WOMEN	CHILDREN
2.1M	20%	28%

Overview

A key deficiency suffered by many of the affected people across the BAY region is loss of livelihood. This is exacerbated by persistent gaps in civil administration and state function — social and economic infrastructure, security, law enforcement and justice. The COVID-19 pandemic aggravated the situation by further restricting freedom of movement, which hit people relying on trade, casual labours and agriculture as a source of income. Such restrictions are now largely lifted but the economy has not yet made up for lost ground. The impact on women is most severe, given fewer opportunities and lower income. In consequence, 78% of households reported insufficient income to meet their basic needs and 20% reported being obliged to adopt negative coping mechanisms, such as the sale of productive assets and food borrowing. Amongst CVA recipients, more than half (52%) reported remaining livelihoods-related needs even after accounting for the humanitarian aid received. This was most likely in Borno, where 63% of CVA recipients reported ongoing livelihoods needs, compared to Adamawa (57%) and Yobe (19%)⁷⁶.

Given the situation, the priority early-recovery-livelihood needs of the affected people are livelihood support and job creation, access to credit and vocational training, support to productive assets and business start-up, and restoration of markets and critical infrastructure such as hospitals, schools, roads and waste-management systems. Additionally, women prioritize the need to access healthcare and education for their children.

Affected population

Almost 2.2 million people, of whom 62% women, are unable to cope and have seen their resilience undermined by the protracted conflict and socio-economic consequences of the pandemic. Of those 2.2 million people 65% are host communities, 21% returnees and 13% IDPs living in host communities. (IDPs in camps of course also suffer an even worse loss of resilience, but the drastically lesser livelihood opportunities in and around camps are unlikely to be remedied by humanitarian programming.)

Analysis of Humanitarian Needs

The massive displacement, insecurity, and restrictions on freedom of movement have prevented access to land to practice agriculture. The significant deterioration of the situation throughout 2020 has engendered widespread and rising unemployment, disproportionately hitting women and youths. The impact on women is higher, considering that they usually have fewer economic opportunities and livelihood assets than men.

Tensions rise in host communities where the displacement phenomenon is straining the already-scarce resources, further eroding livelihood and income opportunities. Out of 61 LGAs in the BAY states, 39 are in severe need concerning the lack of sufficient and reliable income which forces them to adopt negative coping mechanisms.

Moreover, erratic climatic patterns with recurrent

severe floods, NSAG attacks, and overcrowded settlements are limiting and damaging basic public services, such as health and sanitation facilities, waste management services and markets. On average in the BAY states, 31% of people do not have access to basic services in the community.

Projection of Needs

In the most likely scenario, the situation will remain stable in that the protracted conflict is not likely to lessen. On the other hand, the situation could deteriorate depending on how the pandemic and continued displacement develop. These trends will continue eroding the resilience of affected populations hitting disproportionately vulnerable categories, such as women and IDPs.

The sector assumes the COVID-19 pandemic will further compromise access. The increase of cases will likely lead to the adoption of new restrictive measures by the government, which would probably further constrain the affected populations in terms

of livelihood opportunities and sources of income, already critically compromised, thus spreading the resort to adopt negative coping mechanisms.

A degree of IDP returns will continue throughout 2021, though some will turn out to be unsustainable and premature. This trend will provoke additional pressure on the host communities by overstressing the already scarce resources and prevent returnees from integrating and resuming their livelihoods, ultimately leading to arising of tensions.

Monitoring

The sector will monitor the activities and emerging trends mainly through two methods. First, every month partners will submit quantitative and qualitative reports indicating the ongoing and planned activities in support of HRP strategic and specific objectives as well as number of beneficiaries reached. Second, partners will also share particular assessments and surveys to promote information-sharing within the sector.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	2,135,000	277,000	448,000	1,409,000
June 2021	2,230,000	277,000	544,000	1,409,000
December 2021	2,326,000	277,000	640,000	1,409,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of HH with no access to a sufficient income to meet basic needs	ERL	MSNA, 5W, specific surveys and assessments	Yearly, monthly, ad hoc
2	% of HH without access to basic services	ERL	MSNA, 5W, specific surveys and assessments	Yearly, monthly, ad hoc

3.4 Education



PEOPLE IN NEED	WOMEN	CHILDREN
1.3M	2%	97%

Overview

Even before the current crisis and temporary closure of all schools by Federal Mandate in March 2020 until October 2020 due to COVID-19, there was limited participation in formal education in north-east Nigeria: armed conflict, communal violence, natural disasters and resulting economic challenges have aggravated existing challenges and gaps in Borno, Adamawa and Yobe states. An estimated 52% of school-aged children have never attended school and the annual drop-out rate for children in the north-east is the highest in Nigeria, demonstrating the gravity of barriers to education. COVID-19 closure of schools obliged the Education ministries to find innovative means of ensuring continued access despite closures. The result was audio recording of teaching on formal curriculum subjects and dissemination over radio. Radio learning became the primary means of access during this period of school closure. Broadcasts are to continue throughout the 2021 school year to supplement learning as class-time learning has been reduced through the Federal Safe Return to School guidelines for shifted classes and reduced numbers of students per class.

The formal education sector is struggling to cope with the responsibility of educating IDP and returnee students in addition to host community students in overcrowded, poorly maintained school buildings where teachers are often poorly qualified or irregularly paid, and class sizes large. WASH facilities including access to potable drinking water are often lacking or insufficient in schools and have been identified as a barrier to attendance by families for both boys and girls (19% and 18% respectively), especially

for children living with disabilities. There are large numbers of out-of-school children and youth who are unable to access formal education because they are over-age or have missed too many years of education and government-provided alternative education opportunities are few. This leaves large numbers of learners without any access to opportunities to develop foundational literacy and numeracy skills or access to meaningful employment opportunities. Although direct attacks on schools have reduced significantly, conflict has consistently dictated whether schools remain open to provide lessons. Borno State is the most affected, with 60% of schools closed, compared to 14% in Yobe and none in Adamawa⁷⁷. Rather than shutting down, in Adamawa the tendency is for schools to close temporarily: 71% of schools in the state have shut down at some point since 2012 due to conflict. Only 39% of schools report that all or almost all their teachers have the minimum level of teaching qualification. In total, 24% of schools, almost 1 in 4, have half or less of their teaching workforce equipped with the minimum required teaching qualification (Joint Education Needs Assessment / JENA, 2019). While direct attacks on schools have reduced in frequency, the presence of military and the re-appropriation of schools as centres for alternative usages (IDP overflow, markets, health centres for COVID-19) continues and must be addressed through the appropriate authorities, including through the Federal Ministry of Education and the step-down of the Safe Schools Declaration in the individual states of Nigeria.

There are barriers specific to girls: early marriage, prioritization of educating the boy child, increase of domestic duties, all exacerbated by COVID-19. These

deepen the serious risk of girls not returning to school once closures end.

NGO-provided alternative education classes may provide learners with vocational and education opportunities; however, formal government recognition of these classes is not guaranteed and classes may not lead back to formal education because of a lack of transition mechanisms and school capacity.

Affected Population

The crisis has caused large-scale displacement within Nigeria and across borders creating hundreds of thousands of IDPs and returnees. This displaced population is significantly less likely to participate in education and that is especially true for IDPs and returnees living in formal or non-formal camps, many of whom live far from government schools and have limited income to spend on school and school-related costs. Among this group, girls are especially unlikely to participate in organized learning activities because of the greater domestic burden that family and community placed upon them, concerns about protection and interaction with unrelated males and perceptions that girls may not need education. Host community children, IDPs and returnees living in host communities may have better access to schools, but often also struggle in schools which do not have conducive learning conditions such as overcrowding or lack of supplies and qualified teachers. Key needs include: access to non-formal or alternative education close to home, either as a bridge to return to formal education or as a means to provide children and youth with the literacy and numeracy skills they need. Additionally, formal schools and traditional alternative education opportunities such as Qur'anic schools need support to provide effective education for children and youth.

Analysis of Humanitarian Needs

Primary needs identified by the Education in Emergencies Working Group include support for both alternative and formal education. Needs include development of alternative learning opportunities for children and youth not currently accessing education,

supported by construction, rehabilitation and equipment of temporary learning centres, rehabilitation or renovation of classrooms, provision of furniture and WASH facilities, training of teachers, provision of teaching and learning materials, distribution of student kits and school uniforms. In order to ensure the quality of learning, lessons delivery methods need to be adapted to ensure the learning outcomes of radio education are attainable; including local language facilitation of lessons and expanded curriculum content. Support to ensure these lessons are recorded on memory sticks and disseminated with solar-powered radios to areas of poor signal strength as well as to girls learning groups, who conduct classes outside the normal airing timetable in order to accommodate the girls' domestic chores, are integral to ensuring continued access. In terms of sustainability, the Education in Emergencies Working Group has identified the development of standardized alternative learning curriculum and teacher training packages. Recognized pathways will need to be developed, in collaboration with state education authorities, to ensure progress from alternative to formal education to expand learning opportunities beyond the short-term alternative learning opportunities currently offered. All the BAY states recorded poor enrolment of children in the 2018-2019 academic year, because of limited learning space and lack of resources. In Yobe State, children have access to adequate learning materials in only 24% of schools, and proportions are even lower in Borno (14%) and Adamawa (10%). School furniture is another identified gap: just 33% of schools in Borno have adequate furniture (chairs, desks, mats), 24% in Yobe and 20% in Adamawa (JENA, 2019). Moreover, children, especially girls, demonstrate a higher level of attendance in schooling when provided with full uniforms, including sandals and socks. Actors in education need to begin expanding the definition of educational supplies in order to meet this growing need for gender-responsive program planning.

Projection of Needs

Education support needs will remain high in 2021, particularly given the economic impact of COVID-19 on IDP, returnee and host community families. Additionally, the long period that children were out of school without

appropriate access to education has left significant learning gaps which will need to be filled and the government's proposed all year-round academic calendar which may clash with agricultural cycles and community behaviour. Increasing insecurity and food insecurity is likely to increase the number of displaced families who need alternative learning opportunities in 2021. The Borno State Government's intention to return or resettle IDPs, if implemented, would likely displace large numbers of IDP and returnee children, possibly to areas that cannot be safely accessed by humanitarian organizations and this would require a significant adaptation of currently education support strategies. In this case, continued support for radio learning would be critical in order to address the issues of access for humanitarian actors. In order to ensure improved learning outcomes, programs need to adjust their

delivery methods and measurement mechanisms

Monitoring

The Education sector will monitor the needs through partner reports, assessments, periodic monitoring visits of government officials and partners to schools. The sector will track implementation against targets to identify the remaining gaps. It will focus on safe access of children to protective learning environments as the main indicator, as well as monitoring indicators of out-of-school children and associated risk factors, teachers' availability and capacity, safety in and around school, displacement, functionality of school, availability of supplies, WASH facilities and accessibility to alternative education.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
April 2021	1,120,000	390,000	380,000	330,000
July 2021	1,120,000	390,000	380,000	330,000
September 2021	1,120,000	390,000	380,000	330,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	# of conflict-affected boys and girls (3-17 years) accessing education through the learning centers/schools	EDUCATION	5W	Monthly
2	# of conflict-affected boys and girls (3-17 years) accessing alternative basic education models (Integrated Qur'anic Education and accelerated learning programmes, TaRL, EGRA & EGMA etc.)	EDUCATION	5W	Monthly
3	# of conflict-affected boys and girls (3-17 years) benefiting from learning supplies including ECD kits.	EDUCATION	5W	Monthly
4	# of conflict affected boys and girls (3-17) attending a class where teacher has received PSS training.	EDUCATION	5W	Monthly
5	# of teachers (m/f) trained in improved teaching and learning approaches.	EDUCATION	5W	Monthly



3.5 Emergency Telecommunications

ORGANIZATIONS

125

Overview

The Emergency Telecommunications sector (ETS) will provide humanitarians across Borno, Adamawa and Yobe states with reliable communications services to enable an efficient and safer response, ultimately saving more lives. ETS services allow humanitarians to efficiently implement their activities and safely perform their jobs in areas where services from local services providers are unstable or inoperative. Throughout 2021, the ETS will maintain this approach to:

- Maintain Internet and security telecommunications services in 10 areas currently covered with ETS services in Borno, Yobe and Adamawa states,
- Deploy a hybrid solar-power supply solution for a continuous provision of ETS services at the humanitarian hubs,
- Continue delivering capacity-building activities to humanitarian actors and Government counterparts.
- Continue the provision of coordination and information management activities.

In 2020, 4,401 humanitarians from 113 humanitarian organizations have used ETS services, and the ETS has trained 224 of them.

Affected Population

As a common-services sector, the ETS aims to support the entire humanitarian community, UN agencies, local and international NGOs with shared internet and security telecommunications-related services.

Emergency telecommunications services contribute to an efficient implementation of response actions while ensuring the safety and security of humanitarian actors operating in volatile areas in BAY states.

