



## Crisis Profile – July 2016

# NORTHEAST NIGERIA CONFLICT

## Key priorities

Over 14 million people are affected by conflict in northeast Nigeria and more than 10 million people are in need. A growing number of people are in urgent need of food assistance, with some of the worst affected areas possibly in Famine (IPC Phase 5). Alarming rates of acute malnutrition are emerging in Borno and Yobe and deaths as a result of SAM have been reported.

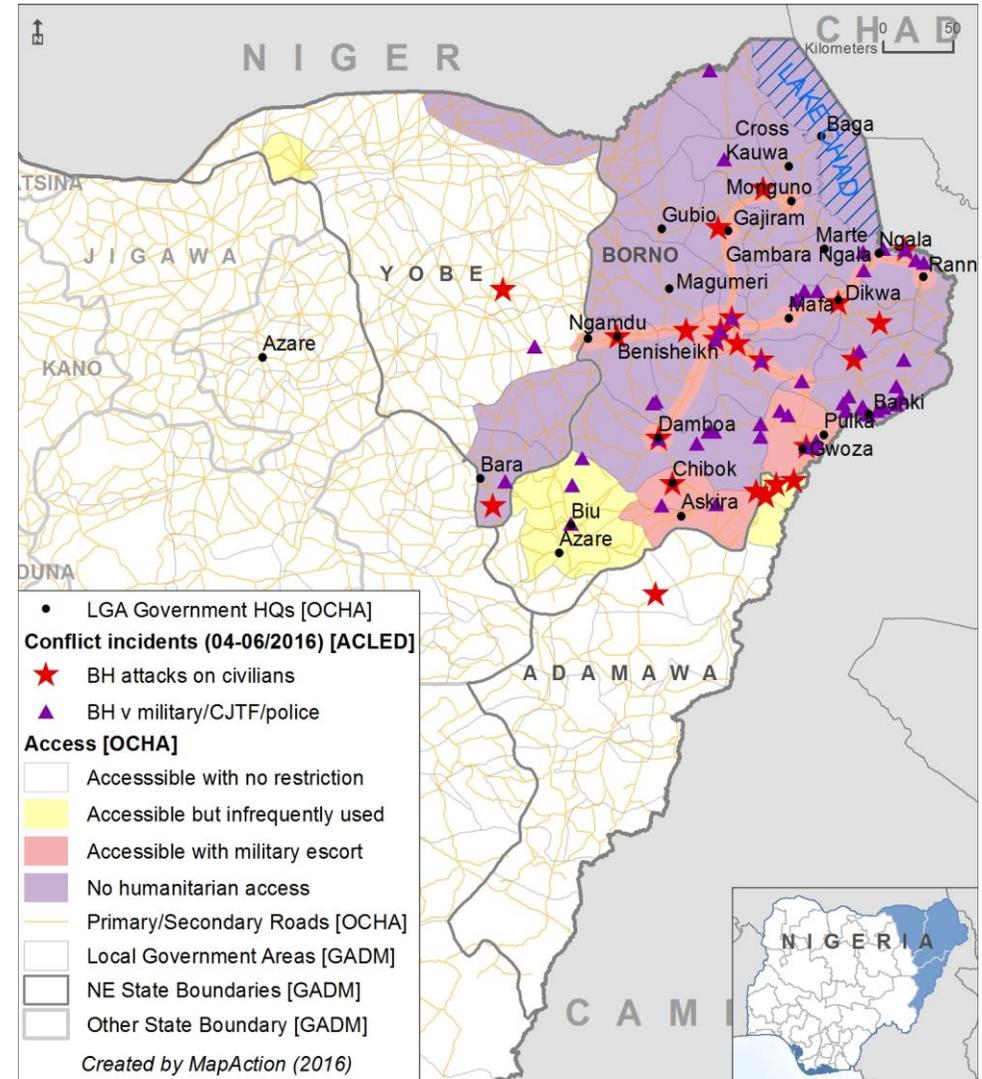
Borno state is most affected: 4.5 million people are estimated to be in need of humanitarian assistance, and 4.1 million are food insecure. In Yobe and northern Adamawa, pockets of insecurity persist: 3.2 million people estimated to be in need in Yobe, including 2.3 million food insecure. 900,000 people in Adamawa are food insecure. Displaced communities in northern and eastern Borno remain inaccessible. Both these and many accessible communities face severe protection needs, and an absence of basic services that result in deaths from malnutrition, starvation, and dehydration.

IDPs within host communities or informal camps report the highest needs followed by those in formal (government-run) camps. Returning IDPs usually receive no assistance despite the near-total destruction of homes and civil infrastructure. The gaps in assistance to host communities are also critical, and there are underlying tensions with IDPs in some locations.

- **Food assistance:** At least 3 million people in Borno, Yobe, and Adamawa, especially in recently accessible areas, need urgent assistance
- **Nutrition:** Levels of severe malnutrition are critical, especially among those recently accessed in Borno and Yobe. Deaths have been reported.
- **Protection:** Protection violations, including child protection are severely underreported. High number of SGBV incidence, sexual exploitation and radicalisation, especially within IDP camps.
- **WASH:** Drinking water, especially in Borno and eastern Yobe. Sanitation and hygiene in Borno, Yobe and northern Adamawa.

- **Health:** Borno and northern Adamawa, and for IDPs in central Adamawa and Yobe. Conflict-related psychological trauma is widespread, while mental health services are limited.
- **Emergency shelter** is an urgent need for those recently displaced into informal camps in Borno and Yobe.

## Conflict incidents and access in northeast Nigeria, April–June 2016



## Contents

Humanitarian needs by state .....	2
Crisis overview .....	3
Operational constraints .....	4
Information gaps and data limitations .....	4
Potential aggravating factors .....	4
Response capacity .....	6
Lessons learned .....	7
Borno state profile .....	8
Adamawa state profile.....	18
Yobe state profile.....	23
Gombe state profile.....	27
Bauchi and Taraba state profiles.....	29
Baseline characteristics .....	30

This report presents the available secondary data on the humanitarian situation northeastern Nigeria. Building on ACAPS' report of August 2015, this report presents a current analysis of the situation in Adamawa, Borno, and Yobe states highlighting priority humanitarian needs; impacted locations and populations; key groups in need; IDPs; and access restrictions.

The neighbouring states of Bauchi, Gombe, and Taraba are included as they host IDPs but far less information is available on the situation in these states.

The SDR focuses on the identification and analysis of needs and is not intended to measure the level of response.

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 Secondary data Review (August 2015).

ACAPS would like to thank all those who helped in the preparation of this report, especially the International NGO Forum in Abuja, OCHA Nigeria, INGOs and Sector Working groups, IOM, and FEWSNET

## Humanitarian needs by state

People have insufficient food due to ongoing conflict, compounded by displacement, poor purchasing power, the restriction of food assistance in northern Borno beyond main urban centres, and slow humanitarian aid delivery. Most of the population in the region is concentrated around urban centres, where shelter, WASH and health services are inadequate due to damage, lack of staff, and demand.

Most humanitarian needs are common across the states, particularly the need for food and nutrition interventions, emergency livelihood support, and protection. However, the situation and circumstances differ between recently accessed areas, areas opening up, areas of return, and host communities. Many chronic problems, such as malnutrition and inadequate protection, have been exacerbated by conflict as well as underlying food insecurity in the Sahel area (in the north of Borno and Yobe).

States	Priority LGAs	Priority sectors
<b>Borno</b>		Nutrition, protection and child protection especially in formal IDP camps
	Northern and central LGAs	Emergency food, health, WASH, and shelter
	Southern LGAs	Food and emergency livelihood support, WASH
<b>Yobe</b>	Damaturu, Potiskum and Fika	Food and livelihood support, health, WASH, education, protection and child protection
<b>Adamawa</b>	Madagali, Michika North Mubi and South Mubi, North Yola and South Yola	Food and livelihood support, WASH, shelter, protection and child protection, health services in the north
<b>Gombe</b>	Funakaye, Nafada, Yamatu	Food and livelihood support
<b>Bauchi and Taraba</b>		Food and livelihoods support

## Crisis overview

### CONTEXT

Since February 2016, the Nigerian military's counterinsurgency operations against Boko Haram have intensified. Fighting continues on a daily basis in the northern and eastern LGAs of Borno. The army has reclaimed many of the main towns and villages in Borno, Yobe, and Adamawa states, enabling access and revealing the humanitarian needs of civilians living in territory previously under BH control and in newly accessible areas that are under military control (OCHA 27/06/2016, UN Joint Multi-sector Assessment 04/2016, ACLED 05/2015).

More than 15,000 civilians have been reported dead due to BH attacks and more than 12,000 people have been reported killed in clashes between BH and security forces since the insurgency began in 2009. More than 1,000 were killed in 2016 (CFR June 2016).

Six years of insurgency and counterinsurgency have destroyed the livelihoods and capacities for realisation of basic human rights of people already suffering drought, poverty, inadequate governance, high inequality, perceived social injustice, low human security, lack of economic infrastructure, and climate change and environmental degradation (Nigeria RPBA 11/03/2016, NRC 07/07/2016).

### DISPLACEMENT

As of June 2016, over 2.6 million people are displaced due to the BH insurgency and counterinsurgency operations, including more than 186,000 refugees in neighbouring countries. Many have been displaced for more than a year and multiple times. Humanitarian needs are significant among the displaced as well as host communities (IOM 30/06/2016, OCHA 27/06/2016, UNHCR 30/06/2016).

The situation is dynamic, as new displacement occurs in areas where conflict intensifies, IDPs return home, mainly to Adamawa and Yobe, and returnees who find their homes uninhabitable undergo secondary displacement. Forced and voluntary returns from Cameroon to the border areas of Borno and Adamawa are also reported, although the number and the needs of these groups are yet to be identified. This flux makes mapping and addressing needs extremely challenging.

### IDPs

By June 2016, over 1.8 million IDPs were identified as having been displaced by the conflict in the northeast; 75% (almost 1.6 million) originate from Borno state (IOM DTM X 30/06/2016). In most areas, IDPs live among the host population; only 14% live in camps.

In Borno, the government of Nigeria is urging people to move towards the LGA capitals, as they are considered secure, and easier places from which to provide better access to humanitarian services. Infrastructure in urban centres is already overstretched, however, and increased numbers of IDPs adds to the strain (OCHA 28/06/2016).

### IDPs in northeast Nigeria

State	IDPs	Main state of origin	Number of camps	IDPs living in camps
Borno	1,600,000	Borno (99%)	49	16%
Adamawa	160,000	Adamawa (71%)	9	7%
Yobe	113,000	Borno (56%)	7	12%
Gombe	27,000	Borno (48%) Yobe (47%)	0	-
Bauchi*	48,000	Borno (45%)	0	-
Taraba*	13,000	Borno (73%)	12	4%

\* Number of BH conflict affected IDPs. Both states host IDPs resulting from community clashes

Sources: IOM DTM X, OCHA

### Returns and relocation

The number of IDPs returning to Yobe and Adamawa has increased significantly since May, primarily as people are attempting to plant in time for the main cropping season. Even the less secure areas have seen returns. Returnees do not necessarily return home as many are still hosted by other families in their place of origin (IRC 24/06/2016; IOM 28/06/2016). People who return home often find buildings destroyed, wells contaminated, very limited public services, and in some locations, ERW (OCHA 06/2016, UNHCR 07/07/2016). There are reports of IDPs returning to their area of origin to check the security situation and resume agricultural activities, only to be displaced again, either by renewed violence or lack of essential services (IRC 24/06/2016). Returning IDPs have also found their houses and land occupied by other IDPs (FEWSNET 30/04/2016; Reuters 30/12/2015). New informal camps are therefore emerging in Borno and Yobe. Conditions in these camps are extremely basic, with urgent needs for emergency shelter assistance (OCHA 31/05/2016, OCHA 30/06/2016).

### Refugee returnees

Around 90,000 refugees are reported to have returned from Cameroon to Borno and Adamawa states via official border crossings. This number is much higher than the

number of registered refugees in Cameroon since the beginning of the crisis, and is likely to be higher, as there is no official registration procedure or assessment, and the borders extend across a significant distance with minimum surveillance (UNHCR 30/04/2016; UNHCR 23/05/2016). Nigerian authorities sometimes refuse to accept returnees from Cameroon who lack identity papers, unless somebody from the community recognises them (*Save the Children* 28/06/2016). However, the majority of returns are not registered, and occur through unofficial border crossings. A smaller number of returnees have arrived from Chad (UNHCR 05/11/2015).

The government of Cameroon has announced that 60,000 Nigerian refugees living in Minawao camp will also be returned to Nigeria (UNHCR 05/11/2015). A tripartite agreement between Cameroon, Nigeria, and UNHCR was drafted in June, for the safe, dignified and voluntary return of all Nigerian refugees in Cameroon. The agreement is due to be signed in July (UNHCR 12/06/2016).

186,000 Nigerian refugees are registered in neighbouring countries as of June 2016, mainly in Niger, Cameroon, and Chad. 114,000 are in Niger, 65,000 in Cameroon, and 7,000 in Chad (UNHCR 06/2016). These numbers are likely to be significantly underreported, because of different local and cultural perceptions about borders and state territories that lead to refugees not being registered, and also the failure of receiving states to offer standard levels of protection.

## Operational constraints

- International NGOs cite difficulties obtaining visas for international staff and government restrictions.
- The availability of fuel is a significant issue. Fuel prices have doubled since May across the country, hampering humanitarian activities.
- Aid in Nigeria was focused on development before the BH crisis. The system is struggling to scale up emergency response.

## Information gaps and data limitations

- The lack of comprehensive assessments across the affected areas makes prioritisation of the response difficult. There is an urgent need to profile the most vulnerable IDPs for targeted assistance.
- There is an urgent need for more detailed assessment of the various protection needs, including the living arrangements of unaccompanied and separated children.

- Lack of consistent methodology used for the assessments that have taken place makes it difficult to provide an overview of the affected areas.
- No information is available on returnees from Cameroon and other countries and their needs.
- For nutrition, there is not enough information at the LGA level. Most of the nutrition information comes from the SMART survey, which was last conducted in 2015.
- An absence of financial resources is frequently cited as a key reason IDPs lack many key services and commodities (education, health, water, food and NFIs) and this needs to be investigated more fully in order to propose relevant responses.
- A clear picture of the number of children who need education provision and what would be required for these children to begin or resume education is needed.
- There is very little information on intra-household distribution or how particularly vulnerable people (elderly, female-headed households, unaccompanied/separated children, minority ethnic groups) access assistance within camps.
- A systematic assessment of education availability, needs and attitudes to sending children to school is required to plan consolidated education response. While this is a need across the affected area, it is a priority in Adamawa and Yobe, where the population movement can be expected to decrease as significant numbers of IDPs return home.

