

Northeast Nigeria



Conflict – Adamawa, Borno, Gombe, and Yobe states

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Key Findings

Scope and scale of crisis Borno, Yobe and Adamawa state are most affected by the Boko Haram insurgency. The northeastern states are hosting the majority of IDPs. 1.3 million IDPs are in Adamawa, Borno, Gombe, and Yobe states. The entire resident population of these states (16 million) are considered affected by the Boko Haram insurgency. Humanitarian needs are severe and access is limited, particularly in Borno state.

Priorities for humanitarian intervention

Food security and livelihood support is the priority need among the affected population in the northeast. At least 3.5 million people are considered food insecure. Households in much of Borno state and parts of Adamawa and Yobe are facing Crisis and Emergency (IPC Phase 3 and 4) food security outcomes.

Protection: Women and children are particularly vulnerable. Main concerns include targeting of civilians, abductions, sexual violence, forced recruitment, arbitrary arrests, and extrajudicial killings. Public spaces such as schools, markets, and bus stops are frequently targeted by Boko Haram.

Health: The health system has collapsed in the most affected LGAs. Many health facilities have been the target of Boko Haram attacks, particularly in Borno and Yobe states. Access to healthcare is further limited by a lack of staff and medication, and capacity is overstretched in host communities.

Access constraints

Access is constrained due to continued insecurity and damaged infrastructure. Most of Borno and parts of Adamawa and Yobe cannot be reached by humanitarian actors.

Overview

This report presents the available secondary data of the impact on the humanitarian needs of the conflict-affected population in Adamawa, Borno, Gombe, and Yobe states in northeastern Nigeria. It is difficult to define a start date for the crisis and identify the start of the corresponding increase in humanitarian needs, so where possible this report focuses on more recent information from 2015. Current data is compared with information on pre-existing conditions. In some sections it is useful or necessary to refer to 2014 information as this is the most recent data after the start of mass movement of IDPs, and/or contextualises the trend of increasing needs.

The entire population of northeast Nigeria – 24.5 million people across Adamawa, Bauchi, Born, Gombe, Taraba and Yobe states – is considered to have been indirectly affected by the armed conflict between Boko Haram and government forces (OCHA, 30/04/2015). As of June 2015, 1.4 million IDPs have been identified in these six states, with 92% of the IDPs staying in host communities (IOM and NEMA, 06/2015). An estimated 4.6 million people are in need of humanitarian assistance (OCHA, 31/07/2015).

Nigeria's northeastern states ranked below southern states on most key socioeconomic indicators even prior to the conflict. The absolute poverty rate in the northeast stood at 69% in 2010, among the highest in Nigeria (NBS 2010).

Conflict Overview

A State of Emergency was declared in the three northeastern states Borno, Yobe, and Adamawa in May 2013, following increased attacks by the armed group Boko Haram (“Western Education is Forbidden”). Boko Haram’s violent insurgency began in 2009 and escalated into armed conflict in 2014, when Boko Haram seized major towns in the northeast. More than 13,000 people in Nigeria have been reported killed since 2009 – the actual number is believed to be much higher (Amnesty International, 13/04/2015; AFP, 23/03/2015).

A regional force made up of troops from Nigeria, Niger, Chad and Cameroon launched a military offensive against Boko Haram in early 2015 and resulted in significant territorial losses for the insurgent group. By April, Boko Haram had lost all its held territories except its stronghold in the Sambisa forest in Borno state (Reuters, 05/05/2015).

The territorial gains by regional forces have prompted Boko Haram to revert to guerrilla tactics including village raids, abductions, bombings, and suicide attacks, increasingly targeting civilians – also in areas not previously targeted (AFP, 23/03/2015; US Institute of Peace, 09/01/2015). In March 2015, Boko Haram declared allegiance to Islamic State, and

soon after began referring to themselves as Islamic State’s West Africa Province (ISWAP) (BBC, 13/03/2015; 24/04/2015).

As of late July 2015, Boko Haram is reported to be holding five local government areas in Borno and Yobe states (AFP, 23/07/2015). A new regional force comprising 8,700 troops from Nigeria, Niger, Chad, Cameroon, and Benin is due to be deployed by the end of August 2015 (AFP, 11/08/2015). On 12 August, Chad’s President Deby announced that Boko Haram’s leader Abubakar Shekau, who has led Boko Haram since 2009, had been replaced by new leader Mahamat Daoud (BBC, 12/08/2015).

Some 346 violent incidents were reported in Adamawa, Borno, Gombe, and Yobe states between January and July 2015: 307 with confirmed Boko Haram involvement, and 39 by unidentified armed groups, with suspected Boko Haram involvement. A total of 7,120 people were recorded killed in these incidents (ACLED, 08/08/2015).

Displacement Overview

The Boko Haram conflict in the northeast has led to mass displacement, particularly since 2014. As of August 2015, nearly 1.4 million people are internally displaced in northeastern states, including many that have been displaced for more than a year, in addition to more than 170,000 refugees in neighbouring countries. This has led to significant humanitarian needs, among the displaced as well as among host communities.

Internal Displacement

2009–2013

The Boko Haram conflict has been causing displacement in northeast Nigeria for several years. In July 2009, when the group became more violent, 4,000 people were temporarily displaced from Maiduguri in Borno state, following clashes between security forces and insurgents (IRIN, 05/08/2009; 31/07/2009; 29/07/2015). Clashes and militant attacks then continued to cause sporadic displacement of people, particularly in Maiduguri.

Starting in 2011, the frequency of violent attacks increased (IRIN, 18/07/2011). Large-scale displacement followed a string of attacks in December 2011 in Damaturu, Yobe state, with estimates of up to 90,000 displaced. They often stayed with host families rather than in camps, and were dispersed, complicating relief efforts (IRIN, 19/01/2012).

According to Nigeria’s National Emergency Management Agency (NEMA), nearly 300,000 people were forced to flee violence in Borno, Adamawa and Yobe states in 2013. Some IDP camps were also established in Bauchi state (NRC and IDMC, 14/05/2014).

2014

Escalation of Boko Haram-related violence in 2014 caused a surge in displacement. Estimated figures, however, differ between agencies. A UN multi-sectoral assessment in May reported 650,000 IDPs in the northeast, mainly in Adamawa, Bauchi, Borno, Gombe and Taraba states. By December, IOM estimated 390,000 IDPs in Adamawa, Bauchi, Gombe, Taraba and Yobe, while NEMA reported an increase to nearly 870,000 IDPs in the northeast by December. NEMA had previously indicated as many as 1.5 million IDPs in September (IOM and NEMA, 12/2014; OCHA, 29/09/2014). The difference between IOM and Government figures could partially be explained by the fact that some areas most affected by violence were not included in the IOM assessment due to insecurity, including Borno state and Madagali, Michika, Mubi North and Mubi South local government areas (LGAs) in Adamawa state. Of all IDPs identified by IOM in December, 77% were displaced by the Boko Haram insurgency. In Bauchi and Taraba states, this proportion was about one-third of IDPs. The remainder was displaced by inter-communal conflict (IOM and NEMA, 12/2014).

As attacks in rural areas increased, many residents fled pre-emptively. They often fled from rural to urban areas within their own state, increasing stress on larger towns. People fleeing violence in the three most affected states of Borno, Adamawa and Yobe also settled in neighbouring Gombe, Bauchi, and Taraba; in central Nigeria, and the Middle Belt region. Others sought refuge in neighbouring countries. Many IDP-receiving areas in Nigeria were also affected by conflict and violence, and competition for resources between IDPs and host communities increased. Secondary displacement resulted from a lack of access to basic services (IDMC, 09/12/2014). Most of those displaced by the insurgency arrived in mid-2014 with the escalation of violence and were from LGAs under Boko Haram's control in Adamawa, Borno, and Yobe states. The vast majority stayed with host families, but an increasing number of IDP camps were established. 7.6% of IDPs stayed in camps or camp-like settings (IOM and NEMA, 12/2014; OCHA, 29/09/2014).

2015

Since the end of 2014, the number of IDPs reported in the northeast has risen, with nearly 1.2 million reported in February 2015. The increase was the result of violence in the northeast and the return of refugees who have been unable to settle in their place of origin. The inclusion of three previously inaccessible LGAs in Borno also contributed to the higher number of IDPs reported. The largest increase was observed in Borno, followed by Adamawa and Yobe (IDMC, 2015; IOM and NEMA, 02/2015).

By April, nearly 1.5 million IDPs were identified in the northeast. The largest increases between February and April were observed in Borno and Gombe. The increase was due to worsening of the security situation and continued return of Nigerian refugees who

were unable to return to their place of origin. The most affected LGAs remained the same as in February. About one-third of IDPs were first displaced in 2015, the rest in 2014. Most households have been displaced more than once. The proportion of women had increased significantly in April compared to previous assessments, from just over 50% to 62% of the displaced population (IOM and NEMA, 04/2015).