Analysis of Humanitarian Needs

The humanitarian community responding in the BAY states needs safe and reliable Internet connectivity services in areas where services from local providers are inoperative. In this volatile operational context, security telecommunications services with advanced safety features are vital for humanitarians' security and safety. ETS training for humanitarians on standard security telecommunications procedures, such as radio checks and two-way communications and programming of radio devices, are the foundation of adequate use of ETS security communications services.

Projection of Needs

In 2021, the ETS projects that a minimum of 3,000 humanitarians from 110 humanitarian organizations will need internet connectivity services to be able to support life-saving response actions in the field.

Due to the COVID-19 pandemic, the ETS projects an increase in the need for internet connectivity and security telecommunications as the crisis has caused the deployment of more humanitarians in field locations, leading in turn to a higher number of people logged on to the ETS network as well as greater need for security telecommunications.

Monitoring

The Emergency Telecommunications Sector will monitor the situation by conducting frequent field missions, participating in relevant sector meetings, and will organize dedicated ETS local working group

meetings in Maiduguri to enable the sector to respond to evolving situations. The sector will conduct a user-friendly satisfaction survey to elicit feedback from humanitarians on the ETS services provided.

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of inter-agency, I/NGOs and governmental organisations' staff who used ETS services	ETS	Data on number of humanitarians who register/ log in to ETS services	Monthly
2	Number of inter-agency, I/NGOs and governmental organisations supported by the ETS	ETS	Data on number of organizations that utilize ETS services	Monthly
3	Number of common operational areas covered by Internet connectivity services	ETS	Data on common operational areas covered by internet connectivity services	Monthly
4	Number of security operations centres (SOC) established, upgraded, maintained.	ETS	Data on security operations centres (SOC) established, upgraded and maintained.	Monthly
5	Number of humanitarian hubs with hybrid power supply system for the ETS infrastructure only	ETS	Data on the number of hubs with hybrid power supply system installed.	Monthly

3.6 Food Security



PEOPLE IN NEED

5.1M

WOMEN

24%

CHILDREN

56%

Overview

Findings from the October 2020 Cadre Harmonisé (CH) analysis project up to 5.1 million food-insecure people during the 2021 lean season in Borno, Adamawa and Yobe states—a 19% increase in food insecurity compared to 2020.

The IDPs, returnees and host communities in the conflict-affected areas face significantly reduced land access for agricultural production due to insecurity. This naturally constrains sustainable livelihoods for men and women. Cooking fuel remains a major problem despite fuel having been added to the Food Assistance Basket Items: its lack poses serious protections threats to women and girls, who mainly go out to collect firewood for cooking, or to men and women who go out to collect firewood or other forest resources to sell for income.

The projected deterioration of food security and rising number of people who need food assistance stems from worse insecurity: it causes new displacements and reduces safe movement (which in turn further impairs production and market operations). COVID-19 and its mitigation measures have vitiated livelihood sources and incomes of the already most-vulnerable households. Furthermore, flooding and erratic rainfall distribution (apparently effects of climate change), livestock diseases and farmer-herder conflicts continue to undermine smallholder agricultural livelihoods through production and productivity losses.

According to the Federal Ministry of Agriculture and Rural Development 2020 Agricultural Performance Report, there is now relatively less food availability and

access. The reason for this is COVID-19 mitigation measures such as border closures, which increased costs of production and thus prices of food. (Nigeria trades for food and cattle with neighbouring countries to supplement the limited national supply within the country, but land borders are not due to reopen until sometime in 2021.)

Emergency food assistance is expected to increase to address critically deteriorating food security and ensure households meet their minimum food needs without resorting to negative coping strategies. The food assistance will also contribute to averting malnutrition, particularly for the most vulnerable unable to access livelihoods opportunities or income.

In areas where security and access to land and other inputs are relatively favourable, the sector will support recovery and sustainable livelihoods, recognizing the role of humanitarian livelihoods interventions in building a foundation for resilience, including the creation of better linkages between short- and long-term interventions to enhance impacts and contribute to longer-lasting outcomes.

Affected population

Of the 5.1 million people in the BAY states that the October 2020 CH projects will be food-insecure in 2021, 31% are girls, 25% boys, 24% women and 20% men. These are categorized as IDPs (36%), people in host communities (31%), people in inaccessible or hard-to-reach areas (16%) and returnees (17%).

The IDPs, returnees and host communities in the conflict-affected areas have little land access for

agricultural production due to insecurity; many are concentrated in garrison towns. Production, for those who can manage some, is low due to insecurity, lack of agricultural inputs and less capacity-building. Indeed, even amongst CVA recipients lack of food was the most commonly reported ongoing unmet need, mentioned by 78% of CVA recipients⁷⁸.

Analysis of Humanitarian Needs

The over-10-year-long crisis and more recent effects of the precautionary and containment measures of COVID-19 compounded the already existing chronic food-security challenges which include erratic rainfall, floods, relatively high poverty levels, and poor infrastructure among others. Mainly as a result of the crisis and to a lower extent of COVID-19 effects, as of August 2020 nearly 1 in every 3 people (32%) living the BAY states is food-insecure and needs food assistance. The most food-insecure LGAs, eight in total in the CH Phase 4 (Emergency), are all in Borno State.

The people projected in Emergency Phase 4 (immediate stage before famine) in the lean season of 2021 has increased to about a million (130% and 45% increase compared to 2019 and 2020 respectively).

More LGAs will be in higher phase classification (Phase 3 & 4) during the lean season, particularly in Borno and southern Adamawa, compared to previous years. Southern Adamawa households did not previously have to rely on emergency food assistance significantly.

As a result of COVID-19 and its mitigation measures coupled with other macro-economic factors such as a depreciating Naira, border closures and seasonality, food prices have significantly risen. For instance, in Borno State, the Save The Children Price Monitoring indicates a 47% increment in the cost of the minimum expenditure basket for a five-person household

between March and September 2020 (before and after COVID-19). This is clearly impairing access to food for households. The annual inflation rate has reached 13.27%, which is the highest in the past 30 months.

The reliance on emergency food assistance also arises since households do not have sustainable access to livelihoods. This owes mainly to the inadequate land for production for both livestock and crop farmers, in turn due to insecurity. Some farmlands are yet to be demined, which also constrains access. Restrictions on other farming inputs, particularly fertilizer, further reduce productivity and production in general. .

Projection of Needs

The sector plans for emergency food assistance to increase commensurately with the projected critically deteriorating food security situation for IDPs, returnees and food-insecure host communities. Efforts to safeguard livelihoods and support the most vulnerable to maintain or resume food production will continue. In areas where security and land access are relatively stable, the sector will focus on initial recovery and re-establishing sustainable livelihoods.

Monitoring

The sector will use the CH results of October 2020 to project the food security situation for 2020. The CH updates will be done again in March and October 2021 to monitor the status. The ultimate indicator will be the number of people in need of food security assistance, which in this context the sector defines as the number of people in CH phases 3, 4 and 5.

The CH framework compounds direct evidence including food consumption, livelihood change, nutrition situation and mortality. It also considers contributing factors of hazards, vulnerability, food availability, access, utilization and stability.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January - June 2020	5,138,000	1,834,000	892,000	1,581,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of people receiving food assistance	Food Security Sector	CH Analysis Results October 2020	Bi-annually
2	Number of people provided with access to fuel-efficient technologies	Food Security Sector	CH Analysis Results October 2020	Bi-annually
3	Number of people provided with emergency agriculture / livelihoods resilience support to enable them to maintain or resume food production (crop kits, fisheries kits and livestock, forestry and natural resource management)	Food Security Sector	CH Analysis Results October 2020	Bi-annually
4	Number of people provided with trainings (capacity building)	Food Security Sector	CH Analysis Results October 2020	Bi-annually
5	Number of food security sector Information management products	Food Security Sector	CH Analysis Results October 2020	Bi-annually
6	Number of Food Security Sector meetings	Food Security Sector	CH Analysis Results October 2020	Bi-annually

BAKASSI IDP CAMP, MAIDUGURI, BORNO STATE, NIGERIA

CERF-Funded protection projects for IDPs in Bakassi Camp, Maiduguri, Borno State. These projects include protection screening, NFI distribution, and a mobile court.

Photo: OCHA/Eve Sabbagh



3.7 Health



PEOPLE IN NEED	WOMEN	CHILDREN
5.8M	17%	74%

Overview

In north-east Nigeria, 5.8 million people, including about 4 million women and girls, require life-saving and essential health services. Ten years of conflict have damaged two-thirds of health facilities in the BAY states – a clear indication of the crisis' catastrophic effect on the health system.

Ongoing and new conflict-related displacement, including the influx of IDPs from inaccessible locations, refugees and returnees, into overcrowded and under-serviced reception centres, camps and settlements in some LGAs (mainly in Borno State) exacerbates the risk of disease outbreaks. World Health Organization (WHO) Early Warning, Alert and Response System (EWARS) and Integrated Disease Surveillance and Response (IDSR) estimates indicate that more than half of recorded deaths in the BAY states in 2020 are due to malaria combined with malnutrition, more than all other causes of death combined, including cholera, measles, hepatitis and key non-communicable diseases. While no cholera outbreak was declared by state authorities in 2020 in the BAY states the number of reported AWD cases are on the rise. Because congestion of camps persists, the sector forecasts similar outbreaks likely to happen in 2021.

Affected population

In 2020, the most vulnerable groups are: all displaced people (IDPs and returnees); people living in inaccessible areas; all children under five years of age; adolescent girls and women of reproductive age (15 to 49 years); the elderly (over 60 years); and the host community population below the poverty line. The

host community also needs support mainly because many of the health facilities are abandoned or out of service. Similarly, in 2021 the health sector anticipates the same population groups will need life-saving health services. Vulnerable population groups like elderly, pregnant women, disabled persons and people with chronic health conditions are more at risk of infection of COVID-19 and they will be prioritised for timely health care support.

Analysis of Humanitarian Needs

Of the 5.8 million people across the BAY states who will need humanitarian health care services, 1.4 million are IDPs, 1.3 million returnees, and 3 million people living in host communities. The affected population includes about 1.5 million women and girls of reproductive age. Around 0.3 million elderly people will need special medical care and attention because they are more exposed to chronic disease like cardiovascular disease, diabetes, cancer, or tuberculosis.

The estimated number of live births in the coming 12 months are around 600,000 which, based on the prevailing maternal mortality rate (MMR), means that close to 4000 women are likely to die from a preventable cause. It is estimated that some 600,000 women need access to safe delivery attended by a skilled birth attendant. Considering that the unmet need for family planning in the BAY states is 18.9% of women of the reproductive-age group, an estimated 700,000 women and adolescent girls will be seeking access to family planning to avert an unintended pregnancy. Family planning is a life-saving service: it can reduce MMR and also contributes to both

neo-natal and under-five survival rates. This means that by addressing the unmet need for family planning helps ensure safe deliveries in the BAY states.

Affected people remain at significant risk of epidemic-prone diseases, like cholera, measles and viral haemorrhagic fevers due to low access to essential healthcare, seasonal patterns, lack of access to potable water and sanitation infrastructure, and vulnerabilities as a result of continuous displacement. Women and children are the most vulnerable to disease outbreaks, especially cholera.

Gender-based violence is widespread in the region. Urgent medical care is often required as GBV seriously affects all aspects of women's health.

Moreover, the threat of the COVID-19 pandemic stills looms, particularly for the 1.8 million IDPs in the BAY states, and even more for the over 400,000 IDPs living in the 51 highly congested camps (28 in Maiduguri metropolitan area and 23 in deep-field locations). Frequent attacks on health facilities and looting of drugs and supplies by NSAGs further weakens the health response.

Projection of Needs

The humanitarian health situation is expected to worsen due to COVID-19, plus continual stressors on the health system (its disruption in many inaccessible LGAs, non-functional health facilities, lack of health care staff, overwhelmed response capacity of international humanitarian agencies and lack of resources). A tightening of pre-existing, mainly security-related movement restrictions, economic deterioration, and strained public services will further increase humanitarian needs and compound existing operational challenges.

The COVID-19 pandemic is placing significant strain on healthcare facilities that are already overwhelmed by lack of capacity as well as ongoing disease outbreaks such as cholera, Lassa fever, measles and malaria, particularly in the north-east. As a result, precious health resources are being diverted from the critical needs to bolster access to basic healthcare

nationwide. The Government will draw on resources from the national purse otherwise destined to combat other health emergencies and disease outbreaks. As cases increase, preventative health care will be severely impacted.

Monitoring

The Health sector will use the HRP monitoring framework to monitor the evolution of needs, key indicators, the response and progress of service delivery. The monitoring framework is based on a set of standard health indicators with baseline, target, source of data, and frequency of data collection. The monitoring will feature joint monitoring visits with the government, partners and other sectors. The sector will adopt a performance monitoring mechanism for harmonization of response, minimizing gaps and duplications. This mechanism will comprise: information management products such as 5W; supporting assessments such as MSNA and HeRAMS; and after-action reviews to evaluate the success of specific health interventions like cholera and measles outbreak, vaccination, malaria campaigns etc.