## Potential aggravating factors

### CORRUPTION

Nigeria is ranked 136 out of 167 on the 2015 Transparency International Corruption Perceptions Index. This is an improvement from 2013, when it was ranked 143 (Transparency International 2014). Persistent corruption may impact upon response and the ability of the affected population to access aid. Government officials are estimated to have stolen USD 150 billion from public funds in the last decade (BBC 11/08/2015). In August 2015, President Buhari announced the creation of an anti-corruption committee (BBC 11/08/2015).

### POLITICAL BIAS

The security information available has a heavy political bias and a tendency to oversimplify the analysis of the current situation, which is in reality multi-dimensional and dynamic. It is thus difficult to determine the extent to which BH currently constitutes a

threat to civilians' safety and security in northeast Nigeria, or to gain a clearer understanding of when, where, and how that threat may result in an attack.

Local governments desire to align themselves politically with the federal government's objective of ridding the region of BH and the various governmental declarations indicating that they have been significantly weakened (PUI 23/02/2016). However, local views and actions, at state and LGA level, may differ significantly from national policy: most of the local population, disenfranchised from the national government, sympathise with, if not support, many of BH's aims.

## GOVERNMENTAL STRUCTURE

The federal structure plays a major role in the management of the humanitarian crisis. The federal government of Nigeria operates from a capital city environment that is radically different from the day-to-day reality of the northeastern states, and while decisions are taken in the federal capital, these do not translate easily for local officials on the ground who are attempting to address the severe needs of displaced and host populations (PUI 23/02/2016).

## GOVERNMENT APPROACH TO HUMANITARIAN INTERVENTION

Nigeria has a strong government, ruling the largest economy of Africa, and has historically been unwilling to draw attention to the BH insurgency in the northeast for fear that it might drive away economic partners and/or foreign investors. The federal government is not hostile to humanitarian intervention, however it does not ease or facilitate the process for international actors to carry out a coordinated humanitarian response. This position has delayed humanitarian response, and contributed to a response that is not to scale (PUI 23/02/2016).

## FURTHER MILITARY INTERVENTION

Further military intervention by national and regional forces may increase displacement. However, Nigeria has relatively small armed forces and is unlikely to be able to deploy many more troops in the northeast due to commitments elsewhere in the country (see other internal conflicts, below). As with any counterinsurgency, decisive victory is elusive and it is highly probable that BH would resume operations should the military scale back its operations.

## ECONOMIC RECESSION

The dramatic fall in the value of the naira from around NGN 198: USD 1 to NGN 280: USD 1 following its floatation on 20 June, coupled with the global fall in oil prices and internal troubles in Nigeria's oil production, have left the government struggling for resources.

On 30 June, the Central Bank of Nigeria confirmed that the economy had formally entered into recession in the second half of 2016 (Vanguard 04/07/2016). The cost of military operations against BH and the need to release food reserves to the northeast is also a strain on the country's economy. While the naira's devaluation should reduce the cost of imports, it is likely to drive up domestic food prices, further increasing retail food prices in the affected areas.

## TENSIONS BETWEEN HOST COMMUNITIES AND IDPS

The potential for increased tensions between host communities and IDPs is a concern. Coping mechanisms in host communities, which were already challenged by the food security crisis in the Sahel area prior to the insurgency, have been stretched by the massive influx of IDPs.

## OTHER INTERNAL CONFLICTS

In the first half of 2016, several other conflicts have deteriorated in Nigeria, challenging military capacity and the government's focus on the BH insurgency.

### Intercommunal violence

While intercommunal violence in Nigeria predominantly takes place in the Middle Belt, some incidents have been reported in northeastern states in recent years. In June, eight people were killed in Taraba state, in clashes between farmers and herders over grazing rights (AFP 18/06/2015). With recent reports of Fulani herders clashing with local populations in Gombe, Bauchi, and Taraba, and reports that BH members may be joining these Fulani herders and local criminal gangs, intercommunal relations should be closely monitored (ACAPS analysis meeting 29/06/2016, ACLED 25/06/2016).

### Igbo secessionist protests

In the southeast, Igbo secessionist protests have escalated, as decades-long grievances have been aggravated by a lack of clarity from the government regarding the future of the region. Demonstrators have been driven off the streets by arrests and detention.

## Niger Delta

The insurgency in the Niger Delta, which calmed in 2009, resumed in 2016 after the government sought to arrest and prosecute the ex-militant leader Ekpemupolo on corruption charges in January. Armed groups such as the Niger Delta Avengers and the Egbesu Mightier Fraternity, have carried out attacks on oil industry assets, contributing to the fall of Nigeria's oil output to its lowest level in two decades. Both groups demand local control of oil revenues and threaten more attacks (ISS 07/06/2016).

## Islamic Movement of Nigeria

In the northwest, on December 2015, Nigerian troops carried out an operation against the Islamic Movement of Nigeria (IMN), which seeks to establish an Islamic state. The troops killed IMN members and arrested their leader Ibrahim Zakzaky on allegations that the IMN attempted to assassinate the army chief of staff. The IMN denies the charges. Human Rights Watch reports that at least 300 IMN supporters were killed and buried in mass graves and hundreds more were injured (HRW 22/12/2015).

## DISEASE OUTBREAKS

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

## RAINY SEASON

Increased BH activity has been observed during the rainy season and Ramadan (IRC 24/06/2016). The rainy season can also impact access to some areas, as road conditions become challenging.

2016 rainfall is expected to be unstable and abnormally low in the north and some other parts of Nigeria as indicated by the Seasonal Rainfall Prediction issued by the Nigerian Meteorological Agency (NiMET) (UN Joint Multi-sector Assessment 14/04/2016).

## LEAN SEASON

The annual May–September lean season will bring greater food insecurity and malnutrition. In addition to this the insurgency and resulting displacement has meant that less planting and possibly a reduction in the number of livestock being grazed will make this lean season worse than usual (UN Joint Multi-sector Assessment 14/04/2016).

## Response capacity

### NATIONAL RESPONSE CAPACITY

The federal government is the central figure of humanitarian action in the country, with UN agencies, institutional funders, and NGOs (both international and local) as partners. Governmental bodies fulfil the roles of sector Working Group leads (at both federal and state levels), with UN agencies as co-leads, and some NGOs acting as secretaries for Working Groups.

The government has yet to confirm whether the National Emergency Management Agency (NEMA) is to be the official liaison body with the humanitarian community in the northeastern response (UNHCR, 07/07/2016). NEMA coordinates humanitarian crisis response between ministries and OCHA (IRC 24/06/2016). On a state level, SEMA (State Emergency Management Agency) is in charge of coordinating the humanitarian response in the respective states. Given the scale of the crisis in Borno, NEMA and SEMA signed a Memorandum of Understanding in May 2015, and NEMA deployed 40 staff to Borno to support SEMA (PUI 23/02/2016).

Both local NGOs and local media are considerably developed in the country. The Nigerian Red Cross is active in the northeastern states and benefits from an overall good reputation among Nigerians (PUI 23/02/2016).

In the official (or formal) IDP camps, the government is the overarching coordinating body and provides food, while other support is usually provided by NGOs.

### INTERNATIONAL PRESENCE

Humanitarian organisations operate in a heavily centralised manner in Nigeria. Operations in the northeast depend on validation, approval and/or decision making from Abuja. This is in contrast with the theoretically decentralised modus operandi of the federal government, which accords a certain amount of autonomy to individual states. This incompatibility contributes delays in decision-making (PUI 23/02/2016).

The Humanitarian Coordinator/Humanitarian Country Team has decided to move the coordination of the response from Abuja to Maiduguri. This transition, however, poses several challenges including ensuring appropriate focus on other states (especially Adamawa and Yobe), and advocacy and strategic engagement with government (OVP, MFA, NEMA) and resource mobilisation at the federal level. (UNHCR 07/07/2016)

## Lessons learned

The armed forces have widespread impunity for excesses against civilians (IRIN 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).

Immunization against measles, usually focus on young children, however in conflict context with high malnutrition rates and big concentrations of populations expansion should be considered on adults up to 30 years of age (UNHCR 05/07/2016).

As the vast majority of refugees at the camp may be unfamiliar with western medicine training and sensitisation is important. When therapeutic foods and general food rations are available, these products may be new to the population (UNHCR 05/07/2016).

## Borno state profile

Borno state is the most heavily impacted by the violence, and at one point BH controlled all 27 LGAs. Since January 2016, Nigerian security forces have significantly reduced BH's control, enabling humanitarian access to the main towns in all but three LGAs. However, these counter-insurgency operations, together with military control of IDP camps, have compounded the protection needs of the population, especially women and girls. A State of Emergency was declared in the state in May 2013.

Populations in areas recently accessed are in urgent need of food, nutrition, and medical support, with deaths from diarrhoea and starvation reported. Military escort is required to access many areas and only in Bayo and Shani LGAs is access possible beyond the main roads and towns. It is unknown how many people remain trapped in areas held by BH. IDPs are mainly from the north and are concentrated in urban areas, overwhelming public services. Lack of income impedes their ability to meet their needs. Many areas are extensively damaged.

### PRIORITY NEEDS

4.5 million people are in need (UN Joint Multi-sector Assessment 14/04/2016). Maiduguri hosts the largest number of IDPs (over 1.6 million (OCHA 24/06/2016)) and people in need (2.2 million (UN Joint Multi-sector Assessment 14/04/2016)).

Bama, Damboa, Dikwa, and Monguno are priorities as they have been recently opened to humanitarian access. The situation is unknown in Abadam, Guzamala, Mobbar, and more remote parts of other LGAs, but they are likely to be highly affected as a result of prolonged insecurity.

**Food:** Nearly 2 million people are in need of urgent food assistance. 1.6 million people in Crisis (IPC Phase 3) and 325,000–500,000 people in Emergency (IPC Phase 4): (MoA/FAO 18/03/2016). It is possible that Famine (IPC Phase 5) could be occurring in the worst affected and less accessible pockets of the state (FEWSNET /WFP 05/07/2016, Reuters 07/07/2016).

**Malnutrition** rates are alarmingly high among recently accessed IDPs in Bama LGA report deaths from diarrhoea and starvation. 750,000 people, excluding pregnant and lactating women, are in immediate need of nutrition assistance in newly accessible areas.

**Protection**, and child protection, especially against SGBV and radicalisation, and psychosocial support, is needed everywhere.

**Health** services, and access to water, sanitation, and hygiene practices are inadequate.

**Education** services that have partially re-opened are insufficient to meet the needs and a range of reasons prevent children going to school including infrastructure damage, insufficient teachers, fear of attack, lack of educational materials, and costs.

**Northern and central Borno:** Emergency food, nutrition interventions coupled with WASH, including fuel for generators to pump water in camps in Maiduguri, health services and shelter, especially for those recently accessed.

**Southern Borno:** Emergency food and emergency livelihoods support, followed by access to health services, shelter and education.

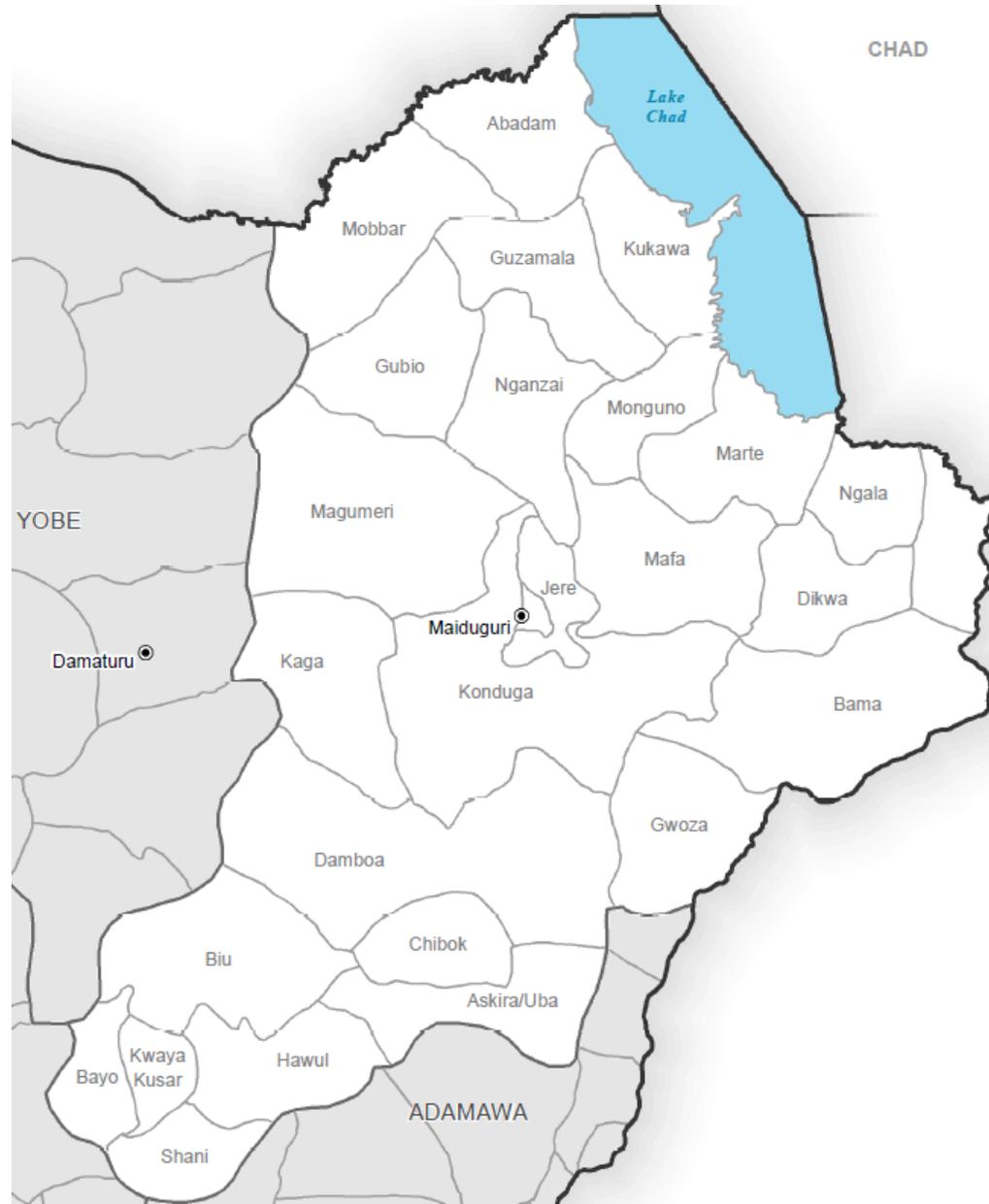
### DISPLACEMENT

The insurgency has resulted in large-scale displacement within the state. In June 2016, 88% of all IDPs identified in Nigeria originated from Borno, and most had fled to other areas within the state. Consequently, Borno hosts around 1.6 million IDPs, 80% of all IDPs. The actual number of IDPs is expected to be higher as three LGAs in the north, as well as parts of many other LGAs, are inaccessible and people may still be trapped in them. After relative improvements in security in some LGAs such as Bama, new IDP populations have been identified in previously inaccessible areas (Save the Children 03/2016). The total number of displaced in Borno is also difficult to determine as secondary displacement is frequent and the number of people who fled across the border is unknown, but expected to be far higher than the 186,000 registered refugees.

