Briefing Note – 27 September 2016

NIGERIA

Humanitarian situation in the northeast

	Not required	Low	Moderate	Significant	Major
Need for international assistance					X
	Very low	Low	Moderate	Significant	Major
Expected impact					X

Crisis overview

Critical levels of malnutrition and food insecurity continue in Nigeria's Borno, Yobe, and Adamawa states. 4.5 million people are severely food insecure, and at least 65,000 people are experiencing Famine (IPC Phase 5) (FEWSNET 18/08/2016). The population in newly accessible areas who do not yet have access to services and aid are at a high risk of mortality. Over 398,000 children are estimated to be suffering from severe acute malnutrition (SAM) (UNICEF 21/09/2016).

Health is emerging as a major need, as most health centres across Borno are either only partially functional or not functional at all and cases of communicable diseases are being reported, including polio, measles, and acute watery diarrhoea (AWD).

Despite improvements in access, at least 2.1 million people are still estimated to be trapped and inaccessible, being caught in conflict with no access to aid or essential services (OCHA 31/08/2016). Access at many areas in Borno state remains restricted.

The areas most affected by the conflict and with the highest concentration of population in need in Borno are near the Sambisa forest, including Bama, Damboa, Monguno, and Gwoza Local Government Areas (LGAs), Kaga and Konduga in east Borno. Additional areas of concern include greater Maiduguri and north and east Yobe LGAs in Adamawa.

Limitations

No information is available for inaccessible areas in the north of Borno. Only limited information regarding sectoral needs is available for large parts of Borno and Yobe states.

Key findings

Anticipated scope and scale

Extreme malnutrition and food insecurity have been reported in pockets of Borno and Yobe states.

A high risk of disease outbreaks has become more evident after polio cases were discovered in hard-to-reach areas of Borno.

The humanitarian situation is thought to be worse in the still inaccessible northern Borno.

In early August, Boko Haram split between those loyal to the previous leader, Abubakar Shekau and those loyal to new leader al Barnawi. Their mutual animosity and different tactics may contribute to a deteriorating security situation.

Priorities humanitarian intervention

Food: Famine (IPC Phase 5) is occurring in the worst affected and less accessible parts of Borno and Yobe states.

Nutrition: A large number of SAM cases have been reported in parts of Borno and Yobe states.

Health: Cases of measles, malaria, diarrhoea, and AWD have been reported. Three cases of polio were reported in Borno in August.

Protection: The blurring of the lines between civilian and insurgent, and between humanitarian intervention and security surveillance, has allowed abuse of civilians to go unreported.

Humanitarian constraints

- Northern Borno: Abadam, Mobbar, and parts of of Bama, Chibok, Dikwa, Damboa, Guzamala, Gubio, Gwoza Kala/Balge, Kukawa, Mafa, Marte, Ngala, and Nganzai LGAs remain largely inaccessible.
- BH attacks and battles between the military and BH are causing insecurity and disrupting aid convoys. Military escort is imposed for humanitarian actors seeking to reach certain areas.
- Theft and looting of aid have been reported. Food distributions are restricted by the military in areas where conflict is ongoing.

Crisis impact

Food insecurity and malnutrition are severe among IDPs and host populations, due to conflict and large-scale internal displacement; military restrictions on food delivery to the north of Borno state; the poor access to markets, and inadequate WASH.

At least 2.1 million people are still inaccessible across Borno, Yobe, Adamawa, and Gombe. Communities are trapped in areas where they fear being caught in conflict and as a result have no access to vital assistance (OCHA 31/08/2016).

1,878,000 people are displaced in northeast Nigeria: Borno has 1,446,000 IDPs, Adamawa 163,000, and Yobe 135,000 (IOM 31/08/2016). Displacement towards Maiduguri and LGA headquarters continues. As part of the ongoing military offensive in BH-held territory, many communities are transferred to military-controlled camps for screening. Those deemed to be BH members (including women and children) are transferred to special camps for de-radicalisation while the remainder are moved either to Maiduguri, the LGA headquarter town or another government-held town. Many of the IDP camps (those in the north and east) are controlled and run by the military although humanitarian organisations have some access. (AFP 2016/04/05)

At the same time there is a movement of returnees to newly accessible areas. For example, Monguno town, in Borno has witnessed influx of returnees and IDPs transferred from neighbouring areas.