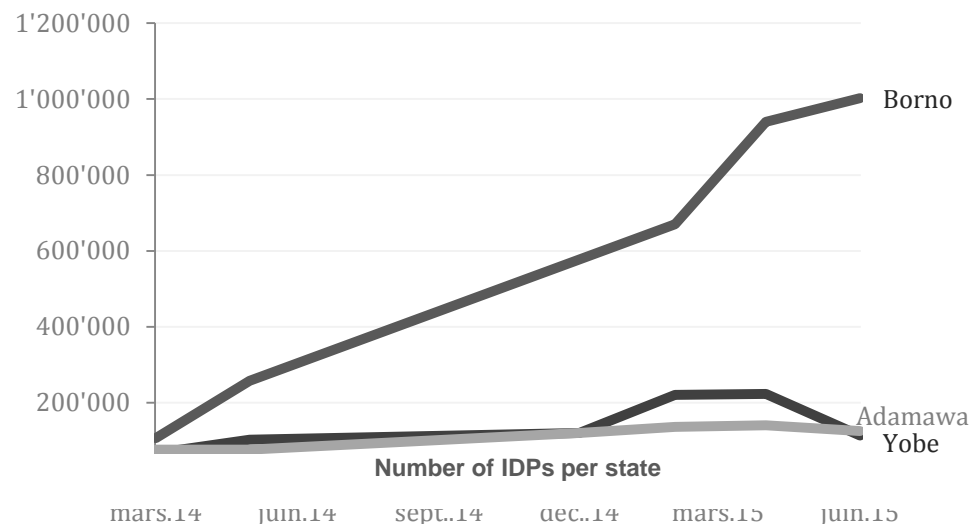
As of June 2015, IDP numbers in the northeast had fallen slightly since April, totalling just under 1.4 million. The decrease is due to IDPs returning home, mainly to Adamawa due to improvements in the security situation. 52% of the IDP population is female. More than half are under 18 years old, and more than half of all children are under five. 23% of IDPs were displaced in 2015. The majority continues to move mainly within states. 92% of all IDPs are staying with host families or in individual apartments; 8% stay in camps or camp-like settings (IOM and NEMA, 06/2015).

Adamawa: 123,600 IDPs were identified in December 2014, all of whom were displaced by the insurgency. The IDP population increased by 78% between December 2014 and February 2015, when 220,000 IDPs were reported. They were mainly living in urban areas, including Yola. Around 10% of IDPs were first displaced in early 2015, the remainder in 2014. Around 90% of IDPs in Adamawa were displaced within their own state. By April, Adamawa had the largest proportion of households that experienced multiple displacements. An increasing number (9% in April 2015) of IDPs originated from Borno. Between April and June, some people started returning to their place of origin in Adamawa, resulting in a decrease to 113,000 IDPs. Consequently, the proportion of IDPs originating from Borno increased to 18% as of June.

Borno: Access to displacement areas in Borno remains limited. In February, only three of Borno's 27 LGAs were accessed and more than 670,000 IDPs were recorded. The majority were reported in Maiduguri and other urban areas and all had been displaced by the insurgency. Borno hosted the largest proportion of people displaced in early 2015 (more than 20%). In April, 940,000 IDPs were reported, with 40% having been displaced since the beginning of 2015, due to the extensive violence. Virtually all IDPs in Borno were displaced within their own state, though some had previously sought refuge in neighbouring countries. By June, the IDP population in Borno had reached over one million.

An increasing number of people displaced from Borno have been moving to neighbouring states. Throughout 2015, the overall proportion of IDPs originating from Borno gradually increased, from 62% in February, to 68% in April, and 80% in June.

Gombe is one of the receiving states, hosting IDPs originating from neighbouring states. In December 2014, 11,000 IDPs were identified. By February 2015, the IDP population



had more than doubled, to 25,000. Most were living in Gombe city and other urban areas. More than 60% had arrived from Borno state, 30% from Yobe, and the remainder from Adamawa. In April, 43,000 IDPs were reported, but many had either returned or moved to secondary sites by June, when 17,000 IDPs were reported. In the first half of 2015, the proportion of IDPs from Borno decreased, and an increasing proportion came from Yobe. By June, more than half of IDPs in Gombe originated from Yobe, and 37% from Borno.

Yobe: The number of displaced due to the insurgency has fluctuated between 125,000 and 140,000 since December 2014. As of June, some 125,000 IDPs were reported in Yobe. the majority staying in urban areas such as Damaturu and Potiskum. Nearly all IDPs until April originated in Yobe; as of June 38% of IDPs originated from Borno.

Returning IDPs

Since April 2015, a significant number of returning IDPs have been reported, particularly in Adamawa. By June, 123,000 people had returned to northern Adamawa, including some 80,000 who had been displaced within the state, and 20,000 who returned from Gombe. The remainder returned from other states in the north and northeast (IOM and NEMA, 06/2015).

Nigerian Refugees in Neighbouring Countries

2013

Residents of affected areas started fleeing across the border into Cameroon and Niger in 2013, as Boko Haram attacks and military offensives increased. By May, 2,000 people were estimated to have crossed the border (IRIN, 22/05/2013). By June, more than 6,000 people had fled to Niger, including 2,700 Nigerian refugees and more than 3,500 returning Niger nationals (UNHCR, 11/06/2013). The refugee population in northern Cameroon had reached more than 8,000 by October (IRIN, 30/10/2013).

2014

By January 2014, around 37,000 people fleeing Boko Haram violence in northeast Nigeria had crossed into Niger. Most were staying with host families. Many hosts were overstretched for space and food (IRIN, 30/01/2014). Refugee influx into neighbouring countries continued to increase throughout the year. An estimated 43,000 Nigerians were in Cameroon by September. A rapid increase was particularly noted from August, when more than 15,000 people arrived in Niger (IRIN, 17/09/2014; OCHA, 29/09/2014). In November 2014, the number of Nigerian refugees in neighbouring countries was thought to be more than 150,000 (IRIN, 28/11/2014).

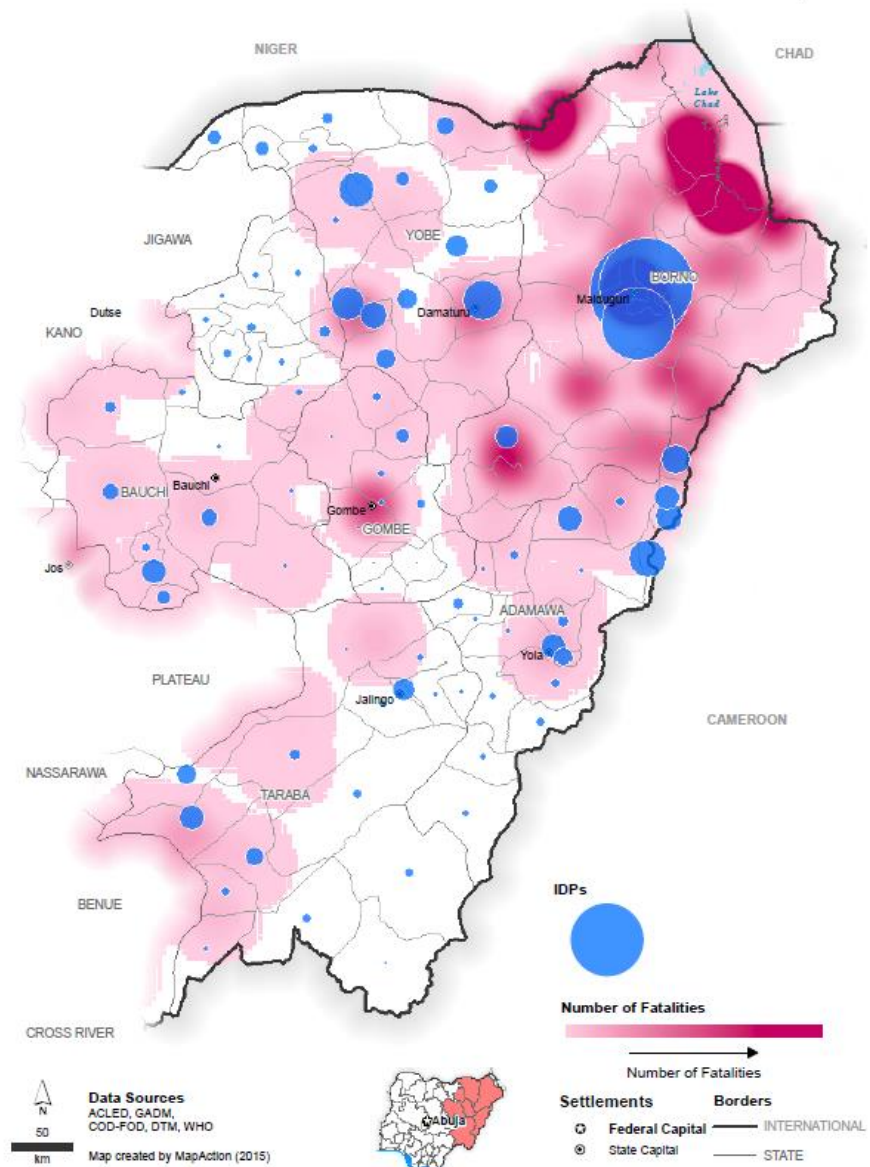
2015

As of August 2015, there are more than 170,000 Nigerian refugees in neighbouring countries (UNHCR, 17/08/2015). More than 100,000 Nigerians have fled to Niger since May 2013, where they are staying in Diffa region (UNHCR, 21/07/2015). An additional 56,000 registered refugees are in Cameroon's Far North region. The majority are staying in Minawao camp (UNHCR, 18/07/2015). Some 14,000 Nigerians have arrived in Chad since August 2014 (UNHCR, 04/08/2015).