Most IDPs reside with host communities in urban areas, close to markets and key services. The influx of so many people into the cities and towns has stretched services and impacted the wellbeing of host communities. WASH and health services are insufficient and IDPs' access to all services is impeded by lack of income. Only 10% of IDPs reside in formal and informal camps, and only the populations in formal camps have free access to services.

Maiduguri LGA hosts 50% all IDPs in Borno, and Jere 30% (IOM 30/06/2016). The number of IDPs in Maiduguri changes daily due to dynamic population movement (OCHA 27/06/2016). Smaller numbers have congregated in other towns in the north, east, and centre of the state. This movement towards urban areas is both spontaneous and rendered necessary by the military. In some areas, the military is attempting to weaken BH by imposing a food blockade and closing cattle markets, so people move towards urban areas where food continues to be supplied (UNHCR 29/09/2016). When they take territory, the military is placing populations in screening camps. Once screened, people are usually transferred to the nearest safe urban centre. In Dikwa, the population was forcibly transferred to Dikwa town. In some areas people voluntarily move into military barracks, seeking protection (ACAPS analysis meeting 29/06/2016).

## Local government areas in Borno state



Data sources: Natural Earth, GADM  
Map created by MapAction (2016)

In areas where conflict is active, people do not usually return after the military have left, and in many cases, BH has retaken villages (IRIN 09/03/2016).

### South Borno

South Borno has been relatively secure in 2016 and has witnessed minimal displacement. It hosts only 93,000, or 7%, of Borno's IDPs. 56,000 IDPs originate from the seven southernmost LGAs, most from Hawul and Askira/Uba, and the rest mainly from Damboa. 95% of IDPs are hosted in LGA capital towns, stretching the limited capacity of the hosting households, communities and local governments which were already under pressure pre-crisis. Only four camps exist in the south (OCHA 13/06/2016).

### North Borno

According to the government, most inaccessible areas of the north of the state have no population (OCHA 27/06/2016). As the military progresses north, however, people are moving towards newly accessible urban areas every day, mainly from Konduga, Mafa, and Marte. Approximately 160,000 IDPs reside in camps around the northern LGA capitals (IRC 13/04/2016; OCHA 24/06/2016). However, the government reports that all the inhabitants of Abadam and Mobbar have fled to Niger (this is not substantiated); so although the impact may have been significant, the number of people in need may be minimal in the short term, until they return.

### Relocations

Relocations of IDPs residing in school buildings started in late February 2016 at the request of authorities, in order for schools to reopen (OCHA 05/03/2016, OCHA 31/01/2016). Most of the relocating IDPs moved to the overpopulated camps in Dalori, Bakassi (federal training centre), Gubio, and Farm centre (UNICEF 03/03/2016).

### Returning IDPs

The relatively stable security situation in southern Borno has allowed IDPs to return to their LGAs of origin (OCHA 13/06/2016). Usually people return only as far as the LGA capital, where security and access to services are better than in rural areas; exceptions to this are Bayo and Shani, where the security situation is good.

## Returnees from Cameroon

The government of Cameroon has identified over 67,000 Nigerians who returned from northern Cameroon mainly through the Fotokol border to Gamboru Ngala, Borno, between January and April 2016 (UNHCR 31/05/2016).

## OPERATIONAL CONSTRAINTS AND INFORMATION GAPS

### Humanitarian access

Southern parts of the state are more accessible than the northern areas. Nonetheless, few humanitarian actors are present outside the main urban centres.

**Security constraints:** As of July 2016, clashes between the military and BH continue in parts of six LGAs (Bama, Gamboru, Jere, Konduga, Maiduguri, Nganzai) (ACLED 11/06/2016). The conflict is ongoing in Abadam, Guzamala, Kala/Balge, Kukawa, Marte, Mobbar and Nganzai LGAs in the north and, to a lesser extent, Askira/Uba, Chibok, and Gwoza LGAs in the south.

Military escort is required to access many accessible areas within Borno, including between Maiduguri and Damboa, and Maiduguri and Dikwa, while the presence of IEDs and mines in Dikwa LGA prevents travel outside Dikwa town (UN Joint Multi-sector Assessment 14/04/2016). Access to some towns with a strong military presence, such as Askira, in Askira/Uba LGA, requires prior communication with the military (OCHA 13/06/2016).

Humanitarian access in southern Borno is far less impeded than the rest of the state and travel between Damboa and states to the south is possible without escort (OCHA 13/06/2016, UN Joint Multi-sector Assessment 14/04/2016). The Gombe road leading to southern Borno has been reasonably secure since late 2015 (Save the Children 03/2016; PSWG Rapid Assessment 14/05/2016). In June 2016, the UNDSS security risk assessment determined that five LGAs in southern Borno were accessible for UN personnel: Shani, Bayo, Biu, Hawul and Kwaya Kusar (OCHA 13/06/2016). The north of Biu, and Askira, Chibok, and Damboa LGAs are not fully accessible, as security concerns persist beyond the main roads (INGO Forum meeting 29/06/2016). However, very few, if any, humanitarian actors are on the ground outside state capitals in southern Borno (UN Joint Multi-sector Assessment 14/04/2016; OCHA 13/06/2016).

**Damage to infrastructure:** According to the government more than 60% of infrastructure is destroyed (WFP 28/06/2016) although there is, reportedly, little damage to the primary road network.

**Access of affected population to assistance:** IDPs living in the camps, especially those who arrived first, have better access to goods and services. Older or larger camps

reportedly have better access to services and higher quality of services. This may be due to the concentration of service providers in NYSC, the first camp to be established in Maiduguri, and the size of particular camps such as Dalori I, which is estimated to accommodate over 18,000 IDPs, and the benefits of delivering at scale (UNICEF 02/2016).

In southern Borno, there are no known reports of movement restriction for IDPs trying to access basic needs and access services. This includes movement in and out of the four known formal camps (OCHA 13/06/2016).

### Information gaps

Information on the scope and scale of needs is lacking for all affected groups. Most particularly, information gaps exist for IDPs outside official camps and the needs of host communities.

- Most assessments in Borno focus on IDPs in Maiduguri LGA and south Borno. Almost no information is available on specific needs in the other LGAs, although some information tends to be available for LGA capital towns, in particular for Biu town. The lack of information increases the risk that analysis and response focus overly on Biu or other, more easily accessible LGA capital towns (OCHA 13/06/2016).
- There is little clarity on the numbers of people in need. The numbers of displaced reported by IOM's DTM, numbers of people in need, and numbers of returning refugees are all likely to significantly underrepresent the scale of the problem.
- There is limited information on the humanitarian situation among host communities in Maiduguri, as well as a lack of an existing stakeholder analysis in host communities in the city (PUI 23/02/2016).

## SECTOR NEEDS

### Food security

Food shortages are severe and deaths as a result of severe acute malnutrition have been reported. The situation is thought to be most severe in the 12 northernmost LGAs, where access is constrained and less information is available, and in LGAs adjacent to the Sambisa forest: Bama, Damboa, and Gwoza, and parts of Kaga and Konduga (FAO, 07/07/2016)

As of May 2016, 4.1 million people are estimated to be food insecure in Borno state and 325,000–500,000 are estimated to be in Emergency. The food security classification is a projection based on information from newly accessible areas, as the exact number of people remaining and the severity of their needs are unknown. Famine (IPC Phase 5)

could be occurring in the worst affected and less accessible pockets of Borno state, given the impact of movement restrictions and ongoing conflict, and the conditions found among populations in newly accessible areas (FEWSNET 07/07/2016). In urban areas such as Maiduguri, IDPs are more food insecure than host populations, however both groups are already adopting negative coping strategies, including transactional sex and begging. The situation can be expected to worsen over the coming months as the lean season usually lasts until October.

A lack of financial resources is a major impediment to IDPs achieving their food needs, however addressing this will only be helpful in areas where markets remain functional.

Food shortages and severe acute malnutrition are reported to be causing deaths in Bama town (OCHA 24/06/2016, MoA/FAO 18/03/2016, WFP 28/06/2016; MSF 22/06/2016). In Banki, Bama LGA, the vast majority of food reserves and seeds have been burned. IDPs reported that all of their food reserves, products bought at markets, and livestock, were either burned or looted (OCHA 28/06/2016). The key driver of food insecurity in the most affected LGAs is food access due to high prices and a drop in income. In eight wards around Maiduguri, high prices and large numbers of IDPs with no income are causing food insecurity (MoA 18/03/2016). In areas where agricultural activities are possible, there are restrictions on the crops that are allowed to be planted: taller crops in which BH may hide are not allowed in the vicinity of roads and buildings (ACAPS analysis meeting 29/06/2016).

**Maiduguri:** The government is providing food assistance, however it is insufficient. For example, an assessment in New Prison IDP settlement in Maiduguri revealed over 3,000 IDPs with limited access to food, as assistance was provided only by the landowner (OCHA 09/06/2016). In early 2016, 69% of assessed households residing outside official camps had a food consumption level considered as borderline (44%) or poor (25%); 74% were employing endangering and negative coping mechanisms to address food insecurity. 56% of the host community had a food consumption level considered as borderline (37%) or poor (19%). 20% of the local population, not hosting IDPs but living in close proximity to areas where IDPs are settled had a Crisis food security classification, with low food consumption scores. Additionally, 64% of them were using endangering and negative coping mechanisms to address food insecurity (PUI 23/02/2016).

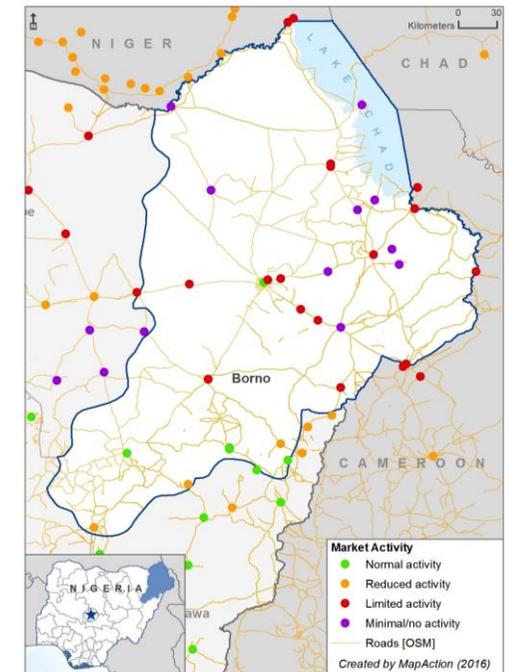
**South Borno:** An assessment in the southern LGAs of Biu, Hawlul, Kwaya and Kusar showed that household food stocks were already low due to a poor 2015 harvest and the extra demand on food supplies from IDPs in the communities has put on food supplies. There are concerns that they may not be enough to last the lean season, which typically ends in late October (Save the Children 03/2016). Agricultural production in south Borno is very low, caused by delayed planting due to insecurity in 2015, and a lack of inputs such as fertilisers (Mercy Corps 02/2016).

## Market access

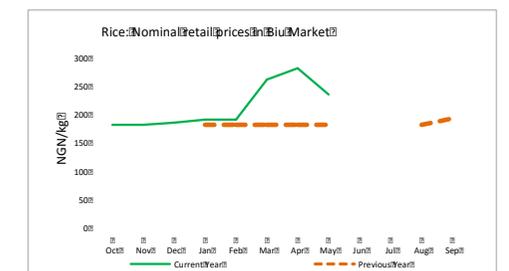
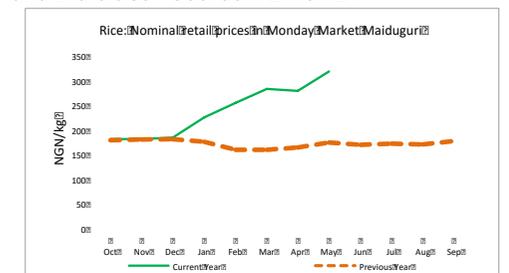
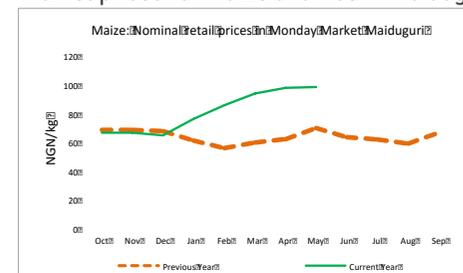
The Nigerian military's tactic to cut food supplies to BH means that no markets are functioning outside the main towns in the northern and eastern LGAs of Abadam, Guzamala, Kala/Baige, Kukawa, Marte, Mobbar, Nganzai and Ngala.

However, most major markets in Maiduguri are functional, while in southern Borno markets are operating to varying degrees. In most cases, markets are operating only with military presence and access to the market is controlled by the military. Markets in both Biu and Kwaya Kusar are open one or two days per week, and large numbers of traders are transferring goods from Gombe (with some regulation of the influx of vendors by the military), Maiduguri and Kano. In Hawul LGA, market functioning was limited with few vendors present.