Returnee population in Borno, Yobe, and Adamawa states, August 2016

Borno LGAs	Returning IDPs	Yobe LGAs	Returning IDPs	Adamawa LGAs	Returning IDPs
Askira/Uba	149,600	Gujba	71,300	Gombi	38,000
Bayo	2,700	Gulani	15,200	Hong	164,300
Biu	4,700			Madagali	25,700
Gubio	16,800			Maiha	48,400
Hawul	10,700			Michika	108,900
Kaga	19,000			Mubi North	79,900
Konduga	16,200			Mubi South	86,400
Magumeri	3,000				
Monguno	42,000				
Nganzai	7,600				
Total	**272,600**		**86,500**		**551,800**

Source: IOM 31/08/2016

Returns

911,000 people were identified in the IOM's Displacement Tracking Matrix Round 11 to have returned home in 19 LGAs in northern Adamawa, Borno, and Yobe (IOM 31/08/2016). 70–90% of the original population is reported to have returned in Gujba and Gulani LGAs, Yobe state (OCHA 05/09/2016). Returnees in many areas are reported in desperate need of immediate food and NFI assistance, including agricultural inputs due to the severe destruction of livelihoods, homes, hospitals, schools and roads (OCHA 05/09/2016; UNHCR 23/09/2016).

Overcrowding, and lack of food, water, and basic services in IDP camps are forcing large numbers of people to return to their places of origin. These returns are encouraged and facilitated by state authorities, who offer transport. Some IDPs reportedly believe they have no choice but to return, due to poor public information. Other IDPs are returning to carry out farming (UNHCR 09/09/2016).

Food

The food security situation is critical in Borno, and inaccessible parts of Yobe and Adamawa. Food insecurity and low food consumption are attributed to depleted household stocks, poor access to markets, high prices of staple food, low income, and extreme coping strategies. Livelihoods are stressed and disrupted, especially for IDPs who have lost all assets and have limited income opportunities (FEWSNET 18/08/2016).

According to the August Cadre Harmonisé, almost 4.5 million people are severely food insecure in Borno, Adamawa and Yobe, and at least 65,000 are experiencing Famine (IPC Phase 5). In Borno state alone, at the end of the lean season in September 2016, 3.2 million are severely food insecure and at least 58,000 among them are in Famine (IPC Phase 5) (FEWSNET 18/08/2016).

Food availability is extremely limited, and below normal for all food commodities for the time of year. There has been no food production for the last three years, and so household and market food stocks have been depleted. Some areas have no access to markets (FEWSNET 18/08/2016). Activity is below normal in 48% of the markets in newly accessible areas, with no activity in 9%. The worst-hit areas are Bama, Banki, Monguno, Baga, Cross Kauwa, Kala Balge, Ngala, and Kaga (WFP 26/08/2016).

Food access has also fallen: one reason for increased food prices is currency inflation. In most markets, prices have sharply increased since the beginning of 2016 and are more than twice 2015 prices. The start of the harvest now means the price of locally is expected to fall slightly, although it will rise again in March 2017. (FEWSNET 18/08/2016, 15/09/2016).