Thorough and systemic support for BAY states health care systems—for example establishment of a robust monitoring mechanism and enhancing health care providers' technical capacity—is a critical challenge for the Health sector. Most of the sector's implementing partners come with their specific services mandate (some only provide services for under-five children, some only vaccination or mother-and-child health), and act only in limited geographical areas. This generates a fragmented, mosaic landscape of provision of essential health services within and across LGAs and renders very difficult the understanding and monitoring of essential health services coverage across the state. Partners acknowledge application of national treatment guidelines and quality standards, but few partners directly support referral hospitals; some support referral and reimbursing costs for admission. (A significant number of referral hospitals have been destroyed.)

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of persons reached through mobile medical activities	HEALTH SECTOR	5W	Monthly
2	Number of out-patient reached in health facilities supported by health partners	HEALTH SECTOR	5W	Monthly
3	Number of outbreaks responded and contained	HEALTH SECTOR	EWARS	Quarterly
4	Number of health facilities revitalized and providing services to the catchment population	HEALTH SECTOR	SMoH, HeRAMS	Biannual
5	Percentage of health facilities supported by sector partners submitting weekly surveillance reports on time	HEALTH SECTOR	EWARS	Monthly
6	Number of health facilities providing Clinical Management of Rape (CMR)	HEALTH SECTOR	5W	Quarterly
7	Number of Health facilities with referral mechanism to higher level of care and receive feedback from the referral point	HEALTH SECTOR	5W	Monthly
8	Number of health facilities providing Sexual and reproductive healthcare service including family Planning	HEALTH SECTOR	5W	Monthly

DALORI 2 IDP CAMP, MAIDUGURI, BORNO STATE, NIGERIA

Photo: OCHA/Eve Sabbagh



3.8 Logistics



ORGANIZATIONS

86

Number of Organizations Supported

The sector supports humanitarian organizations comprising 86 operational partners that participated in the 2020 humanitarian response plan.

Overview

The high level of humanitarian needs, the volatile security situation and inaccessibility during the rainy season call for a robust logistics system to support activities of humanitarian actors. Coordination of humanitarian cargo movement, air-cargo consolidation and maintenance of common storage space are vital for effective delivery of assistance in the BAY states.

Analysis of Humanitarian Needs

The high level of humanitarian needs in the crisis-affected BAY states places a huge demand on the logistics capacity. At the same time, a volatile security situation is putting more and more strain on the logistics resources available. Several conflict-affected areas remain inaccessible or only partially accessible, and movements are particularly hampered during the rainy season.

There is need for the logistics sector to support relief efforts with logistics coordination, to assess and address logistics issues as they arise and to facilitate access to logistics services.

Coordination of humanitarian cargo movement is vital to ensure the continued and timely delivery of humanitarian relief items. The number of cargo movement requests received from humanitarian

partners has remained constant over 2020 with about 16,200 trucks movement cumulatively facilitated by November 2020 across ten LGAs in Borno State. The air-cargo consolidation service managed by the sector in coordination with implementing partners remain a last resort to move live-saving items where overland movement is hindered.

There is also a need to maintain common storage space in field locations. The sector maintained 5,160 square metres of space in six sites – Banki, Bama, Damasak, Dikwa, Monguno, Ngala. In 2019 alone the sector received around 32,000 cubic metres of cargo in different field location across Borno state. Similarly, in 2020, the sector processed storage requests for about 24,000 cubic metres of cargo across six storage locations. New storage may be required in other locations, based on the needs of partners.

Coordination and circulation of logistics information, as well as capacity building are required to disseminate relevant and up-to date logistics information and enhance the existing capacity of the humanitarian community. This includes logistics-focused trainings such as: mobile-storage-unit setup and warehouse management. .

Monitoring

The sector will regularly monitor indicators on cargo movement, utilization of storage services, training and logistics information sharing.

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Number of organizations utilizing storage services	Logistics	Logistics Sector Owned Relief Item Tracking Application)	Monthly
2	Number of organizations participating in the Logistics Sector coordination meetings	Logistics	Logistics Sector Attendance Record	Monthly
3	Number of information management products published, such as maps, sitreps, bulletins, snapshots, procedures, meeting minutes	Logistics	Logistics Sector Website	Monthly
4	Number of humanitarian responders trained in logistics	Logistics	Internal Record/ Attendance Sheet	Monthly

BAKASSI IDP CAMP, MAIDUGURI, BORNO STATE NIGERIA

Photo: OCHA/Maryam Ibrahim



3.9 Nutrition



PEOPLE IN NEED	WOMEN	CHILDREN
1.5M	42%	58%

Overview

The north-east conflict continues to directly worsen the affected population's nutritional status, especially the most vulnerable and those in inaccessible locations. Global acute malnutrition (GAM) levels in children aged 6-59 months are on the increase across the BAY states when compared year-on-year: according to the ninth round of the NFSS, the GAM prevalence in Yobe and Borno states are above the emergency threshold of 10% (13.6% and 10.7% respectively as of October 2020). This includes about 300,000 children currently suffering from severe acute malnutrition (SAM) requiring urgent treatment, and over half a million children moderately malnourished. Without adequate treatment, one in every five of these children could die. Several LGAs including Gubio, Nganzai, Magumeri, Mobbar, and Kala-balge in Borno State and Geidam in Yobe State have significantly higher GAM rates than those states' averages—in other words, pockets of high acute malnutrition. The sector attributes this to the worsening food security and WASH situation in the area amidst access and security constraints.

The crisis has also exacerbated pre-existing conditions of malnutrition, driven by a number of inter-related factors. These include weak health infrastructures; poor infant and young-child feeding (IYCF) practices; limited access to safe water and health and sanitation services; the prevalence of water-borne diseases; poor hygiene conditions; and seasonal food insecurity.

This worrisome trend is likely to place a heavy strain on already overstretched capacities and resources on the ground, including WASH services, due to the vicious cycle of malnutrition and diarrheal diseases, exacerbated by access constraints and insecurity.

Children below 5 years of age, adolescent girls and women of reproductive age are the most affected, and those arriving from inaccessible areas into the reception centres are extremely vulnerable as they have not accessed nutrition services before their arrival. These groups continue to bear the brunt of the nutrition crisis due to increased micronutrient deficiencies. If untreated, acute malnutrition could have debilitating consequences on the growth and development of infants and children, further exacerbating the already existing burden of malnutrition in the north-east.

Affected Population

More than 1.5 million people need life-saving nutrition services, comprising over 1 million children under five (of whom about 200,000 are living with disability) and half a million women of reproductive age within the BAY states. Of the 1.5 million people needing humanitarian nutritional services, 15% are IDPs, 15% returnees and 70% are in host communities.

Children below 5 years of age, adolescent girls and women of reproductive age are the most affected, and those living at the reception centres are extremely vulnerable as they have not accessed nutrition services before their arrival at the reception sites.

Female-headed households, the disabled, and orphaned, separated or unaccompanied children face more difficulty in safely accessing humanitarian assistance and basic services and are at higher risk for sexual exploitation and abuse, and gender-based violence.

Children who are severely malnourished are 12 times more likely to die (all-cause of mortality) compared to a well-nourished child. A non-breastfed infant under six months is 14 times more likely to die from pneumonia/diarrhoea than an exclusively breastfed infant <6months.

Children and women in hard-to-reach areas (e.g. Magumeri, Kala/Balge, Gubio, or Mafa LGAs), host community areas with low humanitarian activities or presence and poor infrastructure development (e.g. parts of Yobe State), and new arrivals from inaccessible areas are more likely to suffer from acute malnutrition.

Children and women of child-bearing age with disability are five times more likely to be malnourished than those without a disability. Besides, children of underage mothers, female-headed households, children in foster care or living in the streets, unaccompanied and separated children are at a higher risk of acute malnutrition.

Women in a rural setting are less likely to exclusively breastfeed their infants less six months due to greater workload and lack of access to skilled IYCF counselling at health facilities. .

Analysis of Humanitarian Needs

According to the Nutrition and Food Security Surveillance Round 9 (NFSS IX) and the Integrated Food Security Phase Classification Acute Malnutrition analysis 2020, the nutrition situation in Borno and Yobe State is classified as Phase 3 ('Serious') and Adamawa at Phase 2 ('Alert') level, with GAM levels of 13.6% in Yobe, 10.7% in Borno and 7.5% in Adamawa. The nutritional situation is also expected to deteriorate further due to worsening of the immediate and underlying issues, including new displacement and the impact of COVID-19 on the socioeconomic status. Based on the NFSS IX, an estimated 810,000 children under five will suffer from acute malnutrition, of whom 295,000 with SAM and 515,000 with MAM.

Only 54% of infants under six months old are exclusively breastfed in the BAY States. A total of

721,000 pregnant and lactating women will require contextualized and skilled IYCF counselling both at facility and community levels to improve the rates of exclusive breastfeeding.

The nutrition sector will provide life-saving treatment to both SAM and MAM cases to reduce morbidity and mortality associated with global acute malnutrition.

The nutrition sector urgently requires increasing its capacity to treat SAM cases with medical complications by establishing additional in-patient care facilities in Yobe and Adamawa States and LGAs near to inaccessible areas in Borno State. The sector also needs to scale-up the identification, referral and treatment of children under six months with breastfeeding difficulties or acute malnourishment. The sector also has to urgently establish nutrition treatment services in the newly liberated or return locations including Ajiri in Mafa, Kukawa and other areas planned for the returns.

Projection of Needs

The sector projects that the nutrition situation in north-east Nigeria will progressively deteriorate in 2021 due to the COVID-19 pandemic's negative effects on the overall socio-economic situation and worsening insecurity. The situation may deteriorate more than projected if communities continue to avoid using health and nutrition services in fear of contracting COVID-19 and if the number of active health workers continues to fall, especially in rural health facilities.

The continued escalation of conflict may displace more people and disrupt health and nutrition services, which would increase rates of acute malnutrition. Returnees are at risk of acute malnutrition if basic services are not immediately established in the areas they will be settled.

The lack of basic services in the inaccessible areas especially in Borno State may allow significant deterioration of the nutrition status of the communities, forcing them to move to accessible areas in search of health, food, and nutritional assistance. This may overwhelm the existing assistance and leave

widespread acute malnutrition.

The low scale of activities on the prevention of malnutrition and minimal resources for MAM treatment may allow an increase in SAM cases.

The current projection is based on the assumption that no additional shock will occur during the peak of the hunger season (lean season) between June to September, which also coincides with the rains. Above-average rainfall may spread diarrheal and malaria diseases in IDP camps, which generally have poor drainage, and may cut off roads to many of the rural areas.

According to a joint analysis by the Nutrition and Food Security Sectors, factoring projected food security degradation, COVID-19 impact and seasonality, the number of children with acute malnutrition will progressively increase and peak in the 3rd quarter of

2021 (20% in quarter 1, 24% in quarter 2, 30% in quarter 3 and 26% in quarter 4).

Monitoring

The nutrition sector conducts biannual Nutrition and Food Security Surveillance Surveys (NFSS) and knowledge-attitudes-practices (KAP) surveys covering all the LGAs in the BAY states. Partners will conduct additional surveys and assessments regularly to complement the large-scale surveys; these complementary surveys will include SMART⁷⁹, KAP, coverage, nutrition causal analysis, and sentinel surveillance. An in-depth analysis will be conducted through the Integrated Food Security Phase Classification Acute Malnutrition analysis methodology to identify the immediate and underlying causes of acute malnutrition and project trends.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
Quarter 1	306,000	46,000	46,000	214,000
Quarter 2	368,000	55,000	55,000	257,000
Quarter 3	460,000	69,000	69,000	322,000
Quarter 4	398,000	60,000	60,000	279,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ) <-2 and/or Mid-Upper Arm Circumference (MUAC) <125mm and/or bilateral pitting oedema among children 0-59 months	Nutrition	NFSS, SMART Surveys	Biannual; needs based
2	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) <210-230	Nutrition	NFSS, SMART Surveys	Biannual; needs based
3	Proportion of infants 0-5 months of age who are fed exclusively with breast milk	Nutrition	NFSS, SMART and KAP surveys	Biannual
4	Proportion of children 6-23 months of age who receive foods from 4 or more food groups	Nutrition	NFSS, SMART and KAP surveys	Biannual
5	Number of children with severe acute malnutrition admitted in the outpatient therapeutic programme	Nutrition	5W, sentinel surveillance	Monthly, weekly
6	Number of children with moderate acute malnutrition admitted in the targeted supplementary feeding programme	Nutrition	5W, sentinel surveillance	Monthly, weekly
7	Number of pregnant and caregivers of children 0-23months who have received skilled IYCF counselling	Nutrition	5W	Monthly
8	Proportion of children admitted in the outpatient therapeutic programme (OTP) that are discharged cured	Nutrition	5W	Monthly
9	Proportion of children admitted in the targeted supplementary feeding programme (TSFP) discharged cured	Nutrition	5W	Monthly

3.10 Protection



PEOPLE IN NEED	WOMEN	CHILDREN
4.1M	18%	66%

Overview

More than 4 million individuals in the north-east require specialized protection services in 2021. This number considers only those in areas accessible to the authorities and humanitarian actors. While those in inaccessible areas can also be presumed to need assistance, assessing their situation was not possible.