Market activity, May 2016 Source: FEWSNET



Market prices for maize and rice in Maiduguri and Biu cities Source: FEWSNET



Financial institutions such as banks and some microfinance institutions appear to be operating well in Biu, but not at all in Hawul (Mercy Corps 02/2016; OCHA 27/06/2016).

During the lean season, the prices of staple foods have increased sharply, with an average staple food (cowpeas, maize, millet rice, and sorghum) price rise of 45% since December 2015 (43% above May 2015 prices) in Maiduguri and 60% (61%) in Biu, reaching far above normal retail prices. The price of maize in Biu is 107% higher than in May 2015. (OCHA 24/06/2016, FEWSNET 29/06/2016).

## Livelihoods

Prior to displacement, over 80% of the population depended on subsistence agriculture and livestock farming (IITA 2007). Petty trade, day labour in construction, driving, and government employment are also common livelihoods, especially during the dry season. Income among the displaced in South Borno is on average much lower than before displacement, although some IDPs have found income opportunities, these are the minority. IDP farming households often said they had access to land on a short-term basis but lacked the means to buy seeds, tools and other inputs. The reduction in income affects host community households (Mercy Corps 02/2016). None of the main livelihood activities are possible in Bama LGA (OCHA 28/06/2016).

## Nutrition

### Nutrition in Borno state (November 2015)

GAM	11.5%
MAM	8.9%
SAM	2.6%
Children suffering from MAM (estimated caseload)	244,000

Source National Health & Nutrition survey 2015 & UN Joint Multi-sector Assessment 14/04/2016 (estimated caseload)

Nutrition is a major concern, with assessments in some areas finding GAM and SAM at emergency levels. This is within a context of chronic malnutrition, which is among the highest in the world.

The overall state data on nutrition masks the severe conditions that more recent assessments have shown in some parts of the state. 750,000

people, excluding pregnant and breastfeeding women, are in immediate need of nutrition assistance in newly accessible areas.

Although nutrition screenings in Borno state are yet to be 'validated', they indicate a very serious problem, with the MoH estimating that, without intervention, 19% of children with SAM will die: 128 SAM children every day in Borno (MoH 27/06/2016).

- In June 2016, in Bama LGA, a rapid assessment found that 19% of the 24,000 people found in a camp on a hospital compound, including 15,000 children (among them 4,500 under five) were severely malnourished. Since 23 May, at least 188 people had died in the camp – almost six people per day – mainly from diarrhoea and malnutrition (MSF22/06/2016).
- In Banki, Bama LGA, deaths due to starvation or malnutrition have been reported, mainly among children and the elderly. Three/four people are dying every day. At least 80 children have been reported with SAM (OCHA 28/06/2016).
- In Monguno LGA, GAM was found to be 32% and SAM 13%.
- In nearby Dikwa LGA, high levels of acute malnutrition were identified in April (FEWSNET 07/07/2016).
- In Jere and Maiduguri LGAs, as of May 2016, GAM was at emergency levels: 19.2%, with 3.1% SAM. Chronic malnutrition rates are at serious levels, at 30.7% (ACF and SPHCDA 12/05/2016).
- In Maiduguri, parents surveyed said that 8% of children under five were being followed for malnutrition (PUI 23/02/2016). As of 15 June, in Muna IDP camp, near Maiduguri, GAM was at 29% and SAM 6% (FEWSNET 07/07/2016). SAM has been reported among IDPs arriving in Maiduguri from Mafa LGA, Borno (AFP 05/07/2016).

The lean season, that begun in June, will further aggravate the nutrition situation in Borno (Save the Children 03/2016). In Biu, Bayo, Hawul and Kwaya Kusar LGAs, lack of capacity to manage nutrition is reported, as there are insufficient community health workers and nurses. Staff shortages and associated challenges are mostly reported in the hard-to-reach areas of Borno state, where health workers fear to return. However, there is an inability to manage the nutrition situation throughout the whole state (UNICEF, 07/07/2016, Save the Children 03/2016).

Although only limited information is available, there are concerns that conditions among other IDP populations in the area, such as Pulka camp in Gwoza, could be similarly dire (FEWSNET 07/07/2016).

## Protection

Severe protection concerns exist throughout the state. IDPs face restrictions on their movements and the Nigerian military and the Civilian Joint Task Force (CJTF) have been accused of atrocities such as killing people on suspicion of being BH sympathisers or operatives. Tensions between host communities and IDPs have been reported and risk flaring if there is not an equitable perception of how needs are addressed. Vulnerability of women and children are also serious concerns: of 26 sites assessed in May, there were reports of rape of sexual abuse in 12 and survival sex or sexual exploitation in 14 while

20 girls under 15 being, impregnated during rape, were married off by their parents (PSWG Rapid Assessment 14/05/2016).

Clear and apparent violations of humanitarian principles, including the restriction of movement in/out of official IDP camps, are taking place (PUI 23/02/2016), limiting access to basic services and livelihood with high levels of distrust between the Military/ CTJF and IDPs (UNHCR 07/07/2016). The state-sponsored CJTF, which encourages youth to take up arms against BH, is promoting a form of vigilantism that is already leading to violent criminality (PUI 23/02/2016). The military is reportedly associating people from inaccessible areas with BH, especially relatives of BH fighters, without sufficient information on which to base these claims (OCHA 27/06/2016).

IDPs report restricted access to host community structures and general discrimination (IRC 13/04/2016) while host communities and hosted IDPs are resentful that camps have been prioritised for assistance and requesting equal rights with IDPs in camps. For instance, girls and women living within host communities in Maiduguri reported not receiving any services. The main reason for this is that the number of those in need and types of trauma suffered outstrip the services available, as acknowledged by government representatives, however this inequity is likely to further exacerbate tensions between IDPs and host communities and between IDPs in official camps and those residing in host communities and elsewhere (UNICEF 02/2016, PSWG Rapid Assessment 14/05/2016).

Returnees have reported finding their land and houses occupied after they return to their place of origin, raising land rights as a major issue that is affecting livelihoods and shelter. (ACAPS analysis meeting 29/06/2016).

**Gender:** Sexual violence, including sexual slavery, is a feature of Boko Haram's terror on the population. Sexual exploitation and abuse and negative coping strategies including transactional sex are documented in all protection assessments and by organisations with a SGBV/women/protection focus (OCHA 07/07/2016). Some IDP women are reported to have resorted to trading sex for food assistance and to enter/exit IDP camps. Three times as many women in formal camps reported sexual abuse or rape than those in host communities and informal camps. Forced marriages are also reported, often following pregnancy (PSWG Rapid Assessment 14/05/2016).

In south Borno, the main protection concerns for women reported include:

- stigmatisation and harassment of IDPs by host community
- higher levels of GBV within IDP households than before the displacement
- deprivation of food and other necessities because of kulle, an Islamic practice which does not permit women to go outside the home for livelihoods activities
- Hawking or day labour far from adult members of their family (Mercy Corps 02/2016).

**Children:** In some areas the presence of unaccompanied and separated children has been reported as common (Mercy Corps 02/2016). Some communities, such as in Dikwa, have been highly radicalised, with children as young as seven trained to use sophisticated machine guns (PSWG Rapid Assessment 14/05/2016). In South Borno, mainly in Hawul and Biu LGAs, some unaccompanied children are in voluntary foster parents' homes. Hawul LGA has recorded orphans from homes of 84 families where parents were killed by BH. Most of these children are supported with basic services like schooling and hospitalisation. Key child protection concerns across Biu, Bayo, Hawul and Kwaya Kusar LGAs are killings, child labour, and sexual violence. About 15 psychosocial support stations had been started across south Borno, however there is no psychosocial support for children in the camps in Biu LGA and overall the needs outstrip the services (Save the Children 03/2016). Many adolescent IDP girls are engaged in livelihoods such as farming and livestock day labour, tailoring and petty trade. Both boys and girls are reportedly engaged in high-risk livelihood strategies. There is an increasing prevalence among this demographic group of being forced to use extremely high risk coping strategies, notably engaging in

transactional sex. Transactional sex has been reported by girls as young as nine (Mercy Corps 02/2016). Acute fear and suspicion persist of children born of sexual violence, whose fathers are believed to be BH fighters. It is unlikely that such fears and suspicion will decrease. These perceptions place these children at risk of rejection, abandonment, discrimination and potential violence (UNICEF 02/2016). In Banki, Bama LGA, nearly 80 separated and unaccompanied children are staying in an orphanage (OCHA 28/06/2016).

**ERW:** Borno state, along with Adamawa, are the most impacted by the presence of explosive remnants of war (ERWs) (UNDP 01/01/2016). The presence of, and fear of, landmines have been reported to be impeding agricultural



Suspected mined areas of NE Nigeria. Source: DRC

activities (ACAPS analysis meeting 29/06/2016). In Borno, some of the areas suspected to be contaminated include: Kukawa LGA (Dikwa, Marte, Doro, and Kukawa), Ngala LGA (Gamboru and Ngala), Gwoza LGA, and Kalabalge LGA (DRC DGG 08/12/2015).

## Health

Existing health services and access are limited in host communities, especially in newly accessible areas (UN Joint Multi-sector Assessment 14/04/2016). Health staff are reluctant to work in the more remote LGAs, and local clinics are reportedly being staffed on a rotation basis. Pregnant women do not have access to antenatal care. Some women have given birth while fleeing and without access to postnatal healthcare (PUI 23/02/2016). A measles outbreak is ongoing in Monguno LGA (FAO, 07/07/2016; FEWSNET 07/07/2016).

Already in September 2015, an assessment in six northeastern states highlighted Borno as the most affected in terms of impact on health infrastructure. Only 12 out of 29 hospitals were functional and damage to equipment was recorded in 75% of primary healthcare facilities (PINI 12/02/2016). 14% of hospitals and 35% of PHCs have been destroyed and a further 7% of hospitals and 10% of PHCs damaged (MoH 05/2016). The lack of medicines is a major issue (OCHA 30/06/2016). In urban areas such as Maiduguri, healthcare is still functional and lack of financial means is the main reason for IDPs not accessing services.

Malaria, endemic to Nigeria, is the most common disease reported by those assessed, followed by diarrhoea and respiratory infections (PUI 23/02/2016). An E. coli outbreak has been reported. A measles outbreak has been reported in Borno state, with most cases among children under one. Over 50 cases had been recorded in Gubio IDP camp by 21 March. More cases have been reported in host communities in Maiduguri and an unofficial IDP site in Kaga LGA (OCHA 06/04/2016). Both the under-five mortality rate and crude mortality rate are classified as serious (ACF and SPHCDA 12/05/2016).

**Maiduguri:** The health of the population is reported to have worsened over the course of the crisis. The massive displacement resulting in people living in poor shelter conditions, with limited access to safe water, poor hygiene and sanitary conditions, severe food insecurity and low income, especially for IDPs, have all contributed to increasing the vulnerability of the population to poor health. 34% of households assessed revealed not going to a health facility when they needed to, with the most cited reason (48% of cases) being a lack of sufficient funds (PUI 23/02/2016). The hospitals in Maiduguri city are better stocked than in other areas, although IDPs have limited access due to the cost, unless they reside in government-run camps where medical services are provided free. 47% of respondents reported being able to reach medical facilities within 30 minutes (IRC 13/04/2016).

In Jere and Maiduguri LGAs, as of May 2016, the most common types of illness were fever, cough, and diarrhoea (ACF and SPHCDA 12/05/2016). Cases of measles have been observed in Maiduguri LGA, among Goni Kachalari and Madinatu host communities, where there are no medical facilities/care (PSWG Rapid Assessment 14/05/2016): half the patients, 48%, sought treatment at a pharmacy and 42% in a primary health centre or

hospital (ACF and SPHCDA 12/05/2016). In Muna IDP camp, Maiduguri, seven children were reported dead due to measles in June (AFP 05/07/2016).

**Southern Borno:** In Biu LGA, the number of health facilities is very limited, particularly in Sabon Kaswa and Azere towns, where the nearest functioning health facility is Biu General Hospital, 30km away (Mercy Corps 02/2016). Health centres in Biu have a doctor present, but twice per week, as two government doctors are working in rotation.

**Northeastern:** In Banki, Bama LGA, an undetermined number of cases of diarrhoea and vomiting have been reported, and 20–50 cases of measles. Malaria is also considered a health risk, especially because the rainy season is starting and mosquito nets are lacking (OCHA 28/06/2016).

## Mental health

The population of Borno has experienced high levels of violence, causing trauma and urgent needs for psychosocial support (UN Joint Multi-sector Assessment 14/04/2016, PUI). IDPs have been subjected to serious human rights violations under BH, including abductions, sexual abuse, forced marriage, forced religious conversions, witnessing grave violence to family members, and children forced into combat and support roles (UNHCR 07/07/2016).

The simplistic way the conflict is presented is thought to exacerbate psychosocial trauma: generally, BH is presented as bad, while the Nigerian Army is presented as a good, liberating force. This is not helpful for people who have been victims of sexual assault by state armed forces (PUI 23/02/2016).

Stress and the resulting physical symptoms of hypertension and negative mental health are very common, indicating post-traumatic stress disorder (PTSD) after witnessing violent events. Fear of additional attacks is widespread (Mercy Corps 02/2016). Returnees may have been psychologically impacted by their return to places where they were involved in or witnessed traumatic events and where they may face the destruction of their homes and property (PUI 23/02/2016).

## WASH

### Water

Access to water is a major issue throughout Borno in terms of availability, access and quality, although these issues vary widely according to location. The provision of sufficient water points and sanitation facilities is a priority need in locations where an influx of IDPs has led to overcrowding (ACAPS analysis meeting 29/06/2016, OCHA 30/06/2016).

Payment for water from water vendors, and gaining access to public water sources and suitable water containers are all challenges.

75% of water and sanitation facilities assessed by the UN Joint mission require rehabilitation. Although this assessment only covered a part of the population of Borno, it can be assumed that the population in other parts of the state faces similar problems (UN Joint Multi-sector Assessment 14/04/2016).

**Maiduguri:** The water table is low, requiring new boreholes to be around 100m deep (Joint HNA, 11/07/2014, Oxfam 27/06/2016). In some areas, the main water sources are water vendors and unprotected sources, such as unprotected wells, rivers, and dam water. In Flour Mills area of Maiduguri, where informal settlements are mixed with host communities, and 16% of the population is highly dependent on water vendors. Unable to pay for water, IDPs often have to beg the host community for access to wells and boreholes. Adult women are usually in charge of collecting water – when children try to collect water, they are sent away by the host community. Another serious problem is the lack of hygienic water containers of suitable size, especially among the IDP population (PUI 23/02/2016).