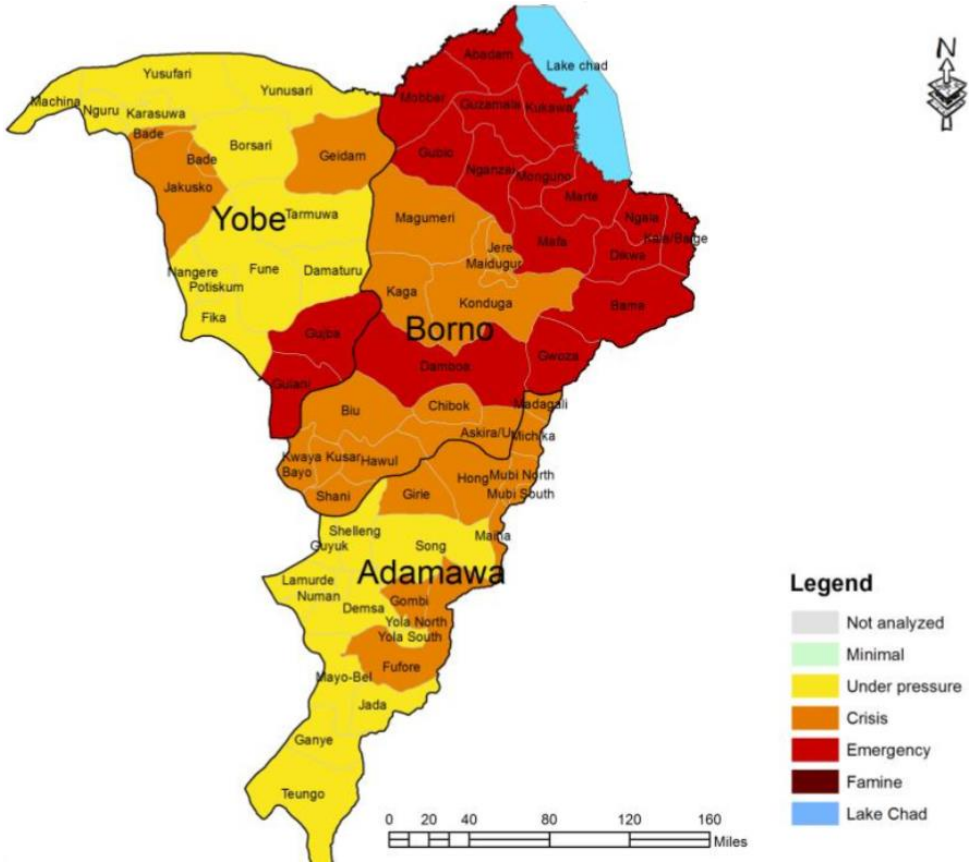
A temporary improvement in food security is expected for those who have been able to plant this season: more land has reportedly been put under cultivation in southern Borno,

Yobe, and Adamawa in comparison to 2015, and the mild rainy seasonis expected to result in an above average harvest from September to January. Host communities, where possible, have provided access to land for IDPs, although the total area of land under production remains far less than normal (FAO 19/08/2016; FAO 25/08/2016, FEWSNET 15/09/2016).

In inaccessible areas, there will be no or a very limited harvest. This includes parts of Borno, parts of Madagali in Adamawa, and Gujba, Gulani, Yunusari, and Geidam in Yobe. Humanitarian support is also limited in these areas due to security concerns.

The lack of agricultural inputs is a major constraint for many farmers, who will therefore continue to rely on prolonged, expensive humanitarian assistance. Wider negative impact includes the lack of economic and employment opportunities, which has potential harmful consequences, including youth radicalisation and enrolment into armed groups (FAO 19/08/2016; FAO 25/08/2016, FEWSNET 15/09/2016).

Food security outcomes in northeast Nigeria, August–September 2016



Source: FEWSNET 18/08/2016

Nutrition

Over 398,000 children are estimated to be suffering from SAM in Borno, Yobe, and Adamawa states (UNICEF 21/09/2016). SAM and GAM rates in children under five are above critical (15% GAM and 2% SAM) and emergency (30% GAM and 5% SAM) thresholds. Mass weekly screenings in IDP camp health centres supported by UNICEF in Borno revealed extremely high proxy GAM, ranging from 32% to 58.8% (Food Security and Nutrition Working Group 26/08/2016; FEWSNET and ACF 30/08/2016; FEWSNET 18/08/2016). The worst cases are seen among populations that have recently become accessible (FEWSNET 13/08/2016).

The current situation in Konduga LGA, in Borno state, is critical, with a MUAC measured GAM ranging from 9–23% (IRC 31/08/2016). In Gujba and Gulani LGAs, in Yobe state, GAM is at 25.8% (19.5% for IDPs, and 25.2% for the host population). SAM is above the emergency threshold for both IDPs and host communities. Children of 6–23 months are more affected by malnutrition than children aged 24–59 months. Among IDPs, 5.6% of mothers are malnourished and among the host population 4.4% of mothers are malnourished (WFP 31/07/2016).

Although the under-five mortality rate (U5MR) and the crude mortality rate (CMR) data remain limited, extremely high rates have been recorded. There are concerns that rates may be equally high in non-accessible areas (FEWSNET 18/08/2016).