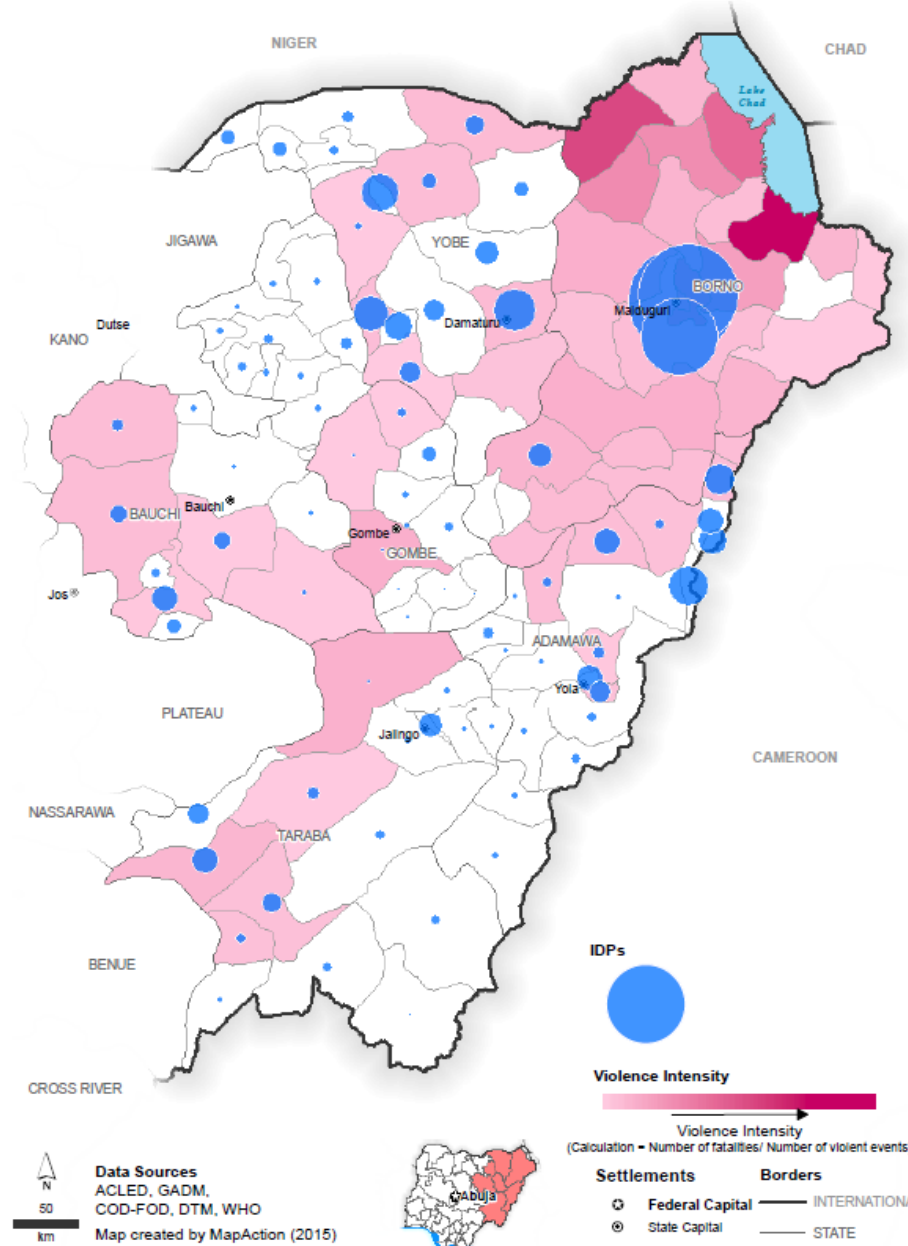
Returnees

Due to heightened insecurity, Cameroonian authorities started registering Nigerian refugees. There are 12,000-17,000 undocumented refugees estimated in the border area who are expected to return to Nigeria, most of them originating from Borno state. They are arriving through Sahuda, Mubi South, in Adamawa (Government, 05/08/2015). Up to 3,500 Nigerians have already returned from Cameroon, expelled following recent BH attacks in Cameroon (OCHA, 07/08/2015). They are staying in makeshift camps on the outskirts of Mubi, Adamawa state (OCHA, 31/07/2015). More returnees were expected to arrive following recent suicide attacks in Chad (OCHA, 28/07/2015).

Nigeria: Fatalities and displacement, January - July 2015



Nigeria: Violent events and displacement, January - July 2015



Food Security and Livelihoods

2015

Assessment findings from May 2015 indicate areas worst affected by the conflict would experience a food security Emergency (IPC Phase 4) between July and September. Worst affected areas are eastern Yobe, central and eastern Borno, northern Adamawa, and IDP settlements in greater Maiduguri. Food security conditions have deteriorated over the past months. An estimated 3.5 million people are facing significant difficulty meeting their basic food needs in northeast Nigeria, in the absence of humanitarian assistance. A lack of physical access to food insecure populations is exacerbating the situation. The situation is expected to reach its peak between July and September, but affected populations will continue to require assistance in subsequent months (FEWSNET, 25/06/2015). Households in much of Borno state and parts of Yobe and Adamawa will continue to face Crisis (IPC Phase 3) food security outcomes until December 2015 (FEWSNET, 07/08/2015). Food and livelihoods (cash and employment) were most frequently cited needs among IDPs in Yola, Adamawa state, according to a March 2015 assessment (IRC, 17/07/2015).

Food availability

80-85% of households have fled the conflict-affected areas, limiting agricultural activities. Those who remain cannot farm at typical levels, further impacting food production. Land preparation and planting activities for the main harvest, starting in October, have been minimal, which will result in a third consecutive year of below-average harvests. The situation is aggravated by forecasts of poor rainfall in the northeast through October. The April–June off-season harvest was also well-below average. Food availability on markets remains limited due to restrictions on major trade routes in Borno, Yobe and Adamawa (FEWSNET, 25/06/2015; 07/08/2015). Land preparation activities are particularly low in Mubi, Michika and Madagali in Adamawa, and Biu, Damboa, Askira-Uba, Chibok and Hawul in Borno state (FEWSNET, 11/05/2015).

Access to food

As of June 2015, people in affected areas face difficulty accessing food due to decreased purchasing power (typical sources of income are not available), combined with high food prices as a result of market disruptions (FEWSNET, 25/06/2015).

Markets

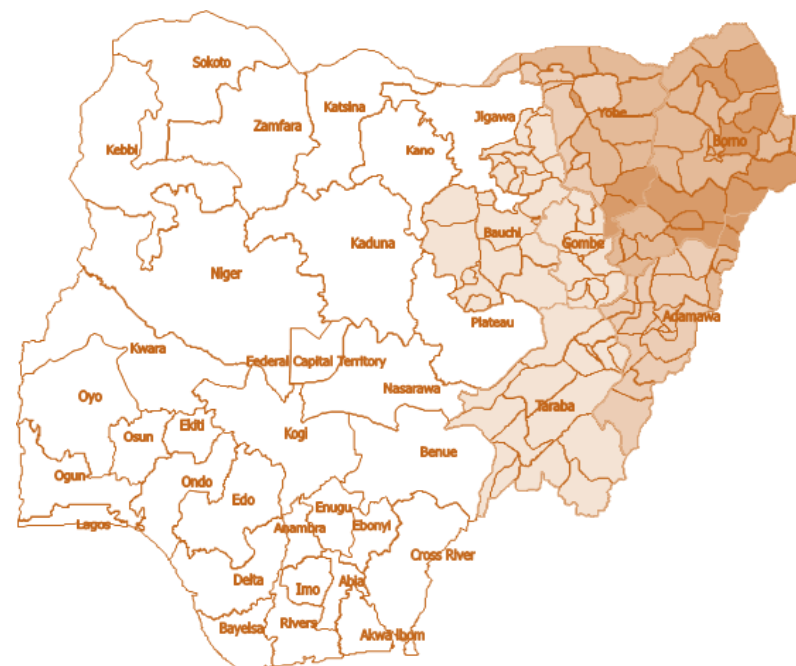
Though major markets continue to operate, they function at reduced levels. Demand has decreased, production is below average, and trade routes are disrupted. Semi-urban and rural markets are more negatively impacted by the crisis and operate at still lower levels. Demand is low due to decreased purchasing power among people who have not fled affected areas. Decreased economic activity in the region is also reducing

activity on markets in areas not directly affected by the conflict. Staple food prices are high, particularly in Borno state. In Maiduguri, millet prices in May were 50% higher than in Kano and Gombe states. Similar and higher prices were observed for staple foods in other markets of south and central Borno and northern Adamawa (FEWSNET, 25/06/2015; 07/08/2015). Food prices seasonally increased from May onwards in surplus and deficit producing areas (FEWSNET, 11/05/2015).

Market stocks were generally below average in May 2015 on markets monitored in Yobe, Adamawa and Borno state, which is a seasonal phenomenon, though stocks were relatively higher on markets less affected by the crisis. This is due to a combination of successive poor harvests, high transaction costs and trader fears (FEWSNET, 11/05/2015).

Livelihoods and income

Access to livelihoods is very limited in the worst affected areas. Most IDPs rely on income from casual labour and petty trade, and community assistance. Host communities are strained, due to prolonged assistance to IDPs (FEWSNET, 25/06/2015). Conflict is preventing people from accessing their fields for agricultural activities, and limits access to agriculture-related wage labour (FEWSNET, 07/08/2015).