**Southern Borno:** Water access is severely constrained and the quality in some locations is problematic. In Biu, Bayo, Hawul, and Kwaya Kusar LGAs, water is mainly available from streams and wells. In the various host communities, some boreholes were already not functioning long before the insurgency, especially in Hawul, Bayo, and Kwaya Kusar LGAs. In Sabon Kaswa and Azere, in Kwaya Kusar LGA, the water table is high and therefore easily contaminated. One water point 3km outside Azere allows the one water-trucking supplier to have a monopoly and charge double the typical rate for the region. In Biu LGA, water is relatively easy to reach from wells and boreholes, but water in these shallow aquifers is at risk of contamination. In the two IDP camps in Biu LGA, water is provided via water trucking, as the two boreholes in the camp are not functioning. In Hawul LGA, most children are made to walk long distances to get water from the wells and five of the wards (Azare, Ngwua, Kingin, Barigi and Shafa) do not have wells at all (Save the Children 03/2016; Mercy Corps 02/2016).

**Northeastern Borno:** In Banki, Bama LGA, IDPs use five wells. Although repaired by the Nigerian army, these do not meet the water needs of the population. People have to wait almost a day to collect water. The wells are connected to electric pumps but there is no electricity, so a generator has been provided by the army (OCHA 28/06/2016).

## Sanitation and hygiene

Sanitation and hygiene were low across northern Nigeria before the crisis, with fewer than 29% of people having access to improved sanitation in 2015 and 25% (34% in rural areas) practicing open defecation. During the BH insurgency, hygiene practices have been severely affected, especially in densely populated areas.

**Maiduguri:** only 24% of the population has access to hygienic latrines as overcrowding exacerbates an already poor situation. The situation is worse in the IDP settlements inside the host communities, where 75% of IDPs report using a non-hygienic latrine. In

some areas, such as Flour Mills, access to latrines is connected to the payment of rent (PUI 23/02/2016). Fewer than half of sites assessed for the attest DTM had separate latrines for males and females while 60% had no locks. Although 97% of sites had hand-washing stations, only 56% had soap and at 74% of sites there was no evidence of hand-washing. In 74% of sites there was evidence of open defecation (IOM DTM X 30/06/2016).

**South Borno:** In Biu LGA, there are insufficient latrines in the two camps and host communities. An assessment of hygiene practices has not taken place. The sanitation situation in Biu and Kwaya Kusar LGAs is dire, with too few latrines for the size of the population (13–17 people or more per latrine). There is no gender segregation, no door or curtain. Latrines are in a generally bad condition and typically double as shower cubicles. There also appears to be very limited availability of soap (Mercy Corps 02/2016). In Biu, Bayo, Hawul, and Kwaya Kusar LGAs, even most of the malnutrition treatment sites do not have water or toilets (Save the Children 03/2016).

## Waste management

The state has seen an estimated 45% increase in generated waste due to the increased urban population. Municipal solid waste management is limited to main streets and official IDP camps. Open dumping and burning is widespread across Maiduguri, including in natural water bodies and drains. Hazardous healthcare waste (in particular sharps and pharmaceutical waste) is disposed in dumpsites without treatment. Informal IDP camps are not integrated into the municipal waste collection and manage their own waste pits (UNDP 01/01/2016). In Maiduguri, most households burn waste when possible; otherwise, they send their children to dispose of the waste in an open field (PUI 23/02/2016).

## Education

Education in Borno has been severely affected by the insurgency and the provision of sufficient education for all children in the state is a critical need. As schools were some of the first targets for BH, the buildings have been severely damaged and out of use for a long time.

Many children, especially in northern Borno, did not attend school even prior to the crisis, so there is a need for a catch-up programme to enable older children with no schooling to enter school at an age-appropriate level (Borno education sector, 01/07/2016)

All 1,721 state schools in Borno closed in 2013 and only the 212 private schools continued. Between 2009 and October 2015, BH murdered more than 600 teachers, half of them in Borno state. Others have been threatened, injured or kidnapped. Around 19,000 teachers fled their posts (IRIN 07/12/2015). As of July 2016, four schools are occupied by IDPs and 547 schools are damaged or destroyed.

429 primary schools across 11 LGAs have reopened in 2016, together with schools in 12 IDP camps, providing education for 371,288 children. In addition, 34 secondary schools have reopened. The reopened schools are being guarded by armed soldiers, but many parents are still not willing to send their children back to school. In many schools, military education staff have taken up teaching for lack of teaching staff.

**Maiduguri:** schools are overcrowded and do not cover the needs of the large IDP and host population (IOM DTM IX 04/2016). Children in multiple areas in Maiduguri, including New Prison IDP settlement, receive no schooling (OCHA 09/06/2016; Save the Children 27/06/2016).

**South Borno:** In Biu, Bayo, Hawul and Kwaya Kusar LGAs, schools are reported to be open. In these areas, schools closed only during the height of the insurgency, before September 2015. Nevertheless, dropping out has been recorded in some wards (Save the Children 03/2016). Schools generally accept IDPs, but the majority cannot afford to send their children to school because of the cost of uniforms, materials and other fees. Although the FGN has exempted IDP children from these costs, not all schools comply. In the two camps of Biu LGA, volunteers manage a learning space, but it lacks learning materials and water (Save the Children 03/2016).

**Northeastern Borno:** In Banki, Bama LGA, Borno, no educational system has been functioning for the past two years due to BH's opposition to education. School infrastructure has been destroyed (OCHA 28/06/2016).

## Shelter

The greatest needs are among IDPs living in host communities. It is estimated that 90% of IDPs reside in host communities in rented accommodation and often poor conditions, and receive very little support from government or humanitarian actors. Most IDPs are living in makeshift shelters made of sticks, damaged zinc, and torn clothes. Those in the recently accessed areas are in urgent need: most are sleeping in the open (UNHCR 07/07/2016).

Some IDPs pay rent to the landowner who continues living in one building or one room of a building in the compound and who remains in close physical proximity to the IDPs. Other IDPs rent an entire unit from an absent landlord. Some IDPs rent out part of their rented space to other IDPs (PUI 23/02/2016; PSWG Rapid Assessment 14/05/2016). Many households are in debt, behind with rent payments and without alternative options (Mercy Corps 02/2016). The inability to pay rent is a major factor in secondary displacement as landlords only allow IDPs to stay a few months without paying rent. IDPs often stay in abandoned buildings when they can no longer pay rent.

Of the over 1.6 million IDPs identified in Borno, fewer than 10% reside in a total of 49 formal or informal camps (IOM DTM X 30/06/2016). Most camps are informal, which means that structured support is limited. Several sites have been set up in unsafe locations (PUI

23/02/2016; PSWG Rapid Assessment 14/05/2016). During the April DTM, several IDPs were found residing in sub-standard shelter: almost 48,000 IDPs are staying in locations where the most common shelter type are tents, including self-made tents and almost 15,000 IDPs are residing in or around schools (IOM DTM IX 04/2016). Assessments and anecdotal information of informal settlements find that the shelter conditions are makeshift and completely inadequate in terms of protection from the elements. They expose people, especially adolescent girls, unaccompanied children and female-headed households, to health and hygiene risks, a lack of privacy potentially exacerbate protection concerns.

**Maiduguri:** Maiduguri hosts 18 official camps (IOM DTM X 30/06/2016) although the authorities have plans to close reduce this number by relocating the residents of smaller camps. 16 more informal camps are located on the outskirts of Maiduguri (ACAPS analysis meeting 29/06/2016).

Of those IDPs assessed in informal settlements and host communities in Maiduguri, 73% paid rent for their lodging. IDPs residing within the host community were found to pay significantly higher than average rental prices because demand outstrips supply. In some parts of the city, like Flour Mills, there are whole settlements where IDPs rent from absent landlords and few or no locals remain. 17% of the IDPs assessed and paying rent hosted additional IDPs in their rented space (PUI 23/02/2016).

A UNHCR shelter assessment in Muna Garage hosted community on the outskirts of Maiduguri revealed a gap in shelter that exposes people to health hazards and protection risks (UNHCR 31/05/2016). An assessment within New Prison IDP settlement in Maiduguri found more than 3,000 IDPs living in makeshift shelters made of grass and plastic sheets, inadequate during the rainy season, with water dripping through roofs. Poor drainage on the site resulted in serious waterlogging after rainfall (OCHA 09/06/2016). A new informal camp is emerging in Rann, in the outskirts of Maiduguri, with at least 10,000 IDPs (ACAPS analysis meeting 29/06/2016).

**Southern Borno:** Most of the shelters occupied by IDPs are overcrowded and unfinished, with inadequate weather-proofing. Nevertheless, rents are high and many households are in debt to landlords (OCHA 13/06/2016).

**Northern Borno:** In recently accessed areas and areas where conflict is ongoing, such as Ngala and Bama LGAs, IDPs live in camps within or adjacent to military bases. Sometimes this is voluntary (for protection) but sometimes at the direction of the military; for example, in Bama IDPs are confined to the camp by the military for security reasons. In Dikwa LGA IDPs were ordered by the military, again for security reasons, into a camp 3 km from the military base but still in the 'safe zone' although they are not confined to the camp and are now being encouraged to return home. (PUI 23/02/2016; ACAPS analysis meeting 29/06/2016, OCHA 11/07/2016).

More, as yet unidentified, informal settlements are likely to exist throughout northern Borno.

## NFIs

**Maiduguri:** IDPs were found to be in need of most NFIs: having fled from their homes rapidly, many arrived with nothing. Cooking sets, hygiene materials, water storage and water collection vessels were the most critical NFI needs for the households assessed. When commenting on their situation in terms of food insecurity, many households mentioned that even were they to receive a distribution of food items, they would not be able to prepare meals for lack of kitchen utensils (PUI 23/02/2016).

**South Borno:** the most commonly lacking NFIs among IDPs include mattresses, blankets, hygiene items, clothing, and mosquito nets (Mercy Corps 02/2016).

## Adamawa state profile

The north of Adamawa was directly affected by the BH insurgency: BH held territory and conducted multiple attacks, displacing people multiple times as the conflict moved south. A State of Emergency was declared in Adamawa, among other states, in May 2013, following increased attacks by BH. However, BH did not move beyond Maiha LGA, and Yola North and South became the escape location for the displaced population from Borno and northern Adamawa. Since October 2014, BH has gradually retreated north: the northern half of Madagali LGA is the one area still inaccessible to the UN and INGOs.

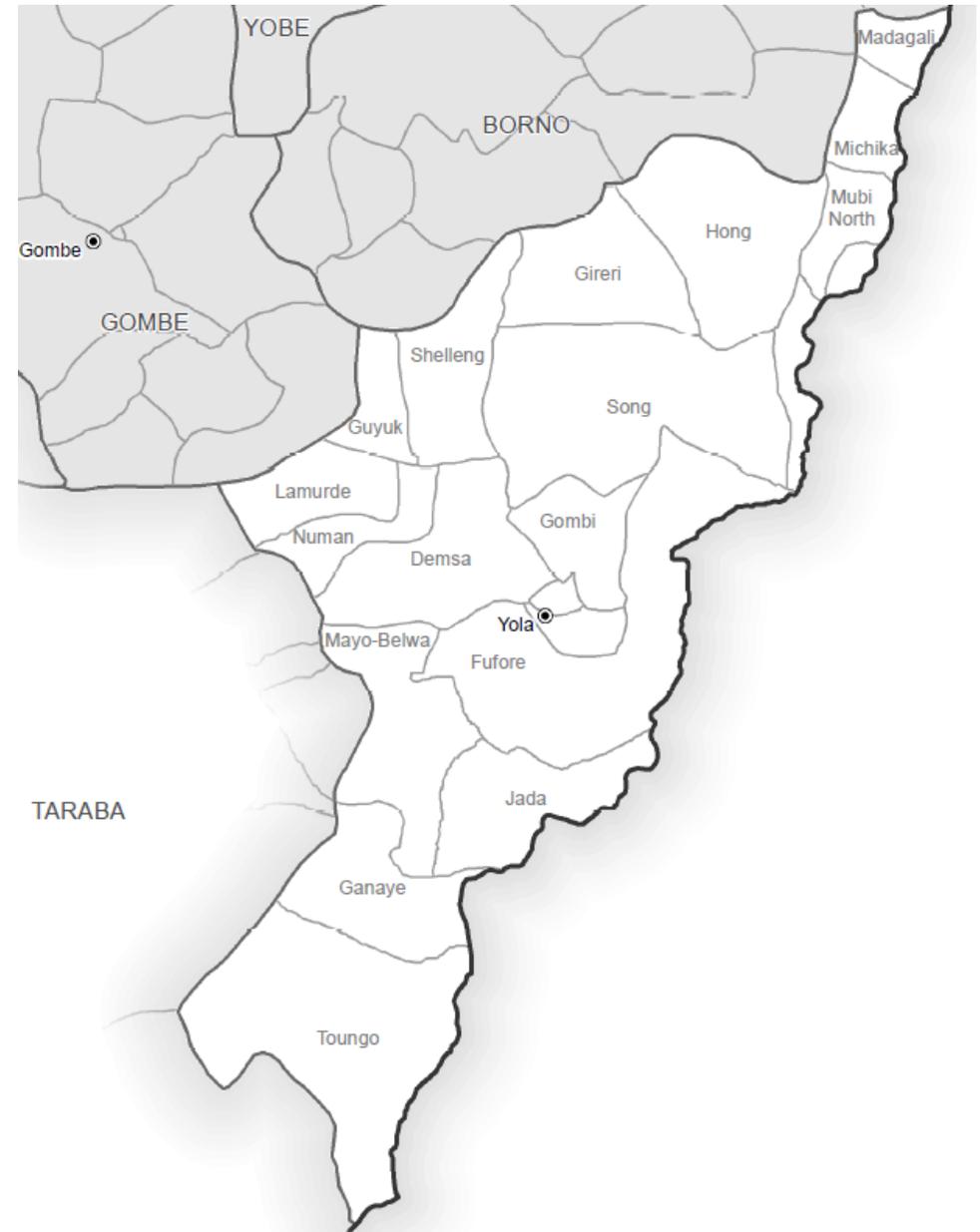
### PRIORITY NEEDS

**Madagali and Michika LGAs** have been the most impacted by the conflict, suffering near total infrastructure damage. This damage, and the continuing insecurity and consequent limited access to Madagali, result in this northern part of Adamawa being the area with the most acute needs. Key infrastructure such as schools, hospitals and mosques were also destroyed across Mubi North and Mubi South LGAs, although the urban areas have largely recovered.