Malnutrition rates in Borno and Yobe states, July-August 2016

Affected areas	LGA	State	No. IDPs	IPC Phase	GAM	SAM
Bama Town	Bama LGA	Borno	25,000	4-5	51.9%	25.0%
Sabon Gari	Damboa LGA	Borno	18,500	3-5	45.0%	15.0%
Dikwa	Dikwa LGA	Borno	56,200	4-5	>30.0%	Emergency
Monguno	Monguno LGA	Borno	65,000	4-5	28.5%	12.0%
Banki	Bama LGA	Borno	15,000	4-5	27.2%	14.4%
Gujba	Gujba LGA	Yobe	26,400	3-5	25.8%	Emergency
Gulani	Gulani LGA	Yobe	2,500	3-5	25.8%	Emergency
Konduga Town	Konduga LGA	Borno	79,100	3-4	22.7%	9.8%
Damboa Town	Damboa LGA	Borno	55,000	3-5	>20.0%	12.0%
Muna IDP camp	Maiduguri LGA	Borno	16,000	3-4	29.0%	6.0%
Kaga	Kaga LGA	Borno	10,500	3-4	15.5%	4.7%
Jere	Jere LGA	Borno	427,600	3-4	12.7%	3.7%

Sources: FEWSNET 13/08/2016; MSF 21/07/2016; FEWSNET 07/07/2016; MSF 17/07/2016; Mercy Corps 31/07/2016; WFP 31/07/2016.

Health

The health system has been severely impacted, especially in Borno. There is a shortage of trained health workers (due to displacement and fear of return) and medicines, the cold chain and restocking system have broken down, and up to 40% of facilities have been damaged or destroyed (OCHA 17/08/2016, WHO 21/09/2016). Access to integrated lifesaving primary health care services including routine immunisation, and maternal and child health services is limited for the displaced population in the newly accessible areas of Borno state. In many of the camps there are no health services or buildings that can be used as clinics, while in other sites the health facilities are not functional (OCHA 25/08/2016). Even where state primary healthcare facilities are operating, they are short of medicines and medical supplies and rely on support from international organisations. Although primary health services should officially be free for IDPs, in reality they must pay for secondary and tertiary care. There are unconfirmed reports that some primary healthcare workers require payment. Health services are stretched in Maiduguri due to the overwhelming number of IDPs in the city and surrounding area.

In August, three children were diagnosed with polio paralysis in Borno: in Gwoza LGA, Monguno LGA, and Muna IDP camp, Jere LGA. In one case the child had just arrived from Marte LGA, which is inaccessible. The outbreak is linked to disruptions in vaccination due to violence and insecurity. Some children born in BH controlled areas have never been vaccinated. Crowded conditions in camps make disease spread faster, and put children at higher risk of polio and other communicable diseases infection. A mass vaccination campaign has been ongoing since late August, with the assistance of the military in inaccessible areas although as many as 600,000 children remain inaccessible to polio vaccinators (WHO 11/08/2016; OCHA 16/08/2016; UNICEF 17/08/2016; WHO 18/08/2016; Global Polio Eradication initiative 13/09/2016; Global Polio Eradication Initiative 29/08/2016).

Cases of AWD with high fatality rates have been reported in Rann, Kala/Balge LGA. Staff and supplies are on standby in Borno, although unable to reach Rann due to security and access constraints (UNICEF 07/09/2016).

Measles cases have also been reported, and a severe measles outbreak is likely. A vaccination campaign has been scheduled for October (WHO 02/09/2016).

Protection

Civilians, particularly in Borno state, face severe protection risks. BH attacks against civilians and villages continue several times a month, although there are significantly fewer than in previous years (AFP 21/08/2016). As counter-insurgency measures intensify, many of the civilians found in newly accessible areas have been subjected to grave violations and subsequent trauma, including abduction, sexual violence, family separation, and killing of family members (OCHA 25/08/2016). Landmines, explosive remnants of war and improvised explosive devices (IEDs) continue to pose a major threat (OCHA 17/08/2016).

Serious violations by the Civilian Joint Task Force (CJTF) have been reported, including the summary execution of people identified as BH members, as well as extrajudicial killings, together with the military. CJTF is also accused of sexual abuse and exploitation, especially in IDP camps. BH has targeted towns where the CJTF has been active. Bama, for example, was destroyed when the army and militia defenders were overcome. The Borno state government has officially registered some 3,000 young men as CJTF members, but the real size of the militia is estimated at around 30,000 (IRIN 22/08/2016). A small number of CJTF have been absorbed into the military. There may be disarmament issues to consider towards the end of the conflict.