Amid high levels of insecurity and limited economic opportunities, most of the affected people in the BAY States depend on humanitarian aid. Still, assistance is largely confined to cities and towns – in Borno State, mostly to ‘garrison towns’ – as NSAGs continue to target civilians and humanitarian personnel. NSAG violence killed more than 420 civilians in the first nine months of 2020⁸⁰.

Even in the accessible areas, movement of IDPs outside the camps may be restricted by security forces, or considered unsafe. The COVID-19 crisis and recent floods further curtailed access to basic services and livelihood. Movement restrictions, including difficulties to reach farmland or travel between States, generated a sharp increase in food prices. These developments aggravated social tension and the risk of resorting to negative coping practices such as transactional and survival sex, early marriage or joining NSAGs.

Long-term safety and freedom of movement are crucial to ensure an adequate standard of living in the north-east. This involves emergency assistance to those who have lost their shelter, food or caregiver due to floods or the COVID-19 pandemic in order to reduce their vulnerability and exposure to protection risks, as well as to obviate negative coping mechanisms.

Those who suffered violence or exploitation also need psycho-social support to mitigate the harm and promote their recovery.

Affected population

The majority (57%) of the people who need protection assistance are in Borno state.

IDPs in overcrowded camps and those living with host communities face continual difficulties in accessing essential services and livelihood opportunities. IDPs venturing outside the camps, for example to fetch water or firewood, may be attacked or abducted by NSAGs, and in other cases assaulted or extorted by Nigerian security forces. Extreme poverty and shortage of essential services such as food and shelter increase tensions in camps and with host communities, the risk of exploitation and trafficking, and resort to harmful coping mechanisms. Particularly vulnerable are those who lack family and social support networks or have reduced mobility (e.g. female-headed households, unaccompanied or separated children, older people and those with disabilities).

Returnees who relocated prematurely from IDP camps back to their homes face the risk of NSAG attacks, sparse access to services, and as a result further displacement. Some of the areas that the state government has identified for imminent return, for example in Abadam, Kukawa and Marte LGAs, are currently inaccessible to humanitarian actors.

Analysis of Humanitarian Needs

The severity of protection needs in the north-east

ranges between 'stress' and 'extreme', with the highest severity recorded in central and northern Borno, northern Adamawa and eastern Yobe (areas sharing borders with Borno State). Eighty-three per cent of all IDPs in camps and host communities across the BAY States require specialized protection services, of whom about 168,000 or 11% are in a critical situation. Members of this group have experienced severe security and safety incidents, including killings, physical violence and forcible recruitment by NSAGs.

More than 213,000 or 14% of the IDPs report movement restrictions in their place of displacement which are not related to COVID-19 pandemic. More than 51% of the IDPs in need of protection services indicated they do not possess personal identification documents. Furthermore, 40% of the people in need are children without access to core child protection services, including those who are experiencing signs of psychological distress and not currently living with their households. About 40% of IDPs in need report GBV concerns related to lack of GBV services, underage pregnancy and cases of disappearance and abduction. Analysis of historical data indicates that about 43% of the IDPs in need live near explosive-hazardous areas; approximately 1,900 individuals have suffered disability caused by explosive ordnance. Returnees and host community members report a similar set of conditions, including property-related concerns and threats of eviction.

The number of people in need decreased by 10% in comparison to 2020, following a revised estimate of the number of civilians living in areas that are no longer accessible to humanitarian actors. Furthermore, the

number of host community members in protection need reduced by 16% due to the rationalization of needs in host communities which has been tied to the hosting burden and severity of protection needs.

Projection of Needs

Protection challenges and needs are likely to increase. Civilians living or moving outside IDPs camps or urban areas remain exposed to NSAG attacks. More civilians are expected to leave their homes and seek refuge in IDP camps or host communities due to ongoing violence or repeated floods, thus increasing the number of displaced people per LGA and the pressure on already-strained resources. Hostilities, floods or, possibly, a new wave of COVID-19 or other infectious disease in overcrowded camps are expected to impede access to livelihood and essential services further. Movement restrictions will constrict the humanitarian footprint in general, and be compounded by humanitarian and donor fatigue amid the COVID-19 pandemic.

Monitoring

The sector will continue to monitor sectoral needs indicators, as well as indicators submitted for inter-sectoral needs analysis. The sector's Joint Monitoring Tool will be the primary data source for monitoring needs, alongside assessments conducted by protection partners on a regular and ad-hoc basis. This monitoring will cover the full spectrum of the Protection Monitoring Framework. The sector will also use the next MSNA for this purpose.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January - March 2021	4,145,000	1,644,000	1,105,000	1,395,000
June 2021	4,123,000	1,033,000	1,959,000	1,130,000
December 2021	4,244,000	1,155,000	1,959,000	1,130,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of Households that have experienced movement restrictions	PRO	Protection Monitoring/ MSNA	Semi-Annual
2	% of Households members without valid civil documentation	PRO	Protection Monitoring/ MSNA	Semi-Annual
3	% of Households who have suffered safety or security incidents affecting HH members	PRO	Protection Monitoring/ MSNA/Acled	Semi-Annual

Child Protection

PEOPLE IN NEED

1.7M

CHILDREN

93%

Overview

The well-being of children is threatened by multiple protection risks—child marriage, family separation, physical and sexual violence, psycho-social distress and use and recruitment by non-state armed groups in north-east Nigeria. Cross-sectoral risks compound these. Overall, limited access to food, quality education, healthcare and lack of adequate parental care, particularly for children with disabilities⁸¹, continues to significantly affect the physical, mental, emotional and social well-being of children. This is significantly so for 1.4 million children (41% girls, 59% boys) living in locations with limited or no core child protection services and community-based prevention and response to protection risks. The COVID-19 pandemic has further weakened coping capacities for families to provide and care for children; poor households in north-east Nigeria face more difficulty in accessing food as food prices and annual inflation increase, and food availability is expected to decrease⁸². Protection risks are heightened for girls, mainly adolescent girls who are most at risk of sexual violence and as a result of the pandemic, are also at a high risk losing out on education opportunities amongst denial of realization of other rights.

Affected population

Children under the age of 18 years comprise more than 61% of the IDP, returnee and other populations affected by the humanitarian crisis in north-east Nigeria; a majority of affected children are girls (55%). Displaced girls and boys living in camps and those living in host communities are most vulnerable to protection risks, constituting 37% and 36% of the children in need respectively. The majority of the children in need are in 17 LGAs across BAY States. The major part of the children in need in Borno are those living in Damboa, Jere, Maiduguri, Magumeri and Ngala LGAs whereas in Adamawa, the majority are children residing in Madagali, Michika, Mubi South, Yola North and Yola South. In Yobe, the majority of children in need are those in Damaturu, Geidam, Gujba and Yunusari.

Adolescent girls, particularly those in camps and host communities, face the highest risk of sexual violence within the community, violence by armed groups including abduction, killing and rape, and are most at risk of denial of realization of their rights, particularly the right to education. Boys aged 13-17 years are significantly at risk of conflict-related violence including abduction, killing and recruitment. They are also at risk of child labour as a coping mechanism to support household incomes. Vulnerable parents and caregivers constitute 7% of the total people who need protection services.

Analysis of Humanitarian Needs

At least 1.4 million of the children in need have very limited or no access to core child-protection services

(of whom 27% are in Adamawa, 55% in Borno and 18% in Yobe). Among households interviewed in the MSNA, 19% indicate that children in their household had experienced severe or critical signs of psychological distress following a safety or security incident (of whom 20% are in IDP households, 43% in host communities and 38% in returnee households). Also among interviewed households, 5% indicated that their children are missing or were not living in the household at the time of the assessment (of whom 33% were IDP households, 22% in host communities and 55% in returnee households).

At least 17,528 girls and boys (of whom 28% girls, 72% boys) including 484 children with disabilities (43% girls, 57% boys) and 577 unaccompanied and separated children (46% girls, 54% boys) face different kinds of child protection challenges. These comprise risk of abuse, neglect, and exploitation. Preventing and mitigating these risks will require timely child protection services. Children identified access to recreational activities and life-skills education as priority services primary to their well-being, particularly in the COVID-19 pandemic context where education and social activities have significantly declined⁸³. The conflict has significantly impaired the capacities of families and communities to appropriately care for children; and the COVID-19 pandemic has compounded this by impeding livelihoods and access to basic services, and increasing psycho-social distress among caregivers⁸⁴.

Projection of needs

Lessons from the Ebola response elsewhere in West Africa indicate school closures in response to epidemics and pandemics can have a permanent impact on the lives and futures of girls, even more than of boys. The permanent impact includes high risk of never returning to school as girls are forced to transition into household responsibilities more quickly than if schools had not been closed⁸⁵. If resumption to school is deferred in the BAY states, children will

not only lose the education skills but will be further exposed to physical violence and emotional distress within the communities. Girls, especially adolescent girls, will be at worse risk of child marriage and sexual violence⁸⁶. The socio-economic effects of the COVID-19 pandemic are expected to exacerbate the protection risks of children as families struggle to provide appropriate care and protection.

Monitoring

The Child Protection sub-sector will conduct a gap analysis of child protection services in selected LGAs in Adamawa, Borno and Yobe, which provide data and information on needs and gaps. Besides, the sub-sector will monitor child protection needs and gaps using the monthly 5Ws, protection monitoring reports, and issue-based and geographic assessments including the MSNA.



BAKASSI IDP CAMP, MAIDUGURI, BORNO STATE, NIGERIA

Protection and Mobile Clinic

Photo: OCHA/Eve Sabbagh

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	651,000	475,000	617,000	1,743,000
June 2021	694,000	475,000	617,000	1,785,000
December 2021	377,000	952,000	441,000	1,770,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of HHs with children missing or not currently living in the households	CHILD PROTECTION	MSNA; protection monitoring reports	Biannual
2	% of girls and boys without access to core child protection services	CHILD PROTECTION	5W	Quarterly
3	% of HHs with one or several children that report experiencing signs of psychological distress	CHILD PROTECTION	MSNA; protection monitoring reports	Biannual

GBV

PEOPLE IN NEED
1.5M

CHILDREN
57%

Overview

More than 1.5 million people—IDPs, members of the host communities, and returnees—need GBV prevention and response services across north-east Nigeria. All forms of GBV are underreported. In particular, reporting an incident of sexual violence (rape or sexual assault) is hindered by the risk of stigmatisation, retaliation, shame or marginalisation and oppression from the community, as well as lack of survivor-centred service provision after referrals. Physical assault, sexual violence, denial of resources,

opportunities and services, and psychological and emotional abuse are among the violations most frequently reported, recurrently perpetrated by intimate or former partners (domestic violence). Girls and boys under the age of 18 years are also at risk of GBV, mainly occurring within the context of child sexual abuse and child/early marriage.

There exist significant gaps in service provision as survivors do not have access to comprehensive GBV services. Besides, there is a clear need to strengthen GBV service provision, prevention and risk mitigation mechanisms, particularly for women and girls. Provision of safety measures (including safe energy options) are needed to reduce women and girls' vulnerability; fetching firewood has been identified as posing high risks to GBV, especially for girls and women. Increased access to empowerment and livelihood opportunities will further mitigate

sexual exploitation and abuse, denial of resources and intimate-partner violence due to constrained financial resources. Also, there is a need to address widespread intimate partner violence often exacerbated by conflict and negative social norms.

Affected population

The protracted nature of the conflict continues to exacerbate the negative effects of gender inequalities across north-east Nigeria, with women/girls and children being disproportionately affected by the conflict and incidents of GBV. According to the GBVIMS 2020 mid-year report, women and girls were the victims of more than 99% of reported GBV incidents between January and June 2020. Seventy-nine per cent of the victims are adults, whilst 21% are children; 2% of the victims are women and girls with disabilities in north-east Nigeria. On average, 1 in 5 reports of GBV alleges child victims, and 3 in 5 reports concerned the context of intimate partner violence. Overall, women, girls, children and persons with disabilities remain the demographic groups most at risk of GBV in north-east Nigeria.

Heightened risks of GBV, particularly conflict-related sexual violence, are associated with reports of abduction (especially of girls and women), disappearances and forced displacement. Within the context of IDP camps, women and girls face a high risk of transactional sex in exchange for otherwise-unobtainable mobility, safety and access to resources. Across the BAY states, GBV incidents perpetrated in the context of child, early and forced marriage are some of the least-reported GBV incidents. Yet, the GBV and Child Protection sub-sectors have consistently received reports on the worrying numbers of early, child and forced marriages that have demonstrated how the specific nature of the conflict and humanitarian interventions have contributed to this practice⁸⁷.