All Adamawa's other LGAs host IDPs, with particularly high numbers in Girei, Maiha, Yola North, and Yola South, and report a high severity of needs. (IRC 24/06/2016).

- **Food and livelihood support** are the priority throughout the state. Over 900,000 people are in need of food assistance. As most IDPs have moved from a rural to an urban setting they have lost the opportunity to work their land and have minimal alternative work opportunities.
- **Protection** remains a high priority in the four northern states. (IRC 24/06/2016).
- **Shelter and food** are reported as emergency needs for returnees, followed by the restoration of WASH and transport infrastructure and the repair of schools and health facilities together with farming inputs and livelihood support. As large numbers of displaced return to completely destroyed locations in the north, they face competing priorities to resume livelihood activities, rebuild shelter, and rehabilitate water sources and sanitation facilities

### Local government areas in Adamawa state



Data sources: Natural Earth, GADM  
Map created by MapAction (2016)

## DISPLACEMENT

### Returnees

Since April 2015, Adamawa is the state with the highest number of reported returnees. By June 2016, 600,000 people had returned to Adamawa, including some 200,000 who had been displaced within the state and 73,000 who returned from Gombe (IOM DTM X 30/06/2016). Most returnees are settling in urban centres. It is not known whether people have also returned to rural areas.

### IDPs

Adamawa state is currently hosting 160,000 IDPs. 71% are from Adamawa and 21% from Borno. 7 LGAs host 84% (133,000 people) of IDPs (Girei, Madagali, Maiha, Michika, Mubi North, Yola North, and Yola South) (IOM DTM X 30/06/2016). All LGAs host IDPs with the largest numbers in Girei (16% of the population) and Michika (13% of the LGA population, and 17% of IDPs).

80% of IDPs in Adamawa intend to return to their place of origin when security permits, the remaining 20% cite lack of employment in the rural areas, lack of confidence in long-term security and loss of assets as their reasons for remaining (IRC 13/04/2016). Displacement in Yola (N&S) and Mubi (N&S) LGAs is likely to become protracted as the majority of the IDP population was originally from Chibok, Madagali, and Michika LGAs, which have been significantly impacted by the insurgency. They are less willing to return to their places of origin, where the restoration of essential services is expected to take time. Additionally, these IDPs have been displaced multiple times, moving south as BH advanced (IRC 24/06/2016).

The Nigerian government was planning to close the IDP camps in Adamawa by December 2016: six have closed down but nine remain, in Fufore, Girei, Madagali, Mubi South, and Yola North and South (DRC 02/2016; Elombah 30/06/2016; IOM DTM X 30/06/2016).

### Refugee returnees

As of May 2016, 22,092 returnees from Cameroon had been registered by UNHCR at Sahuda border crossing, in Adamawa (OCHA 24/06/2016; UNHCR 31/05/2016). Burnt Brick transit camp in Mubi hosts returnees from Cameroon (IRC 24/06/2016).

## OPERATIONAL CONSTRAINTS AND INFORMATION GAPS

**Humanitarian access:** Access to Madagali LGA is severely restricted due to continued insecurity (IRC 24/06/2016).

**Information gaps:** Little information is available on the needs of the people in northern Madagali LGA or on the impact of the conflict on the populations of the six northern LGAs, who did not displace. Lack of secure access to these areas impedes getting information.

Little is known about the need of the identified vulnerable older people, the majority of which resides in the northern LGAs of Adamawa and mainly in Madagali (UNHCR 06/2016).

## SECTORAL NEEDS

### Food security

Food security is a serious concern in the state, and requires further assessment. There are 900,000 people food insecure in Adamawa (OCHA 24/06/2016). One assessment found that the number of households having only one meal per day has increased since February. Limited financial resources and time taken to access markets for those living outside urban centres appear to be the main reasons for insufficient food access.

An IRC assessment of eight of the most affected LGAs found that for 86% of the assessed households (in Yola South, Yola North, Girei, Fufore, Maiha, Hong, Mubi North, and Mubi South LGAs) the frequency of food consumption fell within the acceptable status while for 14% it fell within borderline and poor consumption status (IRC 13/04/2016).

However a DRC assessment showed that in Yola, most households have a low Household Dietary Diversity Score (HDDS) and in Mubi, most households score medium (DRC 02/2016). In Adamawa, as of February, the number of IDP households having only one meal per day has increased by 5%, while those having only two meals has increased by 20% (DRC 02/2016).

The field assessment in Yola and Mubi in Adamawa state shows limited response to food security and livelihood needs, with more focus in WASH, education and protection sectors (DRC 02/2016).

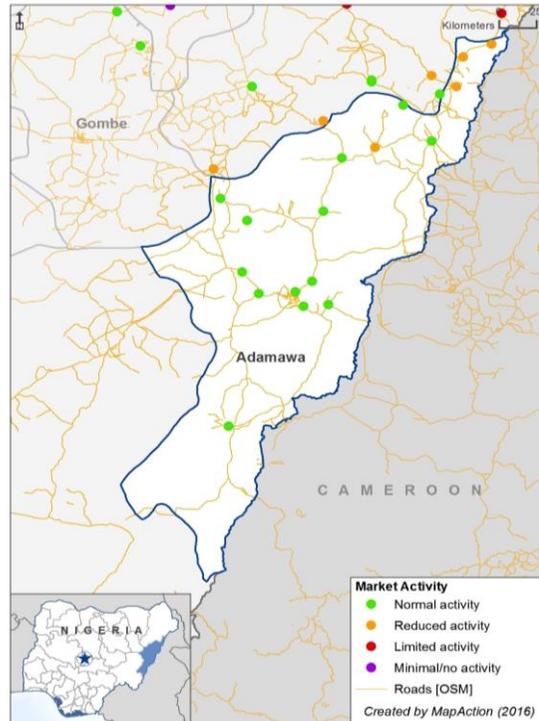
### Market access

Markets were functioning normally in most of Adamawa state during May, although the main markets in Hong, Michika and Madagali (in the north) and Gombi (centre) had some reduction in the number of traders and the levels of supply or demand compared to normal at this time of year.

During the lean season, the prices of staple foods have increased sharply, with an average staple food (cowpeas, maize, millet rice, and sorghum) price rise of 50% since December 2015 (a rise of 30% on May 2015 prices) in Mubi, reaching retail prices far above normal. The price of maize in Mubi has increased by 102% compared with May 2015 (OCHA 24/06/2016, FEWSNET 29/06/2016).

The Consumer Price Index (CPI) for Adamawa state for the period October 2014–October 2015 was +9.2% for food items and +9.6% for all items. The needs of the most vulnerable urban households are affected by their low purchasing power rather than seasonal factors (DRC 02/2016).

Both Yola and Mubi are urban contexts and thus access to food, is concentrated in the city markets and shops. The time spent going to the market for more than 60% of the population in Yola is between 15 minutes and 1 hour and for 80% of the population in Mubi is more than an hour. In Yola, access is generally limited from July to December, mainly because of bad roads in the peak of the rainy season. Access is also limited in Mubi, mainly because of insecurity, long distances, and bad roads (DRC 02/2016).



Market activity, May 2016 Source: FEWS NET

## Livelihoods

In Adamawa the main available sources of income for IDPs and host communities are casual labour, petty trade, employment, and remittances. The host population, IDPs, and recently returnees have lost their assets and income sources – agriculture, livestock, or trading capacity (DRC 02/2016).

Traders from Mubi and Yola, even after BH's departure, reported difficulties in resuming normal business activities, including challenges with authorities, especially during customs clearance and payments at road checkpoints (DRC 02/2016). During December, 62% of IDP and host households borrowed money to purchase food, cover health expenses, and meet other basic needs including purchase of agricultural tools and inputs. By April 2016, 40% of households reported a drop in income and only 23% an increase compared to December 2015, suggesting that a significant proportion of the population is being pushed further into debt (IRC 13/04/2016).

## Nutrition

### Nutrition in Adamawa state (November 2015)

GAM	7.1%
MAM	6.4%
SAM	0.7%
Children suffering from MAM (estimated caseload)	136,000

Source National Health & Nutrition survey 2015 & UN Joint Multi-sector Assessment 14/04/2016 (estimated caseload)

Screening within IDP camps has found a high proportion of children with severe acute malnutrition (SAM). Malnutrition is a chronic problem in the area, which the BH insurgency has exacerbated (DRC 02/2016).

## Protection

**Tensions** between IDPs and host populations due to restricted access to services and resources, general discrimination, and more specific reasons such as forced marriage, have been reported in Adamawa (IRC 13/04/2016).

**Documentation** is a significant issue for IDPs, as lack of identification and other papers is hampering their access to hospitals, schools and other services. Historically, people in the north do not routinely have official IDs or register with the official authorities, as IDPs though IDs are requested in order to access public services as hospitals and schools.

More than 5,000 vulnerable older people (49% of the total identified in the six northeast states), have been identified in the northern LGAs of Adamawa. More than half of them reside in Madagali LGA (UNHCR 06/2016). This group is likely to have specific needs, which require further investigation.

IDPs continue to fear BH activity where they are. Some are also concerned about by the Nigerian military, especially when entering or exiting government-run camps (IRC 24/06/2016). The soldiers and the civilian task force have been accused of harassing women when they want to go out of the camps, access food, or get help. Usually they are forced to give sex. At the same time there is no effective system to address abuse by the military (IRIN 05/07/2016).

**SGBV:** More than 6,000 women and girls have been identified through the Protection Working Group vulnerability screening as in need of protection services in seven assessed LGAs (Gombe, Hong, Madagali, Maiha, Michika, and Mubi North and South). Most of the cases were reported in Madagali and Mubi North. 945 were reported to be survivors of SGBV (UNHCR 06/2016). Female IDPs have reported a dramatic increase in sexual violence since their displacement, much of which goes unreported (IRC 24/06/2016).

**Children:** More than 12,000 vulnerable displaced children have been identified through the PWG vulnerability screening across the seven assessed LGAs. Most reside in Madagali,

Mubi North, and Gombe (UNHCR 06/2016). Children separated from their usual caregivers after BH attacks are reported to be present in camps, communities, and informal settlements. Children are reported to have changed behaviour since the insurgency began, indicating psychosocial distress. Children are reportedly working (predominantly farm work and domestic labour) as well as being used by armed groups in roles such as operating checkpoints, cooking, and cleaning (DRC 02/2016; IRC 13/04/2016).

**ERW:** Adamawa state, along with Borno, are the most impacted by the presence of explosive remnants of war (ERW) (UNDP 01/01/2016; Landmines in Africa 10/2015).

## Health

Lack of medicines and the cost of treatment are the key factors that prevent IDPs from accessing health services. Only IDPs in official camps receive free treatment. Three main health centres have been destroyed (in Madagali, Michika and Hong), seriously reducing health service coverage in the north. There is a deficiency of emergency services in both rural and urban locations (OCHA 1/07/2016).

While health facilities across the remainder of Adamawa state are functioning to a degree – 32% of the state’s primary health centres have been damaged or destroyed – and are physically accessible to the majority of the population, a lack of medicines, shortage of staff (as many are still displaced) and the cost of treatment limit service provision. 87% of respondents in the eight of the most affected LGAs reported being able to reach medical facilities within 30 minutes, however 83% of health centres reported holding insufficient drug stocks. The hospitals in urban Yola and Mubi are better stocked than facilities in rural areas, where stocks are lower and are replenished less frequently. IDPs have limited access due to costs (WB 05/2016; IRC 13/04/2016, OCHA 1/07/2016).

## WASH

Access to water is an issue for IDPs, particularly those residing in informal settlements or with host communities where water points are broken. People have to pay around 20 naira for 10L of water; a price they struggle to afford. Corpses have been thrown into some wells in the northern LGAs, thus decontamination of wells is a priority for returnees (OCHA 1/07/2016).

There are also significant issues around vector control and drainage systems, in camps, host communities, and informal settlements (IRC 13/04/2016). Open defecation in IDP camps is also a concern: an outbreak of diarrhoea in one of the camps in Yola was attributed to contaminated water (OCHA 1/07/2016).

Hygiene practices are relatively good although, with Lassa fever, Ebola, cholera, and severe diarrhoea including dysentery ever-present, hygiene awareness and knowledge remains a need (IRC 13/04/2016).

**Waste management:** In January, there was no regular public waste collection service in Adamawa state. Refuse is dumped indiscriminately. Some private contractors provide waste collection services to those willing to pay, most notably commercial entities such as shops, and healthcare facilities. In official IDP camps, waste is regularly collected and brought to predefined locations within camp boundaries, but elsewhere waste management is of concern (UNDP 01/01/2016).

## Shelter and NFIs

Shelter is a main priority for returnees to LGAs in the north, where many homes were destroyed. The lack of shelter is a major deterrent to returns (OCHA 1/07/2016).

In Yola LGA, the five priority NFI needs reported by the population are soap, firewood, detergent, body cream and Vaseline. In Mubi LGA, the five priority needs are soap, firewood, clothing, and pots (DRC 02/2016). The continued rise in price of some non-food items is an issue in some areas (IRC 13/04/2016).

A February and March 2015 assessment by the Adamawa State Insurgency Victims Support Committee in seven LGAs (Gombi, Hong, Mahiha, Mubi North, and Mubi South) found that private houses were most affected by the conflict, accounting for two-thirds of damaged and destroyed buildings (UNDP 01/01/2016).

## Education

NGOs report education as a state-wide need. Priority needs are to repair damaged buildings and water points, employ more teachers, provide adequate learning materials, and strengthen structures that will encourage education such as the school based management committees (SBMCs) and Mothers’ Associations (UNICEF 01/07/2016). A systematic assessment of education availability, needs and attitudes to sending children to school is required to plan consolidated education response.

Around 80% of schools have reopened. However, few IDPs have the funds to pay school fees and costs of uniform and books. The government has officially waived fees for IDPs, but not all schools implement the waiver.