Stigma against anyone who has any involvement with BH BH – whether voluntary or not – including women who were captured and children born to BH militants, grows (AFP 15/08/2016).

WASH

In IDP camps as well as among the host population, access to safe drinking water is limited and sanitation is poor (AFP 05/07/2016, FEWSNET 18/08/2016).

In Monguno LGA, Borno, where there are 100,000 people in need, including 65,000 in five IDP camps in Monguno town, there is a severe problem with access to water. In three assessed locations the water availability was 0.6–3.0L/person/day, far below the Sphere minimum standard of 15L/person/day (IRC 21/08/2016). Hygiene conditions are also poor. The camps are overcrowded and food and water are visibly poorly handled. There is no solid waste management infrastructure (IRC 21/08/2016).

Education

Most IDPs previously housed in schools have been relocated, in order for schools to reopen in September. However, infrastructure has been badly damaged across the three states with nearly 1,200 schools damaged or destroyed. More than 600 teachers have been killed and many have been displaced. Most children living in IDP camps have access to schools although many are reportedly run by the military, but 80% of IDP children live in the host community and have little or no access to education (UNICEF 21/09/2016).

In Gowza, even though 15 schools have opened, the majority are operating in the open air as the buildings have been burned down. Damaged structures are occupied by IDPs (UNICEF 07/09/2016).

Shelter and NFIs

The shelter available in the newly accessible LGAs is often limited to dilapidated former schools or other government buildings, all of which are overcrowded. Many IDPs sleep outside (OCHA 17/08/2016).

In Maiduguri, IDPs are reported living in shanty settlements by the roadside, and in abandoned areas (NPR 12/08/2016). At Muna informal IDP camp outside Maiduguri, more than 13,000 people are living in makeshift shelters covered in plastic sheeting, with no facilities or amenities (NPR 12/08/2016).

People returning to accessible areas often find their houses and land inhabited by other IDPs, as the government had encouraged IDPs in newly accessible areas to occupy empty buildings.

Vulnerable groups

The most vulnerable people are those with specific needs, such as older people, female-headed households, pregnant and breastfeeding women, unaccompanied and separated children, and people with disabilities. Women and girls are reporting sexual violence and sexual exploitation and abuse when fleeing armed conflict, as well as in the camps (OCHA 17/08/2016).

Humanitarian and operational constraints

The humanitarian space in which the NGOs and agencies can operate is extremely limited, as about 80% of Borno remains inaccessible. In Borno, Abadam, Mobbar, and much of Bama, Chibok, Dikwa, Damboa, Guzamala, Gubio, Gwoza Kala/Balge, Kukawa, Mafa, Marte, Ngala, and Nganzai LGAs remain largely inaccessible to humanitarian agencies, despite improvements to access. In Yobe, conflict has limited access to parts of Yunusari, Yusufari, Geidam, Gujba, and Gulani LGAs (FEWSNET 13/08/2016).