Analysis of Humanitarian Needs

In 60% of the LGAs in the north-east, survivors of GBV do not have access to comprehensive GBV case-management services (multi-sectoral service

provision), which is critical in assisting survivors. This includes: gaps in health services, including clinical management and forensic evidence; inadequate mental health and psycho-social support services; limited legal or justice assistance; and limited functionality of safe shelter facilities—all of which compounds the risks to survivors. Safe and confidential survivor-centred services must be made reliably available. If these conditions are not met, survivors may be deterred from reporting incidents of GBV which may allow long-lasting physical, social, medical and emotional consequences. Strengthening the capacity of responding actors to provide survivor-centred services in a dignified and respectful manner is critical.

There continue to be reported cases of disappearance or abduction of community members in the three states. According to the GBVIMS 2020 mid-year report, at least 30% of the incidents of sexual violence reported between January and June 2020 occurred in the context of sexual slavery, that is against individuals held against their will, abducted or kidnapped. There are several documented reports of women and girls whom NSAGs abducted from their homes or markets, or while travelling or collecting firewood or water. Reports also mentioned many have been raped, forced into marriage and labour, physically, sexually and emotionally abused, exposed to sexually-transmitted diseases, and often impregnated by their captors. Safety measures (including safe-energy alternatives to firewood) are needed to reduce women's and girls' vulnerability to conflict-related sexual violence. Required too is the provision of comprehensive response and reintegration services for survivors.

According to the MSNA, at least 1% of the surveyed households report having children (either gender) under 17 married off in the three BAY states. Significant gaps exist in addressing specialized reproductive-health needs of women and adolescent girls, especially in deep-field locations. Adolescent girls, female or child-headed households, and orphaned girls living with foster carers among others are at particular risk of GBV.

Projection of needs

Given increased and multiple displacements due to the deteriorating security situation vis-à-vis planned returns, the sub-sector expects risks and exposure to GBV to escalate. Reports of intimate-partner violence—many attributed to the stress by partners who are unable to provide for the family—are expected to increase due to the economic constraints aggravated by the COVID-19 pandemic.

Whilst the coverage of GBV services increased in 2020, the need for GBV services and risk mitigation have simultaneously increased, thus outweighing the

capacity of existing actors to respond. This calls for not only greater capacity-building of existing actors but also scale-up of the number of actors responding to the GBV needs of the affected population across geographical locations most in need.

Monitoring

The GBV sub-sector will use its revised 5Ws reporting and service-mapping frameworks for response monitoring; the tools were adjusted to ensure user-friendliness and higher levels of consistency and accuracy in data and information collection.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	1,150,000	639,000	379,000	492,000
June 2021	1,150,000	639,000	379,000	492,000
December 2021	1,150,000	639,000	379,000	492,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of individuals at risk of violence without access to lifesaving GBV services	GBVSS	Service mapping	Biannual
2	% of households with at least one member disappeared or abducted	GBVSS	MSNA	Annual
3	# of women and girls under 16 years pregnant or lactating	GBVSS	MSNA	Annual

Housing and Land Property

PEOPLE IN NEED

1.3M

CHILDREN

62%

Overview

Based on available data, more than 300,000 IDPs residing in informal camps or settlements in the BAY states are facing threats of forced eviction by landowners (most of whom are individual not institutional landowners). More than 50% of people who have returned to their place of origin after recapture by the Nigerian security forces report housing, land and property damage. At least 100,000 people report lost, damaged or missing HLP documents. The main reasons for fear of eviction are requests by authorities or private owners to vacate the premises due to unpaid rent, family disputes over property inheritance; and encouragement to return to their area of origin. Available data indicates that nearly 60% of IDPs in host communities are living on property or land with disputed ownership; in these cases, women are nearly twice more at risk of eviction than men.

Affected population

As of now, 1,200,000 individuals, the majority of whom are IDPs/returnees, need HLP assistance. More than 600,000 people in the BAY states are either living or residing in houses or land without tenure security or any form of documentation. Besides, 24,000 people (2% of those who need HLP help) who have managed to secure rental abode within the host communities have no means or stable income to pay these rents. Coupled with the current COVID-19 situation, more of these people now report resorting to at least one negative coping strategy, including child labour, child marriage and commercial sex (particularly among young women and girls). IDPs and returnees both face discrimination and fear of forced eviction, which is affecting their general HLP rights. Unaccompanied children and female-headed household particularly struggle to get a place to stay.

Analysis of Humanitarian Needs

The problems of fragile HLP rights for the different population groups revolve around lack of access to farmland, tenure insecurity and evictions, living in low-quality housing and crowded conditions, and conflicts over land, to name a few. Some return locations (including those to which IDPs return spontaneously) lack basic housing facilities and access to farmland, and the affected communities are unable to claim HLP rights, especially in garrison towns in Borno State. Many female-headed households have difficulty accessing and paying for rental accommodation (more so in Borno than Adamawa and Yobe States). Eviction from houses exposes women to significant risks, including sexual exploitation and abuse.

The situation has deteriorated since the spread of COVID-19: it has increased eviction cases from 6-10 households per month to more than 100 evictions per month. More of the eviction cases have been reported in Maiduguri Metropolitan Council, Jere, Mobbar, Gwoza LGAs of Borno State; and Mubi and Yola in Adamawa State. Recorded eviction cases can only be viewed as a proportion of the actual extent of cases, as many remain undocumented and unresolved. The challenges are generally compounded by lack of awareness, illiteracy and restrictive religious and cultural practices that affect different members of the community. The traditional dispute-resolution structures in BAY states still exist but require support for the capacity to adjudicate justice efficiently, fairly and transparently.

Projection of needs

Humanitarian HLP needs in all the BAY States are likely to increase because, in Borno State, the government has asserted its intention to implement the closure of camps in 2021. Such returns are certain to engender HLP disputes in the areas of return, for example ownership and secondary occupation. Moreover, those unable to return to their place of origin will remain in need of shelter and land for settlement and farming. The current trend in eviction reveals that the effects of COVID-19 will likely continue into 2021 exerting

economic pressure on IDPs and rendering them more vulnerable to eviction and related HLP violations.

The sector will need more funding for HLP legal assistance (cash for rent, processing of title documentation to encourage landowners to avail their land for humanitarian assistance). Moreover, local authorities need capacity-building to understand their obligation and tools in protecting the HLP rights of these vulnerable people.

Monitoring

The sector will monitor household evictions on a quarterly basis via key informants and focus group with community leaders, camp leaders, landowners, house agents and local authorities. Partners will also do household surveys with beneficiaries to enquire about the situation. These are all in order to monitor and prevent cases of eviction.

Legal assistance (cash for rent) will be monitored monthly through household surveys to ensure the beneficiaries are still occupying the houses as agreed on the payment terms.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	600,000	371,000	165,500	63,500
June 2021	360,000	222,600	99,300	38,100
December 2021	240,000	148,400	66,200	25,400

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	# of surveyed persons / communities reporting a situation of forced eviction	HLP SUB-SECTOR	Protection Monitoring /MSNA	Quarterly, Annually
2	# of surveyed persons / communities reporting HLP disputes	HLP SUB-SECTOR	Protection Monitoring/MSNA	Monthly, Annually
3	% of household members without valid civil documentation	HLP/PRO	Protection Monitoring /MSNA	Every six months

Mine Action

PEOPLE IN NEED

1.5M

CHILDREN

60%

Overview

More than 1.5 million people are exposed to the risk of explosive remnants of war, including improvised mines and other improvised explosive devices, in Borno, northern parts of Adamawa and eastern parts of Yobe. These risks cause deaths and physical and psycho-social injuries, and hamper safe access to homes, livelihoods, services and education. Currently, Nigerian authorities and institutions cannot safely, effectively and efficiently dispose of explosive hazards accumulated since 2009 up to the international mine-action standards. Mostly, clearance operations are undertaken for military advancement and movement of convoys, but not to release lands safe from explosive to farmers, herders, fisherfolk, women fetching firewood and children. IDPs returning under the Borno Government resettlement plan are not guaranteed land free from explosives to commence their new lives and socio-economic activities. In 2020 alone, 460 recorded incidents caused 187 civilian casualties⁸⁸. For incidents involving unexploded ordnance, 75% could have been prevented by relatively simple non-technical surveys and explosive ordnance risk education (EORE) and by increasing the capacity of clearance operators. These incidents can be mitigated when people receive adequate information on how to protect themselves and adopt safe behaviour. There is also a significant need to enhance victim assistance towards more inclusive rehabilitation.

Affected population

Eleven years of bombing, shelling and extensive use of explosive ordnance and improvised landmines has left north-east Nigeria littered with explosive ordnance. Risks are associated with daily activities. Men and boys engaged in farming, cattle herding, hunting and fishing constitute the majority of victims. Women are also sometimes affected: their chief exposure

to risk happens when leaving secured areas for such as firewood and water collection. Women and girls are also affected by incidents happening in the household, when family members bring unwittingly explosive items from the outside. Boys are also particularly at risk when pursuing livelihoods as metal scrap collection. Boys are also more likely to collect explosive items unintentionally because they enjoy more freedom of movement than girls. Any individual travelling along the roads, especially in Konduga, Bama, Gwoza and Damboa LGAs, is at risk of encountering improvised landmines. As a result, needs for EORE pertain to all population groups and shall be framed following specific risks and also delivered in languages that avoid exclusion for lack of education.

Analysis of Humanitarian Needs

The need for EORE remains high, particularly in Borno with 1.16 million people in need. The EORE needs are also apparent in Adamawa and Yobe, where more than 200,000 and 176,000 people respectively need this. EORE is crucial to recognize dangerous items and areas and to have the knowledge to protect oneself and resume a safer life in contaminated areas. Stakeholders should sustain efforts to include EORE in the school curriculum; however, given the high number of children still out of school, direct delivery of EORE outside school settings should continue. The delivery of EORE must include adults who engage in activities that put them at risk of encountering explosive ordnance.

Lands where contamination is suspected according to available information shall be non-technically surveyed to confirm the presence or absence of explosive ordnance. Contamination is relatively concentrated: data collected since 2016 indicate that more than 56% of all incidents in the BAY states happened in 7 LGAs. The three LGAs of Gwoza, Konduga and Bama account for more than 35% of all incidents.

People with disabilities are even more affected by the conflict and displacement and are even sometimes stigmatized. Some immediate healthcare and sometimes prosthetic support can be available in only the best-case scenario. Too often, there is little

or no programming to reintegrate disabled people in community and socio-economic life fully.

In parallel, this direct assistance to people in need shall be complemented with technical assistance to Nigerian authorities to develop their capacity to proceed with safe, effective and efficient mine action. It includes the development of a normative framework dedicated to mine action and the training of operators from diverse institutions to deliver EORE and to proceed with information management, non-technical survey and clearance.

Projection of needs

Explosive ordnance remains active, killing and maiming civilians, long after a conflict has ended. As the situation is, in the best-case scenario, the effects of explosive ordnance will remain unabated. With incomplete capacities and the absence of normative and operational framework, Nigerian authorities are not ready yet to undertake systemic mine action. The likely intensification of military operations by parties to

the conflict will accrue contamination. Moreover, there is no indication that NSAGs will stop using landmines of an improvised nature. Still, it should not significantly increase in people at risk. As EORE is delivered through time, the number of people in need should decrease. However, based on the existing capacity for such activities, not all people in need will benefit from it. Besides, the Borno State plan to resettle thousands of IDPs in places where clearance is not guaranteed will generate new immediate needs to deliver EORE and to conduct non-technical surveys.

Monitoring

Mine action will mostly track the incidents related to explosive ordnance. The tracking focuses on location, type of device, and the number of victims and the circumstances of each incident. It allows quantitative, geographical and also qualitative analysis, the latter to be reinforced by a knowledge, attitude and practice survey. This information is analysed in parallel with mine action reporting of activities through 5W to check any possible correlation.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	1,542,000	670,000	436,000	428,000
June 2021	1,242,000	545,000	386,000	303,000
December 2021	942,000	420,000	336,000	178,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	%/# of individuals with disabilities resulting from explosive ordnance	Mine Action	IMSMA, UNMAS incident tracking matrix and Victim Assistance referral pathway	Quarterly
2	% of individuals exposed to death or injury by explosive hazards (individuals living in a radius of 1km of Suspected and Confirmed Hazardous Areas determined through historical data and non-technical surveys)	Mine Action	IMSMA, UNMAS incident tracking matrix	Quarterly
3	# of Explosive Ordnance incidents involving civilians	Mine Action	UNMAS incident tracking matrix and Mine Action partners' accident forms	Quarterly
4	# of civilian individuals being killed and injured by explosive ordnance	Mine Action	UNMAS incident tracking matrix and Mine Action Partners' Victim Forms	Quarterly

3.11 Shelter and Non-Food Items



PEOPLE IN NEED	WOMEN	CHILDREN
2.3M	24%	56%

Overview

Shelter and non-food-item (NFI) needs continue to be a major priority for the 2,383,000 vulnerable people with critical problems of living conditions and well-being in the BAY states. Most IDPs, returnees and vulnerable host communities continue to live in overcrowded, makeshift, damaged and poor shelters because shelter availability is extremely limited due to resource constraints plus access and logistical challenges related to insecurity. Shelter needs remain high after some years of humanitarian action because the emergency shelters provided for IDPs have a short life span of six months that is not sufficient to protect the beneficiaries from the environment, are highly prone to wear and tear, and require periodic replacement to some provide privacy, dignity, and security.