IPC Phase per LGA in northeast Nigeria (FEWSNET, 08/2015)

Pre-existing Conditions

Food security

High food prices are the main driver of food shortages in Nigeria, particularly in urban areas, where financial hardship and civil riots have also led to food shortages. Rural households are affected by factors impacting their food production abilities, including a lack of farm input and drought (WFP and IFPRI, 07/2013).

By May 2014, most IDPs in the northeast were food insecure. Host families' resources were overstretched. Most affected communities faced food shortages. Disruption of rural markets and a lack of transportation due to security measures contributed to food shortages in host communities. Access to food was further complicated for IDPs by high prices and a poor financial position. Farm crops and food stocks had been destroyed or stolen in their place of origin (Joint HNA, 07/2014).

Markets

In 2013, the majority of households in the northeast (59%) relied primarily on markets for their source of food. 28% of households relied on their own production. The majority of households are therefore more vulnerable to price increases and market disruptions than crop failure or livestock diseases. Poor and rural households more often rely on own production than wealthier or urban households (WFP and IFPRI, 07/2013).

Livelihoods

The northeastern regions have the highest proportion of poverty in Nigeria. Poverty is higher in rural than in urban areas (WFP and IFPRI, 07/2013). Large parts of Yobe, Borno and Gombe states cultivate millet, cowpeas and sesame. Floodplains in Gombe and Yobe are important areas for rice production, vegetables, and wheat. Northern Borno and Yobe states are part of the Sahel, where people live from cultivating cereals and livestock. Adamawa is a mainly agricultural state, where rice, maize, sorghum, yam and cassava are cultivated (FEWSNET, 05/2015).

In May 2014, some IDPs were looking for access to farming and grazing land, seeds and fertiliser. This led to tensions between IDPs and host communities, as sufficient resources were not always available. Women and youth in IDP communities were actively looking for alternative income-generating activities in order to increase their household's purchasing power (Joint HNA, 07/2014).

Coping strategies

A 2013 baseline study found 9% of poorest households had skipped a meal in the week before the survey, compared to 5% or less among other wealth quintiles. 8% of poorest households had no food of any kind at least one day in the previous week, 7% borrowed food or relied on help, and 7% had gone a whole day and night without eating anything.

The use of severe coping strategies is most common among poor and very poor households (WFP and IFPRI, 07/2013).

In May 2014, many IDP households were rationing portions, or had changed their diets by eating less preferred food or skipping meals. Some resorted to begging and gathering wild fruits and vegetables. IDPs in host families relied mainly on donations and resources of host communities. Some households were forced to sell their assets in order to survive (Joint HNA, 07/2014).

Households hosting IDPs had also decreased their food intake, sometimes resorting to only one meal a day, and were eating less varied diets (Joint HNA, 11/07/2014).

Health

2015

Limited information on the impact of the crisis on health is available from 2015. Less recent information, from 2014, can be found under the pre-existing conditions section. Much of the reported impact in 2014 is likely still relevant.

As of June 2015, health was one of the top priorities for IDPs in Maiduguri, and a critical need for IDPs in other locations (INGO Forum, 19/06/2015).

Mortality and morbidity

Malaria is reported as the main health problem in the majority of IDP sites (IOM and NEMA, 06/2015). Among IDPs in Adamawa, malaria is the main health issue reported as of March 2015, followed by diarrhoea, cough and fever, measles, and pregnancy-related problems (INGO Forum, 19/06/2015).

Outbreaks

A cholera outbreak has been ongoing in Nigeria since 2014. Though the number of reported cholera cases in 2015 so far remains significantly below those reported in 2014, the case fatality rate is relatively high (4.8%). As of June 2015, the only northeastern state reporting cases was Borno (IFRC, 11/06/2015). An inter-epidemic period usually occurs between mid-November and March (UNICEF, 10/12/2014).

Access to Health Services

As of June 2015, residents in nearly half of assessed affected areas had no regular access to medication. In one site IDPs lacked access to a health facility, an improvement from April, when 11 sites reported no access (IOM and NEMA, 06/2015; 04/2015).

Availability of Health Services

The health system has collapsed in the most affected LGAs. Many health facilities have been the target of Boko Haram attacks, particularly in Borno and Yobe states, and were destroyed or suffered severe damage. Other facilities were abandoned by staff (NEMA, 03/2014; NRC and IDMC, 05/06/2014).

In March 2015, no health facility was reported open in Damboa LGA, Borno, and Gujba, Adamawa (FEWSNET, 04/2015). In May, more LGAs in Borno and Adamawa reported no functioning health facilities (FEWSNET, 07/08/2015).

Adamawa: In Yola, the capital, most health centres had at least three nurses in March 2015, but few facilities had doctors present. Nearly all facilities reported being open every day. One third of surveyed facilities were providing maternal and reproductive health services (IRC, 17/07/2015). In March 2015, no health facility was reported open in Gujba, Adamawa (FEWSNET, 04/2015).

Pre-existing Conditions

Mortality and morbidity

Basic health indicators in the Northeast Zone are worse than the national average, though often not the lowest in the country. In 2013, the under-five mortality rate was 160 per 1,000 live births in the Northeast, while this varied between 90 and 185 in other regions. Key factors contributing to the high rate are wealth and education; the mother's education is inversely related to a child's risk of dying. Most common childhood diseases include acute respiratory infections, fever, and diarrhoea. Prevalence of these illnesses are highest in the north, and up to double the national average prevalence rate (DHS, 2013).

As of March 2014, reported acute health needs were largely related to pre-existing conditions. There was a high risk of epidemics (NEMA, 03/2014).

In Gombe, major health issues reported in May 2014 included malaria, typhoid and cholera. Malaria, diarrhoea and measles were the most reported health problems in Yobe (Joint HNA, 11/07/2014). Similar priority concerns were reported in Adamawa in May 2014. Health problems result from a lack of mosquito nets, overcrowding, lack of access to WASH infrastructure, and poor hygiene practices. More than 90% of surveyed households were affected by malaria (INGO Forum, 19/06/2015; IRC, 17/07/2015; Joint HNA, 11/07/2014).

Maternal health

49% of women in the Northeast receive antenatal care (ANC) from a skilled provider, the second lowest proportion in the country. 41% received no ANC at all. Within the northeast, Borno and Yobe states perform the worst: 59% and 66% of pregnant women do not receive ANC, respectively. 20% of women in the region have deliveries in a health

facility and only 8% in Yobe. The main reasons for delivering at home include distance, not enough time to reach the facility, lack of transportation, and the perception it is unnecessary to deliver in a health facility (DHS, 2013).

Outbreaks

Cholera: Nigeria experiences recurrent outbreaks of cholera. The most severe outbreak was reported in 2010, when nearly 42,000 cases and more than 1,700 deaths were reported across the country. Borno was one of the most affected states, but other northeastern states were also affected. In 2011, a new cholera outbreak affected 25 states, including Gombe, Adamawa, Borno and Yobe (WHO, 18/01/2012). In 2014, an outbreak reached Borno state and spread to neighbouring countries bordering Lake Chad. Insecurity hampered surveillance and response efforts (UNICEF, 20/10/2014).

Meningitis: Nigeria is one of the countries in the meningitis belt, and outbreaks occur once every few years. In 2009, a regional meningitis outbreak affected the country, including northeastern states. More than 17,000 cases and 960 deaths were reported between January and March. In the northeast, Gombe and Yobe were among the most affected. In Gombe, patients tested positive for type A. The Government responded with a nationwide vaccination campaign, supported by international actors (WHO, 09/03/2009; 29/03/2009).

Lassa Fever is endemic in Nigeria, and occasional outbreaks are reported. The most recent was in early 2012, when in three months 714 suspected cases and 75 deaths were reported in 19 states, including Borno, Gombe, Yobe and Adamawa. Insecurity affected the response, as some areas were not accessible (WHO, 04/04/2012).

The risk of epidemics is high in the most affected areas, according to a March 2014 multi-sectoral assessment (NEMA, 03/2014). In Borno, overcrowding in camps led to the spread of communicable diseases such as cholera and measles in 2014 (Joint HNA, 11/07/2014).

Access to Health Services

Barriers to accessing healthcare in Nigeria are inadequate information, a lack of financial means and a lack of access to transportation. In the northeast, money is reported as the main barrier for women to accessing healthcare in Adamawa and Gombe, and distance to facilities in Borno and Yobe (DHS, 2013).

In rural Borno state, less than 20% of the population live within 30 minutes of a health facility. 18% have to travel up to two hours to reach the nearest facility (Adedayo and Yusuf, 20/09/2012).

Although health services are meant to be free of charge, IDPs have complained of having to pay for medication. A lack of financial means was reported as a key obstacle to healthcare for IDPs in a May 2014 assessment. Financial constraints are of particular

concern in Gombe state, where patients had to pay for services in order to replenish supply stocks. Long distances to the nearest health facilities further complicate access to care, which also affects host communities (Joint HNA, 11/07/2014).

In March 2014, a lack of functional facilities was the major reason reported for lack of access to healthcare. The number of people requiring healthcare usually overwhelmed facilities that were functional, with increased pressure put on the system by the number of IDPs (NEMA, 03/2014).

Availability of Health Services

There are over 3,000 health facilities in Adamawa, Borno and Yobe states, including one teaching hospital, one psychiatric hospital, two federal medical centres, more than 70 general hospitals and over 2,500 primary healthcare and maternity centres (NEMA, 03/2014). In Borno, health resources are unevenly distributed, with a third of community health workers and half of the nurses and midwives based in Maiduguri (Joint HNA, 11/07/2014).