The shortage of teachers that existed before the crisis has been exacerbated, some schools in the north have been destroyed, and many in the south are overcrowded, with insufficient staff and infrastructure to accommodate all the IDP children.

The poor security situation, especially in Madagali and Michika LGAs, and fear of attacks also stop children attending school (IRC 24/06/2016, UNICEF 01/07/2016).

In an assessment in Yola and Mubi published in April 2016, nearly 90% of respondents said there was a functional school near their home. This response was equal between IDPs in camps and IDPs in informal settlements, host communities, as well as returnees.

For those who said that there was not a functional school close by, the reasons cited were: school buildings destroyed by BH, lack of equipment or materials, lack of teachers in the area; teachers not working as unpaid, and parents unable to buy materials or pay fees (IRC 13/04/2016; UNICEF 01/07/2016).

## Damage to infrastructure

Infrastructure (banks, petrol stations, markets, shops) in Michika, Madagali, Mubi North, and Mubi South has been severely damaged. Although in Mubi infrastructure has mostly been repaired, the high number of IDPs is placing strain on the existing infrastructure (IRC 24/06/2016). One important implication of the destruction of banks and banking systems is that it impedes cash-based responses. Mubi was excluded from cash projects because of destroyed banking infrastructure (DRC 02/2016).

## Yobe state profile

After Borno, Yobe has been the state most affected by the BH crisis, both in terms of conflict and the population displacement caused by the conflict. Yobe has sustained 13% of all infrastructure damage in the North East (US\$1.2 billion). (WB 11/03/2016)

Since January 2016 operations, by the Nigerian security forces have enabled access to the main towns in Yobe and many of the villages of 15 out of the 17 LGAs (UN Joint Multi-sector Assessment 04/2015). A State of Emergency was declared in the state in May 2013. BH held territory within the state as well as carrying out attacks.

Gujba and Gulani LGAs remain inaccessible, and occasional BH attacks from Niger restrict access to Yunusari. An increase in BH raids in villages, mainly in Yunusari, was reported in June. The objective of the raids was to take food; this will need to be monitored closely over the coming weeks (ACAPS analysis meeting 29/06/2016).

### PRIORITY NEEDS

2.3 million people are in need (UN Joint Multi-sector Assessment 14/04/2016).

**Bade, Damaturu and Potiskum** LGAs each host over 20,000 IDPs (IOM DTM X 30/06/2016)

**Geidam, Gujba, Gulani**, and the northern border area of **Yunusari** LGAs are still insecure and largely inaccessible to the humanitarian community. However significant numbers of IDPs are returning to these unsafe areas, seeking to restart agricultural livelihoods (Save the Children 27/06/2016, OCHA 10/07/2016).

- **Food security and livelihoods:** 8,000 people are projected to be in emergency (IPC Phase 4) food security and 940,000 in crisis (IPC Phase 3) (MoA/FAO 18/03/2016). Over 1.6 million people need of urgent food assistance. 250,000 people are severely food insecure, including 200,000 in rural areas and at least 55,000 IDPs and host populations in Damaturu. (UN Joint Multi-sector Assessment 14/04/2016). A lack of financial resources is a key constraint in accessing food and is a significant driver of returns as IDPs seek to return to restart livelihoods, almost exclusively subsistence farming.
- **Nutrition:** Pockets of severe malnutrition exist: an assessment in Jakusko LGA, following a measles outbreak in April, showed 8.9% SAM in children under five (ECHO 27/06/2016).
- **Health and shelter** (Save the Children 27/06/2016).

## Local government areas in Yobe state



Data sources: Natural Earth, GADM  
Map created by MapAction (2016)

## DISPLACEMENT

Yobe state is currently hosting just over 112,000 IDPs (22,000 fewer than in April). 44% are internally displaced within the state and 56% come from Borno.

99,000 IDPs are hosted in the community, primarily in Bade, Damaturu, Nguru and Potiskum LGAs. One official camp (Pompemary) and six unofficial camps (Kukareta, Fuguri, Gombe Farm, Ngabrawa, Kasesa, Abbar Warr) in Damaturu host 13,500 IDPs (IOM DTM X 30/06/2016).

Damaturu LGA was hosting 25,000 IDPs in June, with 53% living in camps and 43% in the host community. This is a reduction of 13,000 from 38,000 IDPs in April and is indicative of the pace of returns.

The reduction in conflict in Yobe has reduced movement of IDPs from Yobe towards other states and displacement within the state itself. The main reason for movement of IDPs is now return.

Of the 80,000 people from Yobe state who have been displaced, 69,000 (86%) are displaced from Gujba and Gulani LGAs, in the southeast of the state, mainly to other LGAs in the state.

**Returns:** Since April 2016, around 20,000 IDPs are reported to have returned to their area of origin in Gujba and Gulani LGAs, which remain hard to reach for humanitarian actors (OCHA 24/06/2016). The number of people returning to other LGAs remains negligible (IOM DTM IX 04/2016, IOM DTM X 30/06/2016).

## OPERATIONAL CONSTRAINTS

**Humanitarian access:** Yunusari, Gujba, and Gulani LGAs are still considered unsafe. In spite of this, some organisations have recently started small-scale operations in Gujba, in areas neighbouring Damaturu and Fune (IRC 24/06/2016; AFC 24/06/2016).

Overall, fewer humanitarian partners are operating in Yobe than in Borno.

**Infrastructure** destruction in Yobe has been significant, but less severe than in Borno. The Yobe Damage assessment, conducted in the first half of 2015 found more than 19,000 destroyed and damaged structures in the nine LGAs of Yobe assessed: Damaturu, Potiskum, Geidam, Gujiba, Yunusari, Fune, Gulani, Fika, and Tarmuwa (UNDP 01/01/2016).

## SECTORAL NEEDS

### Food security

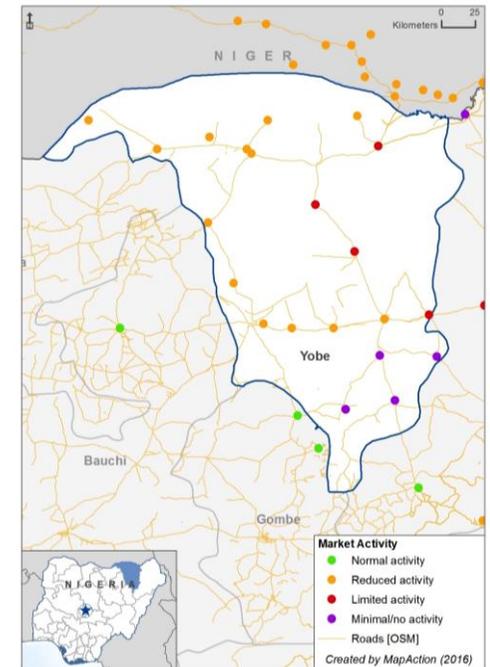
2.3 million people are food insecure. Overall, the state is classified as in Crisis (IPC Phase 3): nearly 940,000 people are estimated to be in Crisis while a further 8,000 are in Emergency. (MoA/FAO 18/03/2016)

The five LGAs estimated to be in Emergency are Nguru, Geidam and Yunusari in the north and Gujba and Gulani in the south (OCHA 24/06/2016). Food insecurity is expected to worsen as the lean season and the rainy season have already started.

### Market access

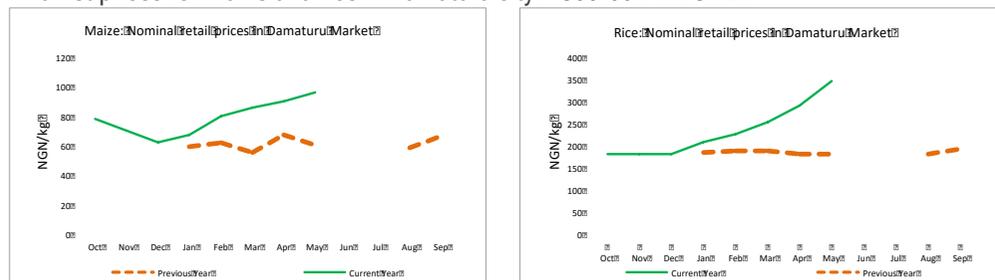
The four main markets in Gujba and Gulani were severely disrupted with little or no activity in May while in Geidam and Tarmuwa there was significant disruption with at least a 50% reduction in supply and number of traders compared to normal. Elsewhere most markets are function with some reduction in the number traders and the levels of market supply or demand compared to normal.

During the lean season, the prices of staple foods have increased sharply, with an average staple food (cowpeas, maize, millet rice, and sorghum) price rise of 49% since December 2015 (a rise of 48% on May 2015 prices) in Damaturu, reaching retail prices far above normal. The price of maize in Damaturu has increased by 59% compared with May 2015. (OCHA 24/06/2016, FEWS NET 29/06/2016).



Market activity, May 2016 Source: FEWS NET

Market prices for maize and rice in Damaturu city. Source: FEWSNET



## Livelihoods

Gujba and Gulani LGAs account for slightly over 40% of the state's total food production, however, the conflict has prevented access to these LGAs for two and half years, preventing all agricultural activities (OCHA 05/07/2016).

## Protection

The population has experienced high levels of violence, rendering people traumatised and in urgent need of psychosocial support (UN Joint Multi-sector Assessment 14/04/2016).

## Child protection

Fika LGA reportedly has a high number of unaccompanied and separated children and child labour is widespread (Oxfam 27/06/2016). IDP families who are returning in their place of origin have been reported to leave their children behind, mainly in LGAs of the southwest, which are more secure and where there is access to schools. More information is urgently required on the living arrangements of these children.

## WASH

**Water:** The main water sources for IDPs and host communities are boreholes with motorised or solar-powered pumps, and water trucking.

Over 60% of IDPs in host communities report having insufficient containers for water collection and storage. IDPs living within host communities in Yobe have been reported to have equal access with the host population to local sources of drinking water.

In most camps, there is access to sufficient water. However, in Kasaisa, Kukareta, Bukari Ali camp, and Mohammadu camps it takes people between 30 and 90 minutes to fetch

water or people pay 10N per container. Host communities also pay for their water, spending 70–200N per day.

Water storage capacity is deemed sufficient in newly accessible areas. 9% of water and sanitation facilities require rehabilitation. In most camps, water sources do not have a backup generator, submersible pumps, or maintenance kits.

**Sanitation and hygiene:** Latrine coverage is below Sphere standards in three locations. Hygiene practice is poor everywhere, especially in IDP camps where large numbers of people are concentrated with few sanitation facilities (UN Joint Multi-sector Assessment 14/04/2016; ICRC, Caritas, UNICEF and MSF 14/04/2016).

## Health

46% of the states' primary health centres and 23% of hospitals have been damaged or destroyed and health coverage is extremely low. As in Borno, many of the most qualified health workers have fled (WB 05/2016). A measles outbreak was reported in Yobe state in April: 840 cases were reported, most of them in Damaturu and Jakusko LGAs. Most cases are among children under one year old (OCHA 06/04/2016). Government vaccination campaigns are ongoing throughout the state.

## Nutrition

It needs to be kept in mind that overall nutrition information for the state can mask significant pockets of undernutrition. An MSF assessment in Jakusko LGA, following a measles outbreak, showed 8.9% SAM in children under five (ECHO 27/06/2016).

Nutrition in Yobe state (November 2015)

GAM	10.9%
MAM	8.9%
SAM	2.0%
Children suffering from MAM (estimated caseload)	136,000

Source National Health & Nutrition survey 2015 & UN Joint Multi-sector Assessment 14/04/2016 (estimated caseload)

## Shelter

Yobe only has five IDP hosting camps and sufficient shelter is an emergency need for IDP populations. Shelter support and rehabilitation of existing structures as well as temporary shelter is required in all IDP camps and many host communities visited by the UN assessment teams in April (UN Joint Multi-sector Assessment 14/04/2016).

## Waste management

The influx of IDPs has resulted in 7% more waste generation. As in other states, the responsible authority lacks funds, spare parts, and vehicles to provide the required waste collection coverage.

Although waste collection services operate in the LGA capitals they are only sufficiently effective in Potiskum (OCHA 05/07/2016), IDP camps and collective centres are not integrated with existing waste collection. Unofficial camps outside the capital do not have an organised waste management system and IDPs collect and burn the waste at household level (UNDP 01/01/2016).

## Education

No assessment of the education sector has been conducted. IDPs seem to generally have access to schools within host communities. However, similar problems with other states, as the underfunding, lack of teaching personnel, insufficient spaces for all the IDP children and lack of teaching material persist.

## ERW

Yobe state is likely to have explosives and dangerous remnants of war in areas where fighting took place however no assessment has been conducted to date (UNDP 01/01/2016).

## Gombe state profile

Gombe state is an IDP hosting state – it has not been affected directly by BH violence since suicide attacks in July 2015. Most of the 26,600 IDPs reside in Akko, Gombe, Funakaye, and Yamaltu LGAs. Damage to infrastructure has been reported, and existing infrastructure is stretched due to the existence of IDPs in the state (Oxfam 27/06/2016).

Increasing conflict between Fulani herders and local populations has been reported since April 2016 (ACLEED 01/07/2016). BH are allegedly joining criminal groups and Fulani herders in the area, in an attempt to escape the military's offensive (ACAPS analysis meeting 29/06/2016).

### PRIORITY NEEDS

- Food security and livelihoods
- Nutrition
- WASH (Oxfam 03/2016).
- Health and shelter (Save the Children 27/06/2016).

### DISPLACEMENT

In June, Gombe state was hosting 26,600 IDPs, 16,000 fewer than in April 2015; many having either returned home or moved to secondary sites in other states. All of those displaced in Gombe are from outside the state. 48% of the IDPs originate from Borno, 47% from Yobe, and 5% from Adamawa (IOM DTM X 30/06/2016).

### OPERATIONAL CONSTRAINTS

Although Gombe is less affected than other northeast states, the displaced population does have significant needs (although a smaller number of displaced than in other states), there has been limited humanitarian assistance and very few NGOs are currently operating in the state. The level of the response is considered low and funding is not targeted towards Gombe (OCHA 27/06/2016). Coordination among humanitarian partners and the government is weak (Oxfam 27/06/2016).