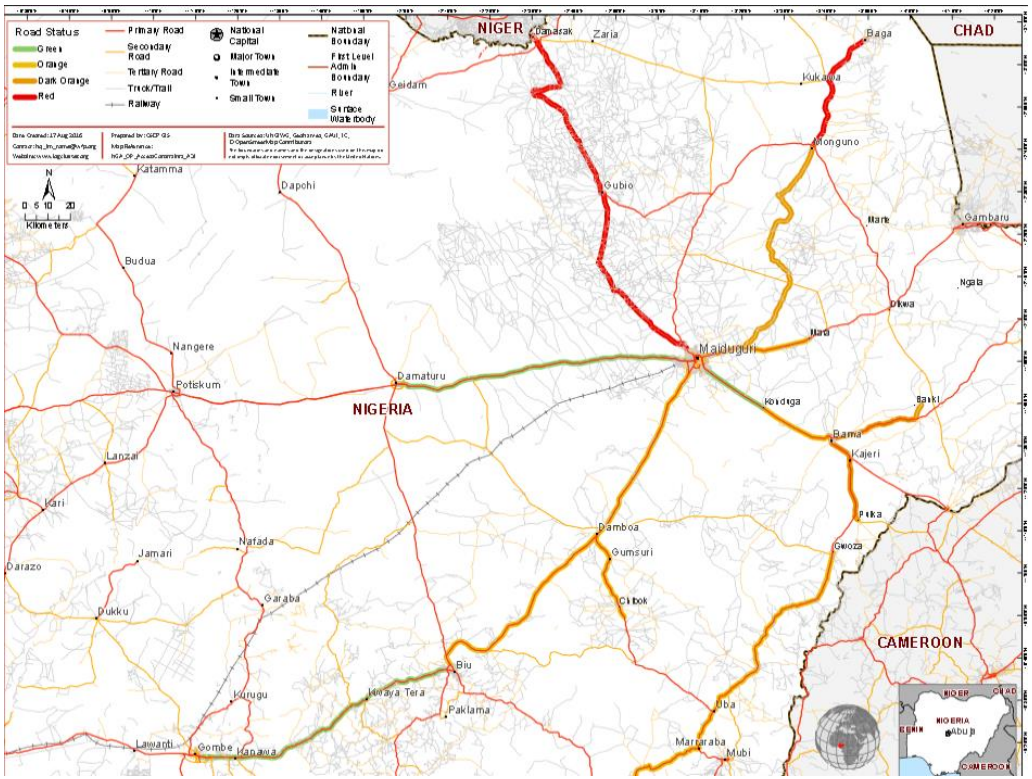
Humanitarian organisations can move freely in Maiduguri Metropolitan Area. Unrestricted travel is also possible by road from Maiduguri to Damaturu, the state capital of Yobe state, and from Gombe state to Biu LGA in Borno state. Road access to Konduga, Bama, Damboa, Mafa, Dikwa and Monguno was re-established in April but requires an armed escort. Humanitarian agencies conduct cross-border assistance from Cameroon to Banki and Ngala, as access from Maiduguri is not possible. The arrival of a WFP/UNHAS helicopter in July 2016 has enabled air access to remote locations although it is insufficient to deliver all the assistance required (OCHA 17/08/2016; OCHA 15/08/2016).

Since July 2016, there have been several attacks against both commercial and humanitarian convoys, even along roads that are considered accessible (AFP 19/09/2016; AFP 17/08/2016; USAID 10/08/2016; OCHA 15/08/2016). Such attacks or threats of attacks can result in the temporary suspension of activities or a temporary withdrawal of the humanitarian community (OCHA 31/08/2016).

The ability of humanitarians to deliver assistance has been further complicated by the split of BH into two factions, the Sambisa Forest faction and the Islamic State's West Africa Province (ISWAP). While little is known about the tactics and the capacity of each group, ISWAP has renounced violence against Muslims. The targeting of humanitarian organisations, especially international organisations, is possible (Washington Post 24/08/2016).

Weak information exchange between Abuja and state capitals affects coordination of the humanitarian response

Access constraints in Maiduguri area, 17 August 2016



Source: WFP 17/08/2016

Aggravating factors

Recession and inflation

The Nigerian economy is officially in recession, with further shrinking of GDP expected during 2016. On 20 June, the naira was allowed to float freely on the currency market after being subject to capital controls since mid- 2015 and interventions by the central bank. The lower value of the naira will mean large increases in the price of imported essential foodstuffs, putting further pressure on the most vulnerable populations. Overall, however, the loosening of capital controls will likely have a positive impact on the economy, providing manufacturers and retailers with sufficient access to imports, thereby avoiding shortages (WFP, FAO and Food Security Cluster 10/07/2016).

Disease outbreaks

In recent years, Nigeria has seen outbreaks of Lassa fever, cholera, and meningitis. Already limited and understaffed prior the beginning of the conflict, health facilities that have been damaged and further overstretched because of the insurgency are unlikely to be able to address any disease outbreak in the northeastern states.

Key characteristics

Demographic profile: Borno: 5,800,000 (2016 projection); 1,400,000 IDPs (IOM 31/08/2016). Yobe: 3,200,000 (2016 projection OCHA); 135,000 IDPs (IOM 31/08/2016). Adamawa: 4,200,000; (2016 projection) 163,000 IDPs (IOM 31/08/2016).