IDPs in the northeastern states face challenges regarding availability, accessibility and affordability of health services. The majority of IDPs are women and children, and they lack access to critical healthcare and nutritional support. In addition to physical health, IDPs require psychosocial assistance, as many people have lost family members, and carry the burden of displacement and impoverishment (Joint HNA, 11/07/2014).

Health services in areas hosting IDPs have not been able to meet the increased demand. In May 2014, main complaints were shortage of medicine and lack of qualified personnel. Staff members reportedly fled because they are employed by the Government and perceived as potential BH targets (Joint HNA, 11/07/2014).

In March 2014, 37% of primary health facilities had closed down across the most affected LGAs in Borno, Adamawa and Yobe. All facilities were thought to have closed in some areas. Main reasons for closure were a lack of staff and medication, and insurgent attacks (NEMA, 03/2014; NRC and IDMC, 05/06/2014).

Borno: Many primary healthcare facilities have been destroyed and looted, or abandoned by personnel (Joint HNA, 11/07/2014). Boko Haram has reportedly stolen supplies, and kidnapped, killed and caused the displacement of health workers (NRC and IDMC, 05/06/2014).

Gombe: Shortages of medication and other supplies were reported in May 2014, as the presence of IDPs and their health needs was exhausting stocks (Joint HNA, 11/07/2014).

Yobe: Most health facilities in affected areas were destroyed by May 2014. Medication had been looted and health staff killed. Other staff fled the facilities. The general hospital in Potiskum reported having only one doctor, compared to more than five before the crisis. Commercial drug sellers have also been attacked and looted (Joint HNA, 11/07/2014).

Mental health

The mental health system in Nigeria is very limited, even more so in the northeast. Only 1% of the regional health budget is allocated to mental health, some 75% directed to curative measures at the regional psychiatric hospital. In 2012, there were 13 psychiatrists and two psychologists in the region, corresponding to 0.069 and 0.01 per 100,000, respectively – far below the national average (Jidda et al., 2012).

Immunisation

In 2013, 21% of children ages 12-23 months did not receive any vaccinations. The northeast has the highest percentage of unvaccinated children (45%), with Borno (71%), Yobe (65%), and Gombe (52%) performing the worst. Measles vaccination coverage is lowest in Yobe (10%), followed by Borno (17%). In Gombe and Adamawa, measles coverage is 36% and 69%, respectively (DHS, 2013).

Nutrition

2015

Limited public information on the impact of the crisis on nutrition is available from 2015. Less recent information, from 2014, can be found under the pre-existing conditions section. The situation is likely to have worsened since 2014, due to increased food scarcity and insecurity.

As of 30 June 2015, OCHA estimates 1.5 million people need nutrition support. 32% are children under-five suffering from SAM, 58% suffer from MAM, and the remaining 10% are pregnant and lactating women (OCHA, 30/06/2015).

Acute Malnutrition

A March 2015 screening conducted by Action Against Hunger (ACF) in greater Maiduguri (MMC and Jere LGAs), Borno, found 29.5% of children under five of age were acutely malnourished, including 9.5% severely. This represents an increase from the 27.8% and 8.7% found in the same areas in January 2015. The proportion is somewhat higher in informal settlements than in camp situations (FEWSNET, 25/06/2015).

Feeding Practices

60% of IDPs in camps in Adamawa, Borno, and Gombe states reportedly did not have access to adequate nutritious food in January 2015 (INGO Forum, 19/06/2015).

Pre-existing Conditions

Chronic Malnutrition

Northeastern states have high levels of chronic malnutrition compared to the national average. Some 48% of children in the northeast were stunted, compared to 32%, including 12% severely, nationwide in 2014. In Adamawa, Borno, Gombe and Yobe, stunting reached between 46% and 57%; severe stunting varied from 15-24%. Yobe reports the highest levels of chronic malnutrition (Joint HNA, 11/07/2014).

Acute Malnutrition

In September 2012, global acute malnutrition (GAM) measured by MUAC among children 12-59 months was 9.5% in Borno and 8.6% in Yobe. Severe acute malnutrition (SAM) was 3.4% in Borno and 2.0% in Yobe (Government and UNICEF, 09/2012).

Disaggregated data for IDPs and host families is not available; however, a SMART survey conducted from February-May 2014 showed the nutritional situation was considerably worse in the states affected by the insurgency, particularly Yobe and Borno, where 15.5% and 13.6% of children under five were wasted, respectively. These compare to a national average of 8.7%. In Gombe 10.4% of under-fives were wasted. Based on rates for severe wasting per state, a total caseload of more than 110,000 children under five was estimated across Adamawa, Borno, Gombe and Yobe (Joint HNA, 11/07/2014).

The SMART survey's MUAC assessment found 12.0% GAM and 1.4% SAM in Borno; 10.6% and 1.2%, respectively, in Yobe; and 7.0% GAM and 1.9% SAM in Gombe. In Adamawa, acute malnutrition prevalence was below the national average of 4.6% and 0.9% GAM and SAM, respectively (Joint HNA, 11/07/2014).

In December 2014, more than 2,900 children under five were reportedly admitted for SAM treatment in Borno, Adamawa and Yobe states (UNICEF, 05/02/2015).

Feeding Practices

Nutritional practices, such as exclusive breastfeeding for children under six months, are practised less in the affected states than in other areas, at 22.3% in the northeast (Joint HNA, 11/07/2014).

WASH

2015

Water Supply

In Yola, Adamawa, the host population and IDPs have access to an estimated 6 l/p/d. Water points are not sufficient and often located far away. Most IDPs in camps have a

water source within 500m of their residence, whereas host families generally collect water from a greater distance. About half of households spend less than 30 minutes collecting water, one-fourth spend 30-60 minutes collecting water, and some spend more than one hour (IRC, 17/07/2015).

Water supply conditions in IDP camps in Maiduguri vary. In May 2015, only 2,500 of the 8,200 residents at Dalori camp had access to safe water through one motorised borehole. They have to wait more than 30 minutes. Water trucking provides additional water. The average amount of water is 11.6 l/p/d (Government, Oxfam and IMC, 07/05/2015). In Gobio camp residents have an average of 29.2 l/p/d, all supplied through water trucking. Until June, water was not chlorinated. In CAN centre camp (nearly 2,000 people as of May 2015), residents have access to 5 l/p/d. Water comes from one motorised borehole (Government, UNICEF, and IMC, 29/05/2015). In NYSC camp, more than 15 l/p/d is provided through a motorised borehole and three hand pumps. Residents spend 15 minutes per trip to collect water (MSF, UNICEF, ACF and IMC, 09/06/2015).

Sanitation

In Yola, most people use sanitation facilities, but open defecation is also practised. There is a lack of latrines, especially in camps, where 103-178 people share a latrine. 30-50% of latrines do not have locks, and the camps have no lighting at night. This makes people defecate openly, close to their dwellings at night, especially women and girls (IRC, 17/07/2015).

In Maiduguri IDP camps, sanitation is often below standards. Half of the people in Dalori camp have access to improved sanitation facilities. A lack of pit latrine lining often leads to collapse of latrines, and complicates desludging. Latrines are located close to the borehole and a health clinic (Government, Oxfam and IMC, 07/05/2015). In Gobio camp, more than 200 households lack access to latrines and practice open defecation. The available latrines lack vents and emit a foul smell. Only eight latrines are available in CAN centre camp, each shared with around 240 people (Government, UNICEF, and IMC, 29/05/2015). In NYSC camp, 1,400 of the more than 4,000 residents have access to improved sanitation. As latrines and open defecation areas are located in flood-prone areas, there is a high risk of faecal-oral diseases. The camp is rated high risk for cholera. Less than half of latrines were functional in June 2015 (MSF, UNICEF, ACF and IMC, 09/06/2015).

Waste Disposal

A March 2015 assessment showed the majority of communities in Yola dispose of waste in open yards and on the roadside (IRC, 17/07/2015).

Hygiene Practices

Among IDPs in camps in Maiduguri, hygiene practices are generally good, but residents lack access to adequate facilities. Hand washing facilities in Dalori, Gobio and CAN centre camps are not close to latrines. In Gobio, people have no access to soap, and

wash their hands with sand instead. In Dalori, water buckets used for cooking and bathing are also used for drinking water (Government, Oxfam and IMC, 07/05/2015; Government, UNICEF, and IMC, 29/05/2015).

In NYSC camp, an open pit with a pool of stagnant water observed in June 2015 could serve as a breeding ground for mosquitoes (MSF, UNICEF, ACF and IMC, 09/06/2015).

Pre-existing Conditions

Water Supply

Nationwide, 60% of the population had access to an improved drinking water source in 2013, with 48% in rural and 78% in urban areas. Most common sources were boreholes, followed by wells and public taps. In rural areas, 20% used surface water (DHS, 2013). About half of households have access to improved water sources in Gombe and Adamawa, 45% in Yobe, and 34% in Borno. Boreholes, hand pumps, and unprotected dug wells are the main source of drinking water in communities in the northeastern states. Access to safe drinking water is limited (Joint HNA, 11/07/2014).