**Humanitarian access:** Although access is generally good, there are some access issues in the border area between Funakaye LGA of Gombe and Gulani LGA of Yobe State due to the presence of Fulani herders. (Save the Children 27/06/2016);

## Local government areas in Gombe state



Data sources: Natural Earth, GADM  
Map created by MapAction (2016)

## SECTORAL NEEDS

### Market access

All markets in Gombe are reported to be functioning and there are no issues reported in terms of gaining access to markets or in the availability of food and key commodities however the purchasing power of the IDP population is low. Retail prices of basic foodstuffs have increased since the insurgency began although by less than in other affected states (OCHA 27/06/2016, Oxfam 04/2016).

### Livelihoods

IDPs in Gombe are in need of livelihood support. Farming is the main source of livelihood for both IDPs and the host communities. Host communities do not allow IDPs to access farm land so they are prevented from making an income in (Save the Children 27/06/2016).

### Protection

Gombe is one of the states of the northeast with a very high percentage of women who live alone and unaccompanied and separated children are reported among the IDP population, mainly in Nafada; Yamatu/Deba and Akko LGAs. Widespread reoccurring issues among IDPs are SGBV, forced marriage, and forced labour. Unaccompanied girls are reported to willingly get married in order to have food and shelter. There are no facilities for SGBV victims (Save the Children 27/06/2016; Oxfam 27/06/2016). Some IEDs incidents have been reported (Oxfam 27/06/2016).

### Health

The cost of transportation to hospitals and healthcare fees severely restrict access for IDPs (Save the Children 27/06/2016).

### WASH

Communities in Akko and Nafada LGAs are facing problems accessing water and sanitation. For those reliant on water vendors the price can reach NGN 200 per 20L in the dry season. In areas with a dam or a borehole, access is usually limited for remote communities (Save the Children 27/06/2016; Oxfam 03/2016).

## Nutrition

Akko LGA lacks nutrition services (Save the Children 27/06/2016).

Nutrition in Gombe state (November 2015)

GAM	7.1%
MAM	5.2%
SAM	1.8%

Source National Health & Nutrition survey 2015)

### Shelter

IDPs in Gombe had been living in a camp that has been closed by authorities. They now live within host communities and, as the majority cannot afford the cost of rent, they usually take shelter in abandoned buildings or keep moving (Save the Children 27/06/2016).

### Education

The majority of IDP children in Gombe are currently out of school due to inability to pay the school fees and buy uniforms and books. Although the government officially allows IDPs to go to school without paying fees; the schools themselves are refusing access to IDP students mainly due to lack of funds. Schools are already under pressure as they lack teaching staff; affecting not only IDPs but also host communities. Munda Andege, Nafada LGA, is the most affected area regarding non-operational schools due to lack of teachers (Save the Children 27/06/2016).

## Bauchi and Taraba state profiles

Bauchi and Taraba have been the scene of very few Boko Haram attacks, and are primarily of concern as host states for IDPs. However, they host a much smaller IDP population than the other states, access throughout the state is good, and host IDPs – though a much smaller number than the other northeastern states.

Both states host IDPs who have fled BH-related violence – Bauchi hosts 30,000 and Taraba 13,000 – as well as (33,000 & 34,000) IDPs displaced internally due to intercommunal clashes and natural disaster (IOM DTM X 30/06/2016).

In April 2016, BH attacked a settlement in the border of Ningi and Toro LGAs, killing one person and abducting another (UNDSS). The most recent attacks before then were in March 2015 in Bauchi, and August 2013 in Taraba.

### OPERATIONAL CONSTRAINTS AND INFORMATION GAPS

Sectoral information is largely absent, as is access information.

Access may be impacted by increasing violence reported between Fulani herders and local populations (ACLEDD 01/07/2016). BH are allegedly joining criminal groups and Fulani herders in the area, in an attempt to escape the military offensive (ACAPS analysis meeting 29/06/2016).

### DISPLACEMENT

Over 30,000 IDPs were residing in Bauchi in June 2016, displaced from Borno, Adamawa and Yobe.

Of the 47,000 IDPs residing in Taraba state, 13,000 (28%) were displaced from Borno and Adamawa. The remaining 72% of IDPs in Taraba were displaced from other areas of the state because of intercommunal clashes, primarily in 2013 and 2014. While this violence continues, there has been no large-scale displacement in Taraba in 2016 (ACLEDD 11/06/2016, IOM 10/05/2016, HRW 15/04/2014).

### HEALTH

All of the 15 hospitals assessed in September 2015 were found to be functional. However, there is a shortage of doctors (with only one doctor per 35,000 people) and health facilities lack basic amenities such as water and electricity. In as many as 87% of primary health facilities in Taraba, there is no electricity supply, compared to 65% of facilities in the north-eastern region of the country. (PINE 12/02/2016).

## NUTRITION

Nutrition in Bauchi & Taraba states  
(November 2015)

GAM	8.5%	7.1%
MAM	6.9%	5.2%
SAM	1.6%	0.7%

Source National Health & Nutrition survey 2015

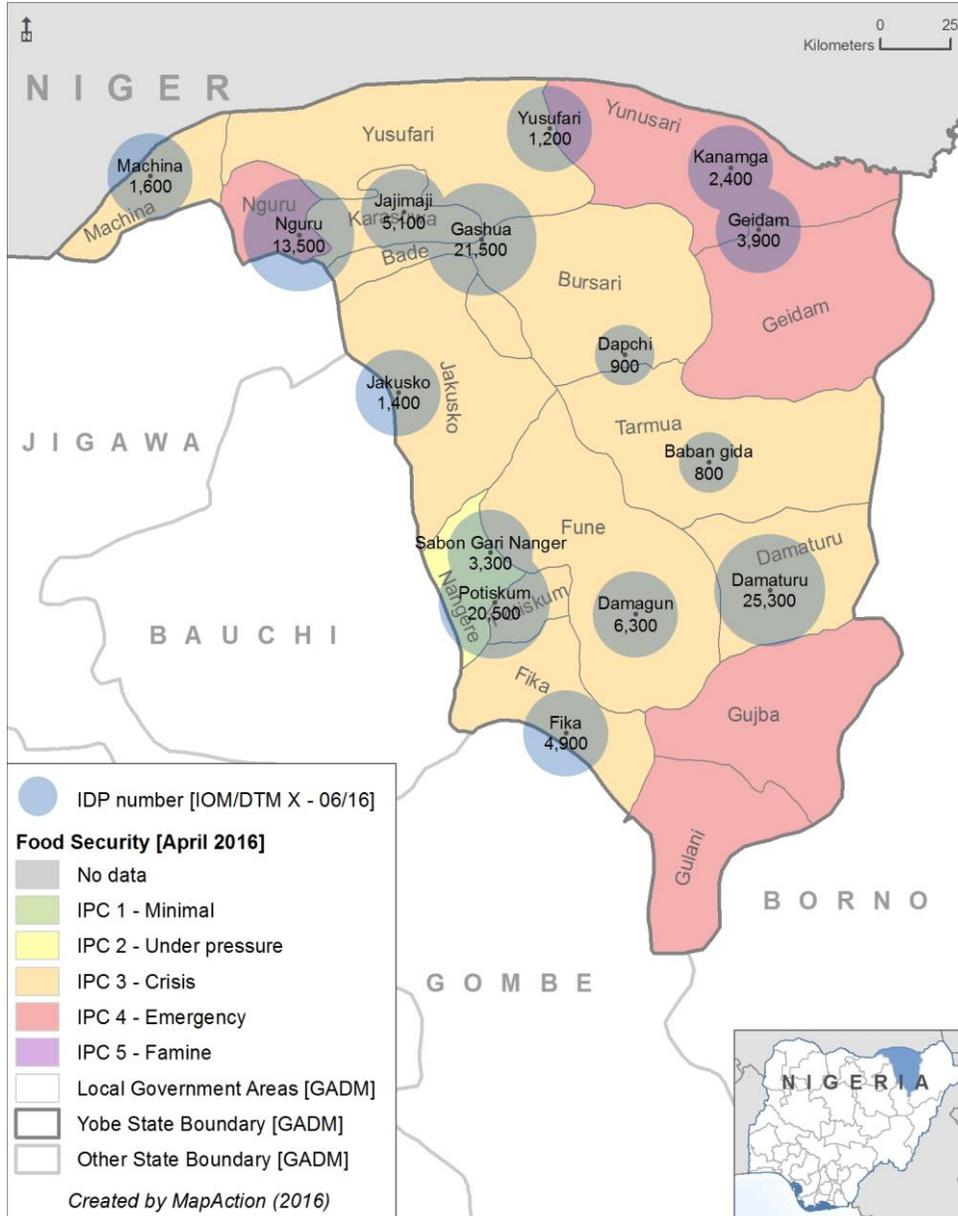
## Baseline characteristics

Key indicators	Borno	Adamawa	Yobe	Gombe
<b>Population (2006)</b>	4,171,104	3,178,950	2,321,339	2,365,040
Population (projected, 2016)	5,800,000	4,200,000	3,200,000	3,200,000
Number of LGAs	27	21	17	11
Area (km <sup>2</sup> )	70,898	36,917	45,502	18,768
<b>Population density (/km<sup>2</sup>)</b>	79.1	110.9	69.5	166.5
<b>Average household size (2010)</b>	4.8	5.0	5.1	5.1
<b>Measles vaccination coverage for infants</b>	23.5%	68.4	31.2	52.7
<b>Acute malnutrition prevalence % (wasting, 2011)</b>	18.7%	6.4	14.9	12.3
<b>Literacy rate (2010)</b>	Rural: 17% male, 10% female Urban: 44% male, 36% female	Rural: 42% male, 38% female. Urban: 54% male, 51% female	Rural: 15% male 14% female Urban: 46% male 25% female	Rural: 37% male, 14% female. Urban: 72% male, 46% female
<b>Education attendance (2010)</b>	27%	87%	40%	59%
<b>Main source of energy for cooking</b>	Collected firewood (85%)	Collected firewood (80%)	Collected firewood (68%)	Collected firewood (74%)
<b>Main source of water (2010)</b>	Unprotected well/spring (48%)	River/spring (28%)	Unprotected well/spring (45%)	Unprotected well/spring (42%)
<b>Main type of toilet facility (2010)</b>	Uncovered pit latrine (54%)	Covered pit latrine (52%)	Covered pit latrine (27%)	Uncovered pit latrine (51%)
<b>Births without skilled attendant % (2010)</b>	6.7	6.3	6.5	14
<b>Healthcare facilities per 100,000 (2011)</b>	10	28	19	19

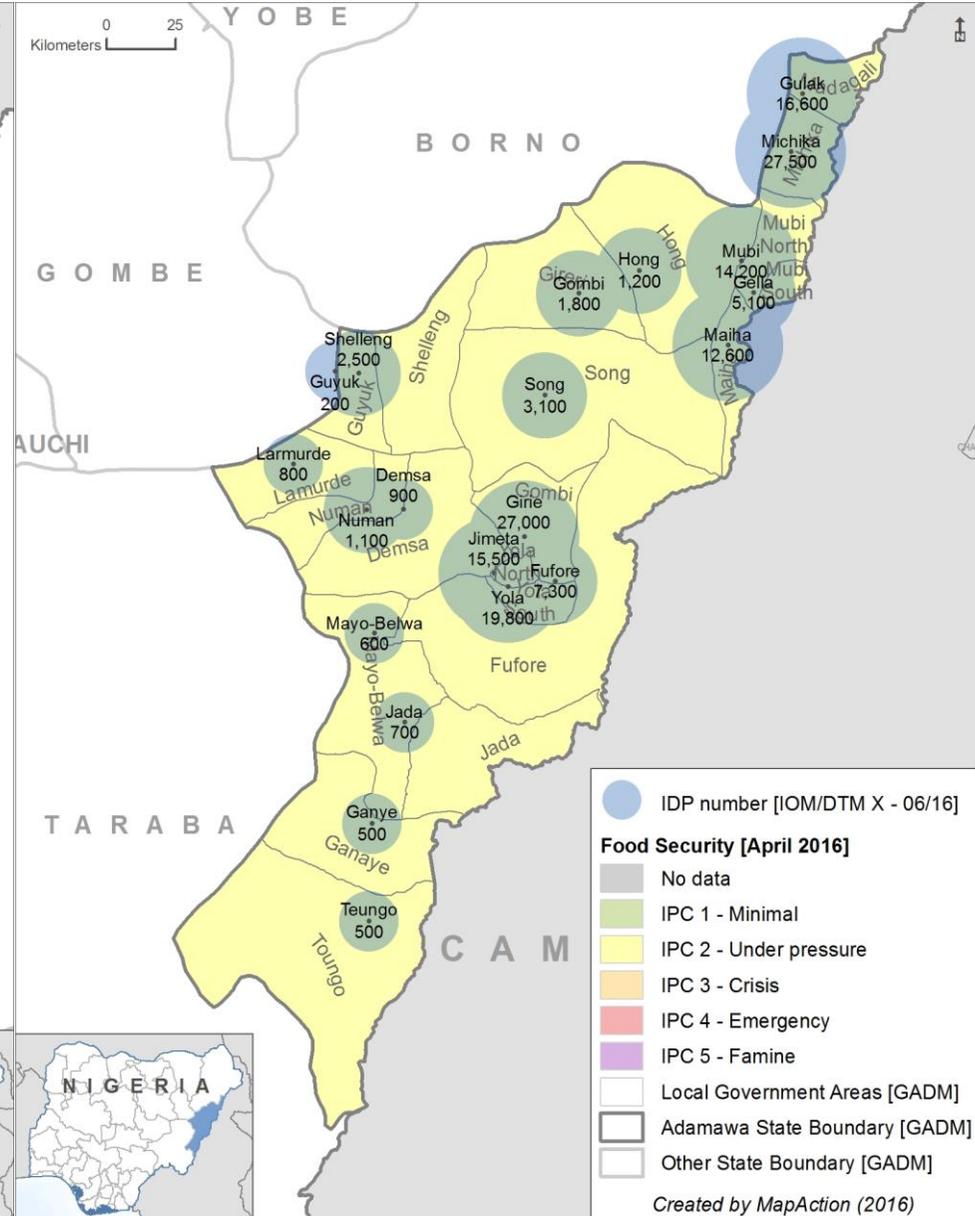
Sources: NEDS, 2010; NBS, 2012; MICS 2011

# Maps: Displacement and food security per state

## YOBE STATE



## ADAMAWA STATE





# TARABA STATE