The shelter and NFI situation remains dire for 3,599,000 people who were forcefully displaced by the crisis in north-east Nigeria. The sector assesses that 2,695,000 of these displaced people will require shelter and NFI assistance in 2021. This includes 1,049,000 children and women with inadequate privacy.

The lack of land also remains a major challenge. Many sites are in flood-prone areas not suitable for shelter construction. While efforts have been made to improve living conditions for the affected people through proposed land advocacy, serious challenges remain due to lack of usable land, access and financial resources. Up to 46% of IDPs who reside in makeshift or informal camps are now seeking refuge either in rented facilities, tents or abandoned and unfinished buildings in urban and peri-urban areas. These IDPs face overcrowding in already inadequate

living conditions that exposes them to higher risks of disease outbreaks. Overcrowding is also a particular protection concern for women and girls and negatively affects the elderly and people with disabilities as well. IDPs who are living in low-income neighbourhoods and informal settlements in urban areas or host communities also continue to endure a dire situation: their dwellings are often made of non-permanent materials that cannot protect them from harsh weather. This also raises immense protection concerns for the most vulnerable, like persons with special needs, women and girls.

Housing, land, and property (HLP) needs are also apparent in the north-east Nigeria response. This is related to land ownership at the point of settlement that poses serious challenges to attainment of durable solutions to displacement. On a related point, the sector together with the State Government are making efforts towards durable solutions through the transformation of emergency shelters into more transitional, quasi-durable shelter solutions.

The shelter and NFI needs are in many ways intertwined with needs in other sectors. For instance, lack of shelters poses a huge protection risk for the displaced population. This includes the risk of SGBV, early marriages, lack of security and basic needs deprivation. Other needs relate to the location of food distribution points, health and WASH facilities that should take into consideration the distance to shelters in the site planning stages, especially for the elderly, persons with special needs, women and children. SGBV concerns should also inform the design of the shelters, the site plan and location of all other facilities in the camps.

The Sector needs analysis takes into consideration the needs of about 1.7 million IDPs in need residing in camps and host communities, returnees (both returning IDPs and refugee returnees coming back to places of origin from previous displacement within and outside the Nigerian, plus a contingency estimate of those who will return), non-displaced host communities, and remaining people in inaccessible locations who require life-saving emergency shelter response.

Affected Population

Displacement of vulnerable people and destruction of shelters continues to be the main driver of shelter and NFI needs across BAY states, which exposes the most vulnerable people to significant protection risks that threaten their dignity, physical well-being and living standard. As a result, more than 2,383,000 people across BAY states need shelter and NFI assistance. This includes 1,133,000 women and children in camps or camp-like settings who have no access to shelter and NFI assistance. In addition, 4,230 affected people are currently living outside in the open with no shelters; 34,300 people are living in makeshift shelters; and 1,052,000 people are living in emergency shelters, buildings and government facilities. The majority of the IDPs with shelter/NFI needs are located in Borno State, where 1,547,000 people live in camps and camps-like settings, often congested due to limited spaces, with regular inflow of new arrivals. Access to land to construct shelters for vulnerable people living in host communities is also a concern as available land is often outside the perimeter of the military security trenches.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January - June 2021	758,000	460,000	21,000	277,000

Projection of Needs

New arrivals from inaccessible and flood-prone areas will continue to need support, especially shelters and NFI kits as emergency shelters are prone to wear and tear in the harsh climate across the BAY states that includes heavy rainy seasons with seasonal floods. This will continue to trigger greater shelter and NFI needs especially in communities faced with scarce resources. The sector projects that the most affected will be children, women, the elderly and households headed by people with special needs. Based on past trends, the sector projects that three quarters of the camps will be affected by seasonal floods in 2021. This, in turn, is likely to increase protection-related concerns and consequent negative coping mechanisms like early marriage, forced sex, and greater exposure to SGBV-related risks among others. Those affected might be forced to seek shared shelters with other households in already-congested camps, attenuating their dignity and privacy.

Monitoring

The Shelter and NFI sector will regularly monitor the situation by monitoring progress and gaps in shelter and NFI responses. The sector will use various tools including post-distribution monitoring, 4ws, site trackers and flash reports. The sector will prepare and maintain an updated workplan to guide the implementation of response. The sector's information management team will provide technical support and will keep records of all activities.

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of population with adequate shelter and NFI solutions	Shelter/NFI	DTM/Site Tracker	Monthly, Quarterly
2	% of population with improved living conditions.	Shelter/NFI	DTM/Site Tracker/4W	Monthly, Quarterly

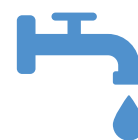
STADIUM IDP CAMP, MAIDUGURI, BORNO STATE, NIGERIA

New arrivals at Stadium camp in Maiduguri after fleeing attacks in Konduga LGA.

Photo: OCHA/Eve Sabbagh



3.12 Water, Sanitation and Hygiene



PEOPLE IN NEED	WOMAN	CHILDREN
2.9M	22%	57%

Overview

WASH needs (mainly access to clean, safe water for drinking, hygiene and sanitation) have continued to increase in scale and severity across north-east Nigeria. The recent COVID-19 outbreak has made WASH needs more complex. Movements of people—new displacements and returns (self-organised or government-led)—have constrained access to safe water. Protracted displacement is taxing host communities' resilience because of the high pressure on the existing, already-overburdened water points and sanitation facilities. New displacements to locations with difficult groundwater potential (aquifer depths often over 100 meters) have necessitated emergency water provision through water trucking, and impose greater costs for in-depth hydrogeological studies and optimisation of water points.

Access to sanitation is fragile from wear and tear of emergency-type constructions, continuous displacements, and seasonal flooding. Such erosion of sanitation access raises rates of open defecation and reduces handwashing practices. A critical gap for the sector is sanitation needs for persons with special needs, women and children to ensure safety and equitable access; solving these issues of proximity and design of the facilities is likely to require additional resources.

The WASH and Health sectors continue to work together on disease early warning and cholera prevention campaigns coupled with environmental hygiene to limit AWD cases and control cholera outbreaks. Recently, the WASH sector has further rationalised partners' operations to ensure more

accountability to beneficiaries and better coverage of needs in the face of reduced funding, which has improved the response's quality.

Affected Population

An estimated 2.8 million people across north-east Nigeria remain in critical need of sustained, equitable access to clean water and dignified hygiene and sanitation services.

The severity and urgency of needs vary across locations, but are similar across target groups. The target groups include: IDPs across the camps and settlements, mainly women, children and elderly; returnees (refugees and IDPs); vulnerable host communities; locations with the highest IDP burden; households with vulnerable members including female/single-headed households, child-headed households, etc. Loss of income, large family size, and similar factors are additional factors of vulnerability. While there is a high vulnerability across all groups, available data shows that most women and children (over 51%) have reported severe needs for water, hygiene and sanitation.

For access to safe, clean water: 1.02 million people receive less than 15 litres per person per day, and about 1.06 million people have intermittent water access—over 500 meters walking distance and around 30 minutes queuing time at water points.

Access to hygiene and sanitation is lacking for an estimated 2.8 million people. These households have no latrine and practice open defecation or share a single latrine stance with 20+ people. This is coupled

with little or no access to soap for handwashing and essential personal and household hygiene supplies.

Analysis of Humanitarian Needs

According to the MSNA data, the total population in need of humanitarian WASH is 2.8 million people, comprising: 583,000 children (57%) and 200,000 women (20%) with insufficient water, while 1.3 million children and 487,000 women have no access to sanitation and 1.6 million children and 576,000 women have no access to handwashing facilities that have running water and soap. Area-based data from camps and settlements further detail the main issues as follows.

Water supply to ensure 15 litres per person per day:

There is need to provide chlorinated water in sufficient quantity. Repairs on handpumps, motorized systems (hybrid and solar) and stocking of consumables have ensured continued water access. Recently, community ownership has been introduced to reduce vandalism and theft of submersible pumps in locations with high water-stress issues.

Access to sanitation: Lack of space, adverse weather, landowners' unwillingness to allow access to their lands for construction of new sanitation facilities, wear and tear of emergency facilities, and demand for desludging have forced vulnerable people to resort to open defecation, crowding and associated privacy issues around facilities. New arrivals increase pressure on existing facilities while a lack of investment and policy shift to change design from temporary to more durable and improved designs have left thousands of sanitation facilities not functional.

Further development of sanitation solutions, e.g. briquettes, and urban sanitation solutions are being considered. It is clear that major investment is needed for faecal sludge management. The need to balance design between protracted displacement where more durable-type construction is allowed, and new and emergency settlements where temporary structures can be built, is acute. (For example, in some camps that have been in existence for five years, tarpaulin remains the material for latrine superstructures.))

WASH NFI: Gender-sensitive hygiene kits for household hygiene and light kits distributed to new arrivals are critical for maintaining a healthy population. The WASH sector core pipeline supports such need; however, with expected returns that the Borno State government plans to facilitate, these items will be heavily depleted.

Hygiene promotion and environmental awareness: Due to low awareness of personal hygiene, the need to train more hygiene promoters is critical, and more so in the face of COVID-19. The WASH sector has also supported environmental hygiene clean-ups through mass mobilization campaigns. Critical feedback and lessons learnt for 2020 include a need to have cleaning materials to support environmental campaigns, mainly in schools and other social places which are hotspots for cholera and AWD outbreaks, for example markets.

Faecal sludge management is poor, with limited infrastructure to support liquid waste from desludging, which can be a factor in the numerous acute watery diarrhoea cases annually. Additionally, flooding is a major concern in that it circulates untreated faecal sludge and exposes households to infection.

Newly-reported acute diarrhoea cases average 1,500-2,000 individuals bi-weekly, further evincing the WASH needs.

Projection of Needs

The high need for WASH services amongst IDPs and returnees has increased from last year, mainly due to continuous displacement and the volume of expected returns.

Considering trends of continuing new displacements, military operations, and the Borno State government's resolve to facilitate returns, the sector projects an increase in the IDP burden in locations like Monguno, Baga, Gwoza, Ngala, Damasak and Bama—all of which already have WASH service gaps. There is also a possibility of these returns reaching areas such as Mafa, Kala/Balge, Nganzai and Magumeri which reportedly have very wide WASH gaps and which WASH partners typically cannot access. Worn-out sanitation facilities need decommissioning, boreholes

in water-stressed areas such as Pulka yield little water, and there is continual threat of disease outbreaks such as cholera. These factors will increase the number of people in need in the coming three to nine months.

Monitoring

The WASH sector will monitor the response by collecting data on people reached and report the sector monitoring dashboard⁸⁹. Data will be collected weekly including information on people reached with safe water, access and hygiene messages. The

sector will monitor performance of the core pipeline through distribution reports and impact assessments for locations supported with key WASH NFIs to complement the response. On a monthly basis, data will be collected through the report hub and 4Ws, while agencies supported by REACH will conduct periodic assessments through the WASH assessment tool kit.

Other rapid assessments in areas where new displacement occurs will be conducted as needed, and reports shared for partners to respond accordingly.

Projected needs (2020-2021)

Thousands of people (k)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2021	2,800,000	1,200,000	979,000	672,000
March 2021	3,100,000	1,300,000	1,000,000	740,000
June 2021	3,400,000	1,400,000	1,100,000	800,000

Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
1	% of people with access to at least 15 liters of safe water for drinking, cooking and personal use.	WASH	Wash assessments/4W/ Response Dashboard	Weekly, Monthly
2	% of people accessing and using a functional latrine	WASH	Wash assessments/4W/ Response Dashboard	Weekly, Monthly
3	% of beneficiary households with access to handwashing facilities with soap and water.	WASH	Wash assessments/4W/ Response Dashboard	Weekly, Monthly
4	% of people with diarrhea in the last two weeks	WASH/Health	AWD data - Health	EWARNs data

Part 4

Annexes

MALKOHI IDP CAMP, YOLA, ADAMAWA STATE

Photo: OCHA/Eve Sabbagh



4.1 Data Sources

Number of assessments

NO. OF ASSESSMENTS	PARTNERS	NO. OF SECTORS
70	29	15

The twin effect of the COVID-19 pandemic and the spreading insecurity affecting civilians and humanitarian agencies has squeezed the humanitarian operating environment, and shifted the programme priorities. Movement restrictions and precautionary measures resulting from the COVID-19 pandemic has meant that assessments and monitoring systems have had to be adapted in order to keep beneficiaries and humanitarian staff safe. It has meant that face-to-face interactions, a key element of these systems, have been kept to a minimum and alternative methods of collecting data has had to be employed.
