As of March 2014, an estimated 1,500 boreholes were functioning in Borno, Adamawa and Yobe, an additional 1,000 were non-functional. Many boreholes were destroyed. The water quality was acceptable, but the quantity provided was not enough to meet the needs of host communities or IDPs. Water trucking activities compensated for the shortage in some areas. Many residents resorted to rivers, streams, and stagnant water, often far away (NEMA, 03/2014). Among IDPs and host communities, women and children spent a lot of time collecting water. In communities where water supply used to be adequate, decreased availability led to some tension between hosts and IDPs (Joint HNA, 11/07/2014).

In Adamawa, the main water sources are boreholes and wells. The time spent to collect water increased due to overcrowding. Nearly all boreholes in Borno's affected communities were not functional, and IDPs often have to pay for water. Most of Yobe's boreholes were destroyed. As of May 2014, none of 50 assessed water points in Damaturu were working, and only 45 out of 66 points in Fune. Conditions were better in Gombe than in the other states. 60% of IDPs had access to functional water points (Joint HNA, 11/07/2014).

Sanitation

In 2013, 30% of households in Nigeria had access to improved sanitation facilities that were not shared and 25% had access to a shared facility; this proportion was much higher among urban households than among rural. Some 62% used non-improved sanitation in rural areas, including 40% who practised open defecation (DHS, 2013). Coverage of improved sanitation facilities was particularly low in Yobe (10%) and Adamawa (11%). 25% of households used improved facilities in Borno, 30% in Gombe (Joint HNA, 11/07/2014).

In 2011, 34% of households in the northeast practised open defecation. Some 50% had access to a household-exclusive facility, of which more than half were unimproved (UNICEF, UNFPA and Government, 2011). Few public latrines existed in the areas affected by the insurgency and many were poorly maintained (Joint HNA, 11/07/2014).

Sanitation facilities were falling short of the needs in most LGAs in the Borno, Adamawa and Yobe in March 2014. In the most affected LGAs, an average of 500 people were sharing one latrine. Camps had no pit latrines and residents were practising open defecation or using plastic bags (NEMA, 03/2014).

IDPs staying with host families are putting additional pressure on the already scarce sanitation facilities. Open defecation became common among hosts and the displaced (Joint HNA, 11/07/2014).

Waste Disposal

In March 2014, there were reportedly no waste bins or communal refuse pits in IDP camps in Borno, Adamawa, and Yobe (NEMA, 03/2014). In Borno, the influx of IDPs increased waste production. The accumulation resulted in breeding grounds for vectors and increased risk of infectious diseases (Joint HNA, 11/07/2014).

Hygiene Practices

Household hand washing practices vary across states. In 2013, only 2% of households had a place for hand washing on the premises in Adamawa, 89% in Borno, 86% in Yobe and 41% in Gombe. However, the majority of households reported not washing their hands with water, soap, or any other cleansing agent. This proportion reached 93% in Borno state. Among households that do report hand washing, in Yobe and Borno most used only water; soap but no water is common in Gombe (DHS, 2013).

Shelter and NFIs

2015

Only information from 2015 is included in this section, to reflect the most recent information available on shelter and NFIs needs of the affected population.

One million people are in need of emergency shelter and non-food items (NFIs) (OCHA, 30/06/2015). 92% of IDPs live in host communities; only 8% of IDPs live in camps or camp-like sites (IOM, 06/2015).

Camps

IDPs in camps in Maiduguri, Borno state, lack access to adequate shelter – a situation exacerbated by the influx of IDPs to Maiduguri during the first half of 2015. The majority of the IDPs live in tents or in public buildings, including schools. In some camps the

IDPs are forced to stay out in the open or in makeshift shelters that lack sufficient protection from the elements; also increasing protection concerns (OCHA, 08/05/2015).

Of the IDPs in camps, 12% reported shelter as their priority need (IOM, 06/2015). More than half of the 42 displacement sites identified in the fourth round of the Displacement Tracking Matrix started as spontaneous sites (IOM, 06/2015). The majority of camps are schools (21) or government buildings (6) (IOM, 06/2015).

Half of the sites need shelter repair material. Blankets are the most needed NFI at camps. Half of the sites lack electricity and access to cooking facilities (IOM, 06/2015).

Host Communities

IDPs have taken shelter in churches, mosques, town halls, and abandoned buildings (Revised SRP, 31/03/2015). IDPs staying in uncompleted buildings or in makeshift shelters – often lacking floors, window fittings, ceilings, and securable doors – are at particular risk of safety and protection issues (INGO Forum, 19/06/2015; Revised SRP, 31/03/2015). Makeshift shelters are often constructed of wood or other natural materials available (INGO Forum, 19/06/2015).

The majority of IDP households in Adamawa live in communal buildings, and pay some sort of rent (INGO Forum, 19/06/2015). Households consist of an average of ten people (IRC, 03/2015). Most IDPs in Adamawa lack basic NFIs such as mattresses, blankets, and cooking pots. Mosquito nets are very limited (INGO Forum, 19/06/2015).

Returnees

Shelter is reported as the highest priority need among returnees in Adamawa (IOM, 31/04/2015). Boko Haram's tactic of setting fire to homes and villages creates significant challenges for returnees and IDPs wishing to return home (OCHA, 06/08/2015). 40% of registered IDPs report their houses are completely burnt down or destroyed, 26% report that their houses are partly burnt down or destroyed, and 21% did not know the condition of their house (IOM, 06/2015).

Reconstruction support is needed for returnees in areas where property and infrastructure has been severely damaged or destroyed (INGO Forum, 19/06/2015).

Education

2015

Limited information on the impact of the crisis on education is available from 2015. Less recent information, from 2014, can be found under the pre-existing conditions section. Much of the reported impact in 2014 is likely still relevant.

The conflict has had a direct negative impact on children's access to education, the availability of classrooms and materials, and the availability of teachers (2015 HNO, 23/03/2015). As of July 2015, according to a discussion at the Nigerian House of Representatives, most schools in Adamawa, Borno, and Yobe states – particularly those in the most conflict-affected areas – had been closed for three years (Africa, 31/05/2015). As of April 2015, schools were open in only eight of 27 LGAs in Borno (UNICEF, 06/04/2015). Children affected have not been provided with alternative educational activities (HRW, 26/03/2015)

Nigerian armed forces have used schools as military bases, leading to more Boko Haram attacks on schools (HRW, 26/03/2015). Schools buildings are also used to host IDPs, further limiting children's access to safe learning spaces (IOM and NEMA, 06/2015).

The conflict has displaced a large number of teachers, and has led to a lack of qualified teachers in the affected areas (2015 HNO, 23/03/2015). Continued professional development for volunteer teachers is needed (UNICEF, 01/05/2015).

Children in displacement camps also have limited access to education. The Displacement Tracking Matrix in June 2015 found that in 19 out of 42 displacement sites, children did not have access to education (IOM, 06/2015). Where schools are available in nearby host communities, parents are reluctant to send their children outside of the camps due to security concerns (OCHA, 30/06/2015). Lack of temporary learning spaces for displaced children is of concern (UNICEF, 01/05/2015).

In host communities, schools are overcrowded and struggling to deal with the influx of IDP children (UNICEF, 13/04/2015).

Pre-Existing Conditions

According to the latest Nigeria Education Data Survey, in 2010 the literacy rates were 52% for the whole of Nigeria, and 28% across the northeastern states (Borno, Yobe, Gombe, Bauchi, Taraba, and Adamawa). Most key education indicators in northeastern states were significantly below national averages (NEDS, 2010).

Boko Haram began coordinated and routine attacks on primary and secondary schools in 2012, in addition to attacks on places of higher education (Watchlist on Children and Armed Conflict, 09/2014). Between January 2012 and December 2014, more than 300 schools were severely damaged or destroyed and at least 196 teachers and 314 school children were killed (UNICEF, 13/04/2015). Hundreds of children have been abducted from schools, further deterring parents from sending their children to school (Amnesty International, 13/04/2015).

Boko Haram has threatened and intimidated both students and teachers from going to school, making parents reluctant to send their children to school (Watchlist on Children and

Armed Conflict, 09/2014). In the 2014 Joint Humanitarian Needs Assessment, parents were found to prioritise basic needs such as shelter and food over education (Joint HNA, 11/07/2014).

Adamawa

Literacy rate: 42%. Urban areas: 54% among men, 51% among women. Rural areas: 42% among men, 38% among women (NEDS, 2010).

Primary school attendance (Gross Attendance Ratio¹): Urban areas: 102% among men, 84% among women. Rural areas: Men 94% among men; 86% among women (NEDS, 2010).

Never attended school: In 2010, 32% of children age 5-16 had never attended school. Reasons most frequently cited were labour needed, cost of schooling, distance to school, and school not considered important (NEDS, 2010).

Borno

Literacy rate: 21%. Urban areas: 44% among men; 36% among women. Rural areas: 17% among men; 10% among women (NEDS, 2010).

Primary school attendance (Gross Attendance Ratio): Urban areas: 58% among men; 40% among women. Rural areas: 24% among men; 28% among women. Borno has the lowest attendance ratio of all northeastern states (NEDS, 2010).

Never attended school: In 2010, 73% of children age 5-16 had never attended school. Reasons most frequently cited were poor school quality, cost of schooling, and distance to school (NEDS, 2010).

Gombe

Literacy rate: 34%. Urban areas: 72% among men; 46% among women. Rural areas: 37% among men; 14% among women (NEDS, 2010).

Primary school attendance (Gross Attendance Ratio): Urban areas: 101% among men; 112% among women. Rural areas: 73% among men; 68% among women (NEDS, 2010).