Food: Throughout Borno: millet, cowpeas and sesame. Northern Borno (Sahel): cereals and livestock (FEWSNET 05/2015). Large parts of Yobe cultivate millet, cowpeas and sesame. Floodplains in Yobe are important areas for rice production, vegetables, and wheat. Northern Yobe (Sahel): cereals and livestock (FEWSNET, 05/2015).

Nutrition: Acute malnutrition prevalence (2011): Borno: 18.7% Yobe: 14.9%.

Health: Rural Borno: less than 20% of the population live within 30 minutes of a health facility; 2% are more than two hours away (Adedayo and Yusuf 20/09/2012). Malaria is endemic to Nigeria. Measles vaccination coverage for infants: Borno 23.5%; Yobe 31.3%.

WASH: Main source of water is unprotected well/spring (2010): Borno 48%; Yobe 45% (NEDS, 2010; NBS, 2012; MICS 2011) Main type of toilet facility (2010): Borno 54% uncovered pit latrine; Yobe 27% covered pit latrine.

Lighting and cooking sources: Collected firewood: 85% Borno; 68% Yobe. NEDS, 2010; NBS, 2012; MICS 2011

Literacy: Borno: Rural: 17% male, 10% female; Urban: 44% male, 36% female (NEDS 2010). Yobe: Rural: 15% male, 14% female; Urban: 46% male, 25% female (NEDS 2010).

Education: Borno: 73% of children age 5–16 had never attended school (NEDS 2010). Yobe: 60% of children age 5–16 had never attended school (NEDS 2010).

Response capacity

Local and national response capacity

The national response capacity remains weak. However there have been efforts to scale up the response, through the increase of funding from the Federal government to the state government and through attempts to improve coordination among federal, state, local authorities and other partners.

Sectoral coordination is led mainly by the government with UN agencies as co-lead. Steps are being taken to increase coordination in Maiduguri.

On 25 August, hundreds of IDPs left their camps for Maiduguri, to protest for more aid, accusing officials of stealing food rations. At the beginning of September, President Buhari ordered police to arrest and make an example of government officials accused of stealing food aid (Reuters 01/09/2016; Africanews 25/08/2016; Institute of War and Peace 05/09/2016).

International response capacity

There is a limited number of NGOs on the ground, particularly in Yobe (WFP 05/09/2016). However, both UN agencies and INGOs have been scaling up their operations in Maiduguri – and Borno state in general – since the severe malnutrition crisis was revealed in June. The crisis has not been officially declared as a Level 3 crisis.

While food is a priority, limited access and resources are preventing general food distribution.

Information gaps and needs

- No information is available for inaccessible areas in Borno. Only limited information regarding sectoral needs is available for large parts of Borno and Yobe states.
- The majority of assessments are fragmented and do not provide an overall picture of needs in the northeast.

- There are significant information gaps regarding health needs across the three states. Information on the condition of health centres and the provision of health services is conflicting.

Lessons learned

- Without significant incentives, health personnel and public servants are unwilling to return to insecure areas to ensure a basic level of services.
- Immunisation against measles usually focuses on young children; however, in a conflict context with high malnutrition rates and large population concentrations, expansion should be considered to include adults up to age 30 (UNHCR 05/07/2016).
- Polio campaigns are successful when they engage the government, local authorities, political and religious leaders, and civil society (Bkekisisa 03/03/2015).
- As the vast majority of camp residents may be unfamiliar with western medicine, training and sensitisation is important. The types of both therapeutic foods and general food rations may be new to the population (UNHCR 05/07/2016).
- The militarisation of the relief effort poses a threat to its humanitarian character and the quality of the care provided (IRIN 05/07/2016).

This briefing note was produced during the September 2016 ACAPS deployment to Nigeria. ACAPS would like to thanks all those who helped in the preparation of this report, especially the International NGO Forum in Abuja and Maiduguri, OCHA Nigeria, INGOs and Sector Working groups, IOM, INSO, and FEWSNET

More information on Nigeria can be found in the ACAPS Country Profile (June 2016) while background information to the crisis in the northeast is available in the ACAPS Crisis Profile (July 2016). Scenarios considering the possible developments of the humanitarian situation in northeast Nigeria will be published in early October.