The 2021 HNO analysis is informed by multi-

sector needs datasets, specifically the MSNA and displacement and returns tracking, as well as other key informant and expert assessments. A total of 70 assessments (including 62 in Borno) formed the MSNA. Some 29 humanitarian organizations participated in this exercise for the 2021 HNO. This is a decrease in the number of assessments and a reduction in partners conducting assessments, compared to those for the 2020 HNO (87 assessments conducted by 33 partners in 2019). This can partially be explained by the advent of COVID-19. Some of the major needs-monitoring systems that were used directly or indirectly as part of the analysis for the humanitarian needs overview are as follows:

MALKOHI IDP CAMP, YOLA, ADAMAWA STATE

Photo: OCHA/Eve Sabbagh



SECTOR	ADAMAWA	BORNO	YOBE
 CCCM	2	11	
 CHILD PROTECTION	8	18	14
 COORDINATION	2	1	1
 EARLY RECOVERY	13	20	15
 EDUCATION	8	18	13
 FOOD SECURITY	10	23	17
 GENDER-BASED VIOLENCE	10	21	17
 HEALTH	10	21	15
 HOUSING, LAND & PROPERTY	1	1	1
 LOGISTICS	5	11	10
 MINE ACTION		1	1
 NUTRITION	8	29	17
 PROTECTION	12	25	20
 SHELTER	9	26	13
 WASH	11	20	16
TOTAL	22	62	33

Displacement Tracking Matrix (DTM)

The major source of displacement information used in the HNO is DTM, which combines the following assessments: a) an assessment conducted with key informants at the LGA level called Local Government Area Profile—both for IDPs and returnees; b) ward-level profiles for IDPs and returnee, and c) site assessments in identified IDP locations (camps, camp-like settings and host communities) to capture detailed information on the key services available. Through the most recent DTM round, assessments were carried out from 27 July to 15 August 2020 in conflict-affected areas and captured 2,118,550 IDPs and 1,714,682 returnees.

Multi-sector Needs Assessment (MSNA)

The MSNA assessed the situation and needs of displaced people, host communities and people

otherwise affected by the crisis, and returnees in in the three BAY states in north-east Nigeria. A household survey conducted between 29 June and 23 August 2020 covered 60 of the 65 LGAs across the BAY states, undertaking 6,888 household surveys. The survey assessed households residing in accessible LGAs (remotely or in person) across the BAY states. An LGA that can be assessed remotely is defined as an area where the Nigerian phone network coverage is adequate by field staff and their network of key informants (KIs), and where at least 60% of households reportedly own a mobile phone, based on 2019 MSNA results. For LGAs that could not be assessed remotely and where the presence of partner enumerators in the field was needed, a physically accessible area was defined as an area that is accessible both in terms of security and COVID-19 risk considerations. Areas

inaccessible to international humanitarian actors (due to security reasons or COVID-19 risks and movement restrictions) will be identified on a map by field officers, as well as based on Access Working Group assessment and other security-related documents, and excluded from the sample.

Vaccination Tracking System as population statistics source

Work undertaken by the Flowminder Foundation and WorldPop project at the University of Southampton as part of the Geo-Referenced Infrastructure and Demographic Data for Development (GRID3) initiative in Nigeria. GRID3 is a multi-country and multi-donor partnership that aims to support collection, storage and application of geospatial data for informed decision-making across target countries.

The initiative is funded by the Bill and Melinda Gates Foundation and the United Kingdom's Foreign, Commonwealth and Development Office. It is implemented by WorldPop/Flowminder and the United Nations Population Fund (UNFPA), and coordinated by the Center for International Earth Science Information Network.

Building on previous population estimation work in Nigeria which used high resolution (31–50 cm) imagery from Digital Globe, it takes a model-based approach to estimating populations described by Wardrop et al. (2018). The model combines information on population density from small micro census surveys (n=1,142) with high-resolution geospatial datasets and analyses the relationships between population characteristics and geospatial data in the micro census enumeration zones. This provides a basis for extrapolating population estimates to areas where no census has been done but covariate data are observed. The model used is a hierarchical Bayesian regression within the family of Poisson generalized linear mixed models. The hierarchical form allows for sub models to estimate average population densities for specific settlement types, regions, states, and local government areas. The model also estimates responses of population densities to high-resolution geospatial covariates. These relationships are used to further refine estimates of population densities within 100 metre grid cells throughout the country. The model

was implemented using JAGS ('Just Another Gibbs Sampler') v4.3.0, R v3.5.0, and the R package runjags.

Secondary data review

Secondary data reviews were undertaken at inter-sectoral level using a generic framework which is more like the Multi-sector Initial Rapid Assessment framework. It covers context, humanitarian profile, humanitarian access and impact on people and services directly and indirectly from conflict and food insecurity. A detailed presentation and report can be found at this link: <https://www.humanitarianresponse.info/en/assessment/northeast-nigeria-2020-secondary-data-review>. All sectors in Nigeria contributed to the process by providing relevant assessment reports and data—DTM, CH, HeRAMS, protection-related reports, education enrolment data, etc.. The Data Entry and Exploratory Platform tool was used for the process⁹⁰. The secondary data review findings helped identify gaps in sectoral needs data, informing the planning of the MSNA, which forms the basis for this Humanitarian Needs Overview.

Cadre Harmonisé

The Cadre Harmonisé (CH) is the framework for the consensual analysis of acute food and nutrition insecurity in the Sahel and West Africa region. The CH process is coordinated by the Permanent Inter-State Committee for Drought Control in the Sahel (CILSS) and jointly managed by the Economic Community of West African States and the West African Economic and Monetary Union within the Sahel and West African sub-region. The analysis considered the standard food and nutrition security outcome indicators, namely, food consumption, livelihood change, nutritional status, and mortality. The impact of several contributing factors, such as hazards and vulnerabilities, food availability, food access, food utilization including water and stability was assessed on these outcomes' variables. The results indicate that across the BAY states that about 4.3 million people of the analysed population require urgent assistance in the period (October to December 2020). During the lean season (June to August 2021), these figures are expected to increase by 19% to 5.1 million people. .

4.2 Methodology

The 2021 baseline population figures are informed by the regularly updated dataset known as Vaccination Tracking System (VTS) together with complementary population datasets on IDPs, returnees (including IDP and refugee returnees) and Borno State Government Master List of Settlements.

The information management working group had discussion around improving the VTS dataset to adequately inform the 2021 HPC taking into account IDPs outside LGA of origin (in camp or host community), to the VTS figure.

STATES	ORIGINAL VTS_BASELINE	IDPS FROM OTHER LGAS	ADJUSTED VTS POPULATION
Adamawa	3,462,971	191,564	3,654,535
Borno	5,532,969	712,582	6,245,551
Yobe	3,292,591	126,226	3,418,817
Total	12,288,531	1,030,372	13,318,903

Baseline Population Figures Per Category

The categories below inform the baseline population:

STATES	BASELINE POPULATION	ACCESSIBLE POPULATION	IDPS	RETURNEES	HOST COMMUNITY	HARD-TO-REACH POPULATION
Adamawa	3,654,535	3,631,783	206,969	812,348	2,612,466	22,752
Borno	6,245,551	5,273,435	1,547,013	709,500	3,016,922	972,116
Yobe	3,418,817	3,174,916	139,393	183,719	2,851,804	243,901
Total	13,318,903	12,080,134	1,893,375	1,705,567	8,481,192	1,238,769

The baseline population is represented at the local government area level (LGA, admin2), the sum of IDPs, returnees, host community and inaccessible population result into the total population of the given LGA.

The Joint Inter-sectoral Analysis Framework (JIAF)

The Joint Intersectoral Analysis Framework is a set of protocols, methods and tools to classify the severity of humanitarian conditions (including humanitarian needs) resulting from a shock/event or ongoing

conditions, identify their main drivers and underlying factors, and provide actionable insights for decision making. It entails a systematic set of procedures undertaken for the purposes of setting priorities and making decisions about strategy, programmes, system improvement and allocation of resources.

The main objective of the JIAF is to provide the country teams and humanitarian partners (international and national non-governmental organizations, government, donors, UN agencies, experts, clusters/sectors, ISWG, etc.) with a common framework, tools and methods for intersectoral analysis, and to lay a foundation for regular joint needs analysis, to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring. The JIAF offers a methodological approach and a structured sense-making process to support regular joint needs analysis through:

- Supporting the collation, analysis and storage of data by identifying key analytical outputs and products step-by-step.
- Providing a way to organize what data to collect and how to analyse it.

- Guiding a joint analysis process involving multiple stakeholders.
- Serving as a driver for collaboration between humanitarian actors and a reference throughout the entire joint analysis process.
- Underpinning response analysis and strategic decision making through support of, but not exclusively, production of the Humanitarian Needs Overview and the subsequent Humanitarian Response Plan.

Needs severity by contextual indicators

After a collaborative consultation, each sector proceeded to estimate the severity of needs using contextual indicators considering the categories that informs the baseline population figure. This approach is to ensure that adequate support is provided to enhance the scaling and prioritisation of humanitarian operations.

To identify LGAs with the highest concentration of severe needs across multiple sectors, sectors' severity was triangulated with the agreed critical1 indicators as shown below.

SECTOR	CRITICAL INDICATOR	SOURCE
WASH	Percentage of people with access to sufficient clean safe water for drinking, cooking and personal use	MSNA
Protection	Percentage of HHs who have suffered safety or security incidents affecting HH members in the last 3 months	MSNA
Food Security	IPC acute food Insecurity	CH/IPC

The intersectoral aggregation was from the sectoral contextual severity ranking in line with the JIAF five-point severity scale. To highlight the acute humanitarian needs and their classification and further explore the drivers of such needs as agreed upon

by the ISWG and IMWG, each LGA was assigned a contextual severity ranking using a five-grade weighted severity scale 1 - 2 - 3 - 4 - 5 (Normal, Stressed, Severe, Extreme, Catastrophic) as represented in the table below.

The JIAF Severity Scale

SEVERITY PHASE	KEY REFERENCE OUTCOME	POTENTIAL RESPONSE OBJECTIVES
1 None/Minimal	<p>Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework.</p> <p>Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets).</p> <p>No or minimal/low risk of impact on Physical and Mental Wellbeing.</p>	<p>Building Resilience</p> <p>Supporting Disaster Risk Reduction</p>
2 Stress	<p>Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms.</p> <p>Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall.</p> <p>Possibility of having some localized/targeted incidents of violence (including human rights violations).</p>	<p>Supporting Disaster Risk Reduction</p> <p>Protecting Livelihoods</p>
3 Severe	<p>Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services</p> <p>Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms.</p> <p>Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity.</p>	<p>Protecting Livelihoods</p> <p>Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions</p>
4 Extreme	<p>Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term.</p> <p>Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality</p>	<p>Saving Lives and Livelihoods</p>
5 Catastrophic	<p>Total collapse of Living Standards</p> <p>Near/Full exhaustion of coping options.</p> <p>Last resort Coping Mechanisms/exhausted.</p> <p>Widespread mortality (CDR, U5DR) and/or irreversible harm.</p> <p>Widespread physical and mental irreversible harm leading to excess mortality.</p> <p>Widespread grave violations of human rights.</p>	<p>Reverting/Preventing Widespread death and/or Total collapse of livelihoods</p>

The Joint Intersectoral Analysis Framework (JIAF)

Context		
Political	Economy	Socio-cultural
Legal and policy	Technological	Demography
Environment	Security	Infrastructure

People living in the affected area

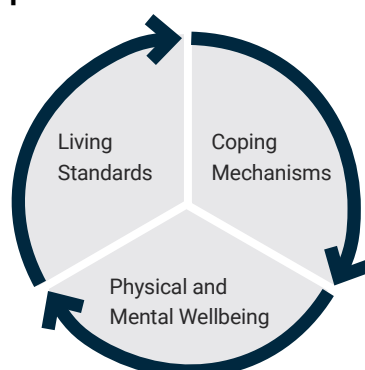
Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

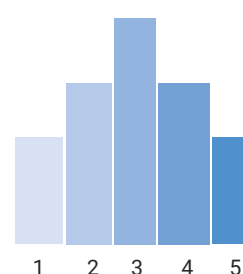
Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns

By relevant age, gender and diversity characteristics

Estimating the people in need

The aggregation method for the people in need as agreed by the humanitarian community is the JIAF Data scenario A. This is informed by the availability of all household level indicators for the humanitarian conditions, existed in one single household dataset complemented with some area level indicators which originated from other needs assessments with known geographical locations of the households. As agreed by the ISWG, IMWG and endorsed by the HCT, the steps below were carried out to support construct the dataset for analysis and implement the data scenario A aggregation method as recommended by the JIAF to obtain the estimated people in need.