Never attended school: In 2010, 41% of children age 5-16 had never attended school. Reasons most frequently cited were labour needed, too young, and school not considered important (NEDS, 2010).

Yobe

Literacy rate: 19%. Urban areas: 46% among men; 25 % among women. Rural areas: 15% among men; 14% among women (NEDS, 2010).

Primary school attendance (Gross Attendance Ratio): Urban areas: 93% among men; 84% among women. Rural areas: 42% among men; 40% among women (NEDS, 2010).

Never attended school: In 2010, 60% of children age 5-16 had never attended school. Reasons most frequently cited were labour needed, distance to school, and travel to school considered unsafe (NEDS, 2010).

Protection

2015

Limited information on the impact of the crisis on protection is available from 2015. Less recent information, from 2014, can be found under the pre-existing conditions section. Much of the reported impact in 2014 is likely still relevant.

2.2 million people are considered in need of protection (OCHA, 30/06/2015).

Both Boko Haram and government forces have committed violations against the civilian population, particularly women and children. The most frequently cited reasons for people feeling unsafe in their communities are killing of civilians, armed encounters, and destruction of property (UNHCR/National Human Rights Commission, 30/06/2015). Boko Haram has routinely set fire to houses and burnt villages down to the ground (AFP, 02/08/2015; 15/07/2015). Suicide bombings have frequently been carried out in crowded places such as in markets and at bus stops (Action on Armed Violence, 10/08/2015).

Vulnerable groups

Women and girls

Women and girls have been abducted, trafficked, raped, and forcibly married in areas controlled by Boko Haram (OCHA, 30/04/2015). Women and girls have also been subject to rape and other forms of sexual violence by security forces (Amnesty International, 18/09/2014). In the first half of 2015, Boko Haram increasingly used young girls and women, including a number of reportedly 'mentally handicapped' girls, as suicide bombers (Action on Armed Violence, 10/08/2015; UNICEF, 26/05/2015).

¹ The Gross Attendance Ratio is the total number of students attending primary school - regardless of age - expressed as a percentage of the official primary school-age population.

Children

Child recruitment: Boko Haram has recruited children to carry out surveillance and to participate in attacks (HRW, 26/03/2015). Children have reportedly carried out three-quarters of all suicide attacks in Nigeria over the past year (Action on Armed Violence, 10/08/2015).

Unaccompanied children: In February 2015, the Displacement Tracking Matrix identified 2,390 unaccompanied and separate children at Adamawa and Borno displacement sites. The actual number of unaccompanied children is believed to be much higher. Identification, interim care and family tracing of children is needed (UNICEF, 01/05/2015; IOM, 02/2015).

Students and teachers

Boko Haram has targeted schools and abducted students and teachers since 2012, including the more than 200 girls abducted from a secondary school in Chibok in April 2014 (see Education) (HRW, 26/03/2015).

Members of religious groups

Boko Haram has attacked both churches and mosques and with increasing frequency following Boko Haram's loss of most of its territory earlier in 2015 (AFP, 05/07/2015; 17/07/2015). Boko Haram has targeted and killed local imams and other Muslim religious leaders if they oppose or do not follow Boko Haram's teaching (Amnesty International, 13/04/2015).

Other groups targeted

Boko Haram has also targeted and killed politicians, civil servants, health workers, and traditional leaders seen as supporters of the authorities (Amnesty International, 13/04/2015).

Abductions

Boko Haram has abducted women, children, and men from schools, public transport, and private vehicles. Abductions have also taken place from homes during and after attacks on villages (HRW, 26/03/2015).

Forced recruitment

Boko Haram has abducted and forcibly recruited young men when attacking towns and villages (HRW, 26/03/2015).

Arbitrary arrests, torture and extrajudicial killings

Torture and other ill-treatment in detention are practiced by both government security forces and Boko Haram. Nigerian security forces have reportedly arbitrarily arrested and killed thousands of people suspected to be members of or associated with Boko Haram without judicial process (Amnesty International, 02/06/2015).

Documentation

Disputes over land and property are expected as IDPs and refugees return to their areas of origin (INGO Forum, 19/06/2015). Lack or loss of identification papers is another concern (see Access).

Mines and ERWs

When withdrawing from villages after attacks, Boko Haram has reportedly planted mines in and around the villages (AFP, 03/07/2015). For returnees, the presence of unexploded ordnance affects their ability to reach their homes and farms and resume livelihoods (OCHA, 06/08/2015).

Pre-Existing Conditions

Women: Due to cultural practices in the affected states, women may not express themselves openly on protection matters (Joint HNA, 11/07/2014). Girls who have been subject to sexual violence have reportedly been sent by their families to other cities to avoid the stigma of rape and pregnancy outside of marriage (Watchlist on Children and Armed Conflict, 09/2014).

Reluctance to report abductions: According to a 2014 report, families were often reluctant to report abductions to authorities, in fear of Boko Haram retaliation, mistrust of authorities, or because they believed reporting was futile based on perceived limited government capacity to deal with individual cases (Watchlist on Children and Armed Conflict, 09/2014).

Children in detention: Children believed to be associated with Boko Haram have been detained by government forces. Children have reportedly been subject to torture and other ill-treatment in government detention (Amnesty International, 18/09/2014).

Child marriage: In 2012, it was found that 68% of girls in the northeast were married before the age of 18, compared to the national average of 39% (UNFPA, 2012).

Child labour: In 2011, 51% of children in Adamawa, 29% of children in Borno, 58% of children in Gombe, and 59% of children in Yobe were involved in child labour (MICS, 2011).

Trafficking is a widespread phenomenon in Nigeria, with the country being a source, destination, and transit country for human trafficking (Trafficking in Persons Report, 07/2015). Specific information on trafficking in Adamawa, Borne, Gombe, and Yobe states has not been found.

Female Genital Mutilation (FGM): According to the 2011 Multi Sectoral Indicator Survey, nationwide 27% of women between the ages of 15-49 had gone through some sort of FGM – lower than in previous years. The prevalence in northeastern states was

significantly lower than in southern states, where only 4% of women between the ages of 15-49 had gone through some sort of FGM (MICS, 2011; UNFPA, 13/06/2014).

In Adamawa and Gombe, less than 1% of women between the ages of 15-49 had experienced FGM. In Yobe the rate was 2%. Of the northeastern states, the rate was the highest in Borno, at 14% (MICS, 2011). Although FGM was officially banned in Nigeria in May 2015, the practice likely continues (The Guardian, 29/05/2015).

Humanitarian Access



Map of Inaccessible LGAs July 2015 (Derived from DTM 07/2015)

Security risks in northeast Nigeria are severe, affecting both the population's access to assistance and humanitarian actors' access to the affected population.

Humanitarian actors' access to affected population

Due to insecurity, most LGAs in Borno state continue to be inaccessible (23 out of 27), while the majority of LGAs in Adamawa and Yobe can be accessed, and all LGAs in Gombe.

Access to host communities, where 92% of IDPs live, continue to be one of the biggest constraints to the humanitarian response – the affected population cannot be reached with assistance nor can their needs be assessed, due to continued insecurity (OCHA, 06/08/2015).

Remote areas that were previously under control by Boko Haram are still inaccessible and have not been reached by humanitarian assistance, owing to the high level of security risks in those areas (OCHA, 13/07/2015).

Poor road conditions and lack of communications infrastructure further limits data collection on humanitarian needs (IDMC, 09/12/2014).

Affected population's access to assistance

Humanitarian actors' lack of access to the affected population is the most fundamental impediment to providing assistance. Additional factors preventing the affected population from accessing assistance where assistance is in place are mentioned below.

Lack of documentation: Many people in the northeastern states lack a national ID, owing to lack of knowledge on how to obtain one, or difficulties accessing the civil register. IDPs and returnees may also have lost their identification papers while fleeing Boko Haram attacks or military campaigns. Lack of documentation may lead to difficulties or inability to access assistance (UNHCR/National Human Rights Commission, 30/06/2015; IDMC, 09/12/2014).

Fear of attacks: The affected population has been reported to avoid crowded areas such as markets, as Boko Haram has attacked crowded areas (AFP, 23/03/2015).

Lack of transportation and communication: The population's access to assistance is further hampered by limited availability of transportation and communication means. Transportation fares have increased in host communities, and people walk by foot for long distances to reach limited services, including healthcare. Transport is deemed unsafe – Boko Haram has in many cases attacked public transport. Telecommunication infrastructure has also been deliberately targeted, making communication difficult (Joint HNA, 11/07/2014). In areas that were controlled by Boko Haram and where clashes between Boko Haram and security forces have taken place, the infrastructure has been severely damaged (IRIN, 05/06/2015).

Potential Aggravating Factors

Natural Hazards

Nigeria is prone to natural hazards, in particular flooding. Between July and October 2012, an estimated two million people were displaced by floods. Adamawa was among the worst-affected states, with 470,000 people affected (OCHA, 26/11/2012). Large areas of standing crops were destroyed; affecting food security of millions of people (IFRC, 29/09/2012; OCHA, 15/11/2012). Many vulnerable communities are affected by floods on an almost annual basis, with their houses becoming damaged or destroyed (IDMC, 09/12/2014).

Desertification (relatively dry land becoming increasingly arid) is an increasing phenomenon across Nigeria, including in Adamawa, Borno, Gombe, and Yobe, and likely to adversely impact food security outcomes and cause further displacement (AllAfrica, 16/08/2014). Landslides, storms, and extreme temperatures are other natural hazards that have had a humanitarian impact in the past (Preventionweb, 2014).

Political Instability

The March 2015 Presidential elections were predicted to lead to widespread violence and displacement, however the elections and inauguration of President Buhari passed without any major outbreaks of violence. Defeating Boko Haram, coupled with tackling corruption, were key platform points during Buhari's presidential campaign. Political pressure may increase if the Government is perceived to have limited success on these two fronts. During the 2011 Presidential elections, 800 people were killed and an estimated 65,000 people were temporarily displaced by violence (HRW, 16/05/2011).

Corruption

Nigeria is ranked 136 out of 175 on the 2014 Transparency International Corruption Perceptions Index – an improvement from 2013 when it was ranked 143 (Transparency International, 2014). Corruption is persistent in Nigeria, and 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).

Outbreaks

In recent years, Nigeria has seen outbreaks of Lassa fever, cholera, and meningitis (see Health). Already limited and overstretched health facilities may be significantly affected and unable to address an eventual disease outbreak in the northeastern states.

Tensions between Host Communities and IDPs

Increased tensions between host communities and IDPs is a concern. Coping mechanisms in host communities have been stretched by the massive influx of IDPs, and the gaps in assistance to host communities remain critical.

Inter-communal Violence

While inter-communal violence in Nigeria predominantly takes place in the Middle Belt, some incidents of inter-communal violence have been reported in the northeastern states in recent years. In June, eight people were killed in clashes between farmers and herders over grazing rights in Taraba state (AFP, 18/06/2015).

Boko Haram Geographic Expansion

Over the first half of 2015, Boko Haram carried out attacks in Nigeria's neighbouring countries Chad, Cameroon, and Niger. This caused a new wave of displacement and changed existing displacement patterns. Nigerian refugees in neighbouring countries have returned to Nigeria, and those fleeing from attacks are more likely to become IDPs than flee into neighbouring countries.

Since March, Boko Haram has increasingly carried out attacks in the other northern states of Kano, Kaduna, and Taraba.

Boko Haram has also carried out attacks in Nigerian states outside the northeast in the last year, including two bomb attacks in July 2015 in Jos, capital of Plateau state. At least 44 people were killed (BBC, 07/07/2015). If attacks continue to increase outside of the already affected northeastern states, displacement patterns may change.

Repatriation of Nigerians in Neighbouring Countries

Over July and August 2015, Cameroon has repatriated an estimated 3,500 undocumented Nigerians (OCHA, 07/08/2015). A total of 12,000 Nigerians, mostly from Borno state, are expected to be repatriated during August (GoN, 05/08/2015; BBC, 05/08/2015). The decision follows a series of Boko Haram attacks in Cameroon; Cameroonian authorities claim the militants have entered the country disguised as refugees (BBC, 05/08/2015). More than 70,000 Nigerians are estimated to have fled to Cameroon since 2013; an estimated 12,000-17,000 are unregistered (UN News Centre, 21/07/2015). Further processes of repatriation of Nigerians in neighbouring countries may put further pressure on host communities and increase vulnerability of the displaced.

Military Intervention

Further military intervention by national and regional forces may cause increased displacement in areas where clashes take place.

Response Capacity

National response capacity

The Nigerian National Emergency Management Agency (NEMA) is in charge of the coordination of government response in cooperation with the State Emergency Management Agencies (SEMA). The SEMAs provide IDPs in camps with relief supplies, including food and non-food items, provided by NEMA or the state. The SEMAs also monitor and report on humanitarian access issues. The SEMAs are the primary responders on the ground in all states except Borno, where both Borno SEMA and NEMA respond directly. In June 2015, NEMA took over food delivery, previously carried out by state authorities, in Borno (FEWSNET, 07/08/2015; NEMA, 10/06/2015; 2015 HNO, 23/03/2015; IDMC, 09/12/2014).

The National Commission for Refugees (NCFR), a government agency, assists IDPs with reconstruction or repair of infrastructure and buildings, and by providing livelihood support (IDMC, 09/12/2014). The Nigerian Red Cross (NRCS) has branches and volunteers in each state, and works with disaster risk reduction, emergency response, and within the Food Security, Health, Protection, and Shelter sectors (IDMC, 09/12/2014; 2014 HNO, 12/2013). Local civil society organizations present in the affected areas also offer assistance and support IDPs (IDMC, 09/12/2014).

The Government reportedly only targets IDPs in government camps, which constitute 8% of all IDPs, while IDPs in host communities and informal settlements are not reached by Government response (INGO Forum, 19/06/2015). The official IDP camps are operated by the SEMAs in each state (IRIN, 28/11/2014). NEMA, working through Zonal Coordinators, and cooperating with the SEMAs, also oversees registration and profiling of IDP numbers (2015 HNO, 23/03/2015).

NEMA reportedly has very limited resources to handle the crisis and the massive influx of IDPs into host communities (IRIN, 28/11/2014). The SEMAs also reportedly lack the staff and equipment to carry out assessments (IDMC, 09/12/2014).

International presence

The humanitarian response plan (HRP) requests USD 100 million for the international response in Nigeria, of which 46% is funded as of 13 August. The least covered sector is Education (19%), followed by Health (30%) and Shelter and NFIs (39%). Food security has reached the highest proportion of funding (63%). In addition to the HRP, some USD 84 million is funding humanitarian activities not included in the plan. This funding has been allocated to both international NGOs and UN agencies (OCHA FTS, 13/08/2015).

A limited number of international organisations are active in the northeast, mainly due to access constraints and insecurity. According to OCHA, 45 humanitarian organisations had operations in the six northeastern states as of 26 June 2015, including 12 international NGOs, eight UN agencies, and the Red Cross/Red Crescent movement. The increase of actors since the 24 reported at end April is mainly due to an increase of governmental agencies active in the region. Little change has occurred in the international presence since December 2014. The highest number of actors is in Adamawa state (29). Most actors cover the Shelter and NFI and WASH sectors, followed by Education, Protection, Health, and Food Security (OCHA, 26/06/2015; 01/12/2014).

International NGOs are coordinated by the INGO Forum, based in Abuja, since November 2014. Eight of its members are currently active in northeast Nigeria: ACF, Mercy Corps, IMC, IRC, Save the Children, Oxfam, Catholic Relief Services, and COOPI. MSF and ICRC are also active in the region. With the escalation of the crisis, OCHA reported in December 2014 that international organisations were progressively activating their humanitarian mandates in the country, including Action Aid and Christian Aid, but it is unclear whether they have started implementing programmes in the northeast (OCHA, 12/2014; INGO Forum, 19/06/2015; 15/06/2015).

Information Gaps and Data Limitations

- Geographical, sectoral and affected group coverage of assessments remains insufficient considering the dynamic nature of the situation, even though information availability has somewhat improved in 2015 compared to 2014.
- Infrastructure, including health facilities, schools, and water points, has been damaged or destroyed. Little information is available to which extent reconstruction is taking place.
- Special data collection efforts need to be made in Health, Protection, WASH, Shelter and NFIs, as these are the least covered sectors in terms of needs assessments.
- In large parts of Borno state, very limited information is available on humanitarian needs due to access constraints and insecurity. Since August 2014, most assessments have taken place in Adamawa. As of August 2015, 13 LGAs are entirely inaccessible and 13 others are irregularly assessed due to security conditions.
- Most available information focuses on IDPs in camp-like settings. IDPs in host communities are largely under-represented. The needs of the non-displaced population is not well documented.

Lack of consistent methodology: Over the years, the methodology of displacement data collection has differed between organisations, resulting in large drops or increases in the number of IDPs. A drop from 3.3 million IDPs by the end of 2013 to 1.5 million a year later, is likely the result of changes in data collection between the first assessment by the National Commission for Refugees, and the second done by IOM and NEMA. Comparisons are difficult because of lack of clarity on terminology in assessments (i.e. what does it mean “to be affected” or “in need”). Similarly, lack of clear documentation on data and methodology in assessment reports make clear interpretation of results more difficult.

Lessons Learned

Education

The provision of education services is critical. Child labour rates increase when children stay out of school, and the longer children are away from school, the less likely they will return. Children and young people deprived of education are more vulnerable to Boko Haram recruitment, which could in turn contribute to further regional destabilisation and an even greater use of child fighters by Boko Haram. The interruption of educational services also increases the risk of sexual violence and forced marriages for girls (INEE, 2015; NORRAG, 2013; Save the Children, 2013).

Poverty

While there is no one-to-one relationship between poverty and radicalization, weak governance, sustained economic hardship, rising inequality, and social frustration have all been found to foster the growth of radical extremist groups (ICG, 03/04/2014). The northeastern states’ high unemployment rates, especially in rural areas, may increase an individual’s vulnerability to recruitment by armed groups – especially when armed groups offer material benefits, such as looting of houses after attacks, which Boko Haram is known to do (AFP, 06/08/2015; EIU, 12/09/2014).

Impact on Economy

In armed conflict, houses, land, and infrastructure are damaged and destroyed. The affected population also lose NFIs, livestock, and in many cases are unable to keep their livelihoods. Human capital is affected when key household workers die or are incapable of working as a result of injuries or other factors. Social protection mechanisms are generally affected by displacement and fighting, and may affect household welfare for a long period of time, even generations, following the end of conflict. Households also have less resilience to respond to other shocks, such as natural disasters or economic crises (IDS, 12/2011).

Shelter

Boko Haram