- Consolidating the JIAF data
- Identifying 'critical' indicators and definition of sources
- Estimation of the total number of people falling under each severity class
- Estimation of the total number of people in need falling under severity class 3 to 5

Step 1. Household and the area level datasets preparation

Each indicator value where re-coded to only represent the severity score (from 1 to 5) in both datasets. A common geographical field (Admin 1 & 2, alongside their p-codes) where available for each household and area level indicator to facilitate merging.

Step 2. Household and area level indicators reconciliation

All area level indicators were added to the household-

level dataset. This resulted in one household level aggregation dataset with respective indicators linked for each household. Since several households were interviewed within a single geographical area, the same area level indicator value was repeated for all the interviewed households in the area.

Step 3. Critical indicator severity score and Humanitarian Condition score comparison

Checked made comparison with both scores and replaced the Humanitarian Conditions Score with the Critical indicator score where it is higher.

Step 4. Estimation of the percentage of households falling under each severity class

Calculated the estimated percentage out of the total number of households in the dataset, the proportion of households per Humanitarian Condition Score.

Step 5. Estimate the number of households/people falling under each severity class

Multiplied the percentages obtained in the previous step by total population figures to obtain the corresponding number of people falling under each severity class. For Demsa LGA / IDPs: multiply 6% that are under class 3 by the total number of IDPs in Demsa LGA (16,014) = 870 IDPs in severity class 3, 7,117 in class 4, etc.

To obtain the total PIN, we summed up the number of people falling under severity class 3 to 5.

Step 6. Estimate the severity phase for each indicator

Applied a "25% rule" by adding up the cumulative sum from right to left, until reaching at least 25% of the population for each geographical area/population group and each specific indicator in the dataset.

Assessments type by sector

SECTOR	INDICATORS	SUB PILLAR	SOURCE
CCCM	% of population in need of site management services.	Living Standard	4W
CCCM	% of population with inclusive and representative governance structures	Living Standard	4W
CCCM	# of IDPs in need of improved living conditions.	Living Standard	4W
Early Recovery	% of HHs without access to functional community safety & security initiatives	Living Standard	Sector/MSNA
Early Recovery	% of HH without access to debris/ waste management services	Living Standard	Sector/MSNA
Education	% of conflict-affected children that are out-of-school	Living Standard	Sector/MSNA
Education	% of pupil/teacher ratio	Living Standard	Sector/MSNA
Food Security	IPC acute food Insecurity	Physical and Mental Wellbeing	IPC analysis
Health	% of HHs with reasonable access primary healthcare	Living Standard	MSNA
Health	% of children in HHs with adequate vaccination coverage for measles, pentavalent, polio	Living Standard	MSNA
Health	% of deliveries attended by a skilled birth attendant	Living Standard	MSNA
Health	Case Fatality Rate (CFR) for cholera/epidemic outbreaks	Physical and Mental Wellbeing	SECTOR
Nutrition	GAM rate	Physical and Mental Wellbeing	N-SMART Survey
Nutrition	Number of PLWs in need	Humanitarian Conditions	MSNA
Nutrition	% of infant under 6 months who are exclusively breastfeed	Living Standards	IPC Acute Malnutrition
Child Protection	% of HHs with children missing or not currently living in the households	Physical and Mental Wellbeing	MSNA
Child Protection	% of girls / boys without access to core CP services	Physical and Mental Wellbeing	SECTOR/MSNA
Child Protection	% of HHs with one or several children that report experiencing signs of psychological distress	Physical and Mental Wellbeing	MSNA
Gender Based Violence	# of individuals at risk of violence without access to life saving GBV services	Physical and Mental Wellbeing	GBVSS
Gender Based Violence	% of households with at least one member disappeared or abducted	Physical and Mental Wellbeing	MSNA

SECTOR	INDICATORS	SUB PILLAR	SOURCE
Gender Based Violence	# of women and girls under 16years pregnant or lactating	Living Standard	MSNA
Housing and Land Property	% of HH reporting incidents of threats of eviction	Living Standard	MSNA
Housing and Land Property	% of household reporting HLP disputes	Living Standard	MSNA
Mine Action	% of Persons living or returning to areas with Explosive Ordnance contamination (SADD)	Physical and Mental Wellbeing	MASS
Mine Action	% of persons whose disability is related to an explosive hazard by community (SADD)	Living Standard/ Physical and Mental Wellbeing	MASS
Protection	% of HHs that have experienced movement restrictions in the last 1 month	Living Standard	MSNA
Protection	% of HH members without valid civil documentation	Living Standard	MSNA
Protection	% of HHs who have suffered safety or security incidents affecting HH members in the last 3 months	Physical and Mental Wellbeing	MSNA
Shelter	% of population with adequate shelter and NFI solutions	Living Standard	DTM/Site Tracker
Shelter	% of population with improved living conditions.	Living Standard	DTM/Site Tracker
WASH	% of people accessing and using a functioning latrine	Physical and Mental Wellbeing	Site Tracker
WASH	% of people with access to sufficient clean safe water for drinking, cooking and personal use.	Physical and Mental Wellbeing	Sector/MSNA
WASH	% of beneficiary households with access to handwashing facilities with soap and water.	Physical and Mental Wellbeing	Sector/MSNA
WASH	% of people with diarrhea in the last two weeks	Coping Mechanism	Sector/MSNA
WASH	% of people not engaged and reached with information on COVID-19 and targeted messages on prevention and access to services	Coping Mechanism	Sector/MSNA

4.3

Information Gaps and Limitations

While the DTM, MSNA and the VTS remained the primary datasets for all indicators used in the inter-sectoral analysis and informed most of the cluster-specific analysis, these datasets present some limitations.

Population and needs in areas inaccessible to international humanitarian actors

The Access Working Group and Assessment and Analysis Working Group estimated the remaining population in the inaccessible areas, and as a simplifying assumption in lieu of any possibility of more granular information on needs, deems the entirety of that population to be in need.

The method for estimating population was as follows:

Step 1: Develop the baseline population figures (as with HNO process). Source: Vaccination Tracking System (VTS).

Step 2: Analyse the inhabitancy status of settlements in each geographical area. Source: Geodetic Reference Antenna in Space (GRASP).

Step 3: Triangulate with most recent data for access and polio vaccination. Sources: REACH/VTS/GRASP.

Step 4: Overlay this information on an access map. Source: Humanitarian Partners Security Assessment Report.

Step 5: Run the methodology to arrive at the estimated remaining people in inaccessible areas. Source: Access Working Group.

Step 6: Double-check result and make all necessary adjustments, ensuring it is adequately contextualised; then validate. Source: Access Working Group.

The Borno State Master List of Settlements is informed by the polio vaccination data.

The Humanitarian Partners Assessment Report includes INSO, UN Mine Action Service (UNMAS) and Military Road Classification, international and national NGO security assessment reports, etc.

The VTS is informed by the following datasets: Nigeria Geometry Data, GRID3 Nigeria Population Estimate, WorldPop Nigeria Demographic Rasters, Northern Nigeria Satellite Imagery, etc.

This exercise yields a population and PiN estimate of 1.02 million people.

DTM limitations:

Only accessible populations are assessed, thus any displacements into locations without DTM access are not reported or included in the numbers captured during the overall analysis of data.

The site assessments are meant to provide basic information based on basic indicators related to different sectors (food, WASH, livelihood, etc.), which can be used to flag areas for assistance or more detailed technical assessments by sector experts. Thus, they omit detailed technical sectoral analysis.

MSNA

The COVID-19 pandemic and insecurity continue to constitute challenges in data collection, planning and monitoring response. Coordinated inter-sectoral needs assessments—in close collaboration with national stakeholders—will be a key means of providing in-depth analysis to inform sector planning and response in 2021. Five LGAs remains inaccessible to humanitarian actors. In some other LGAs, remote data collection

was necessitated by COVID-19 restrictions though this limited the scope, scale and granularity of data that the survey tools could generate. Through 2021 REACH and OCHA will be working with sectors to develop a more concise tool, with the minimum amount of questions needed to address key information needs and which would be no more than 30 minutes long to complete; this is to reduce the chance of phone calls being interrupted by network or battery failures and to limit respondent fatigue as much as possible.

Population statistics

The last Nigeria population census was conducted in 2006. Multiple projections based on the 2006 census undertaken by different actors, including the National Population Commission, government bodies, media, NGOs, academic institutions etc., are not covering Borno State due to the conflict. Projecting the population of north-east Nigeria is made more challenging by displacement and the inaccessibility of

some areas imposed by conflict. In some BAY state LGAs, the adjusted baseline population is less than the number of displaced people reported by the DTM, which is a challenge in estimating the humanitarian profile. Models for Borno state have to be adjusted to account for damaged buildings and the habitation status of settlements.

Improving access to, and quality of, data and analysis will be further strengthened through greater collaboration among humanitarian actors and capacity-building of the state-government institutions on assessment methodologies and information management to ensure comprehensive data and understanding of humanitarian needs.

In addition to the required sectoral in-depth assessments on needs across Nigeria, the common operational datasets in Nigeria remain a priority to the humanitarian partners.

4.4

Acronyms

AMN: Alternate Means of Nutrition

AoR: Area of Responsibility

ASC: Academic Skill Class

AAWG: Assessment and Analysis Working Group

AWD: Acute Watery Diarrhea

AWG: Access Working Group

BAY: Borno, Yobe and Adamawa

CCCM: Camp coordination and camp Management

CH: Cadre Harmonize

CILSS: Permanent Inter-State Committee for Drought Control in the Sahel

CiSEC : Civil Security Cooperation

CVA: Cash or Voucher Assistance

DTM: Displacement Tracking Matrix

EORE: Explosive Ordnance Risk Education

ETS: Emergency Telecommunications Sector

ETT: Emergency Tracking Tool

EWARS: Early Warning Alert and Response

FMHADMSD: Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development

GAM: Global Acute Malnutrition

GBV: Gender-Based Violence

GBVIMS: Gender-Based Violence Information Management System

GRASP: Geodetic Reference Antenna in Space

GRID3: Geo-Referenced Infrastructure and Demographic Data for Development

HCT: Humanitarian Country Team

HeRAMS: Health Resources and Services Availability Monitoring System

HLP: Housing, Land and Property

HNO: Humanitarian Needs Overview

HPC: Humanitarian Programme Cycle

HRP: Humanitarian Response Plan

IDPs: Internally Displaced Persons

IEC: Information Education communication

IEDs: Improvised Explosive Devices

IMWG: Information Management Working Group

INFORM: Index for Risk Management

INSO: International NGO Safety Organisation

IOM: International Organization for Migration

IPC: Infection Prevention and Control

ISWAP: Islamic State of West African Province

ISWG: Inter-sectoral Working Group

IYCF: Infant and young feeding care practices

JIAF: Joint Intersectoral Analysis Framework

JENA: Joint Education Need Assessment

KAP: Knowledge, Attitude, Practice

LGA: Local Government Area

MAM: Moderate Acute Malnutrition

MHM: Menstrual Hygiene Management

MMR: Maternal Mortality Rate

MSNA: Multi - Sectoral Needs Assessment

MUAC: Mid-Upper Arm Circumference

NAF: Nigeria Armed Forces

NE: North-east

NFIs: Non-food Items

NFSS: Nutrition and Food Security Surveillance

NSAGs: Non-state Armed Groups

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

PIN: People In Need

PLW: Pregnant and Lactating Women

PSEA: Protection Against Sexual Exploitation and Abuse

SAD: Sex- and Age-Disaggregated

SAM: Severe Acute Malnutrition

SGBV: Sexual Gender-based violence

SMART: Standardized Monitoring and Assessment of

Relief and Transitions

SSS: Senior Secondary Schools

UN: United Nations

UNDSS: United Nations Department of Safety and Security

UNFPA: United Nations Population Fund

UNHCR: Office of the United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

UNMAS: United Nations Mine Action Service

VTs: Vaccination Tracking System

WASH: Water, Sanitation and Hygiene

WFP: World Food Program

WHO: World Health Organization

CUSTOM HOUSE IDP CAMP, JERE LGA, BORNO STATE, NIGERIA

Bulama Kadi doesn't remember his age. But he remembers very well the day he had to flee his house when his village was attacked in Konduga LGA four years ago. He wishes he could go back to his land to farm but it is too dangerous. So he goes to other people's farms, not too far and that brings him a little bit of money, sometimes a little bit of food.

Photo: OCHA/Eve Sabbagh



4.5

End Notes

- 1 Unless otherwise specified, the term 'returnee' in this document refers to IDP returnees, i.e. those returning from internal displacement.
- 2 Plus one LGA, Nganzai, that the LGA did not cover but which the JIAF included in the analysis using sectoral assessment data. This makes a total of 61 LGAs analyzed.
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- 20 Gender Alert, 2018.
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HUMANITARIAN NEEDS OVERVIEW

NIGERIA

ISSUED FEBRUARY 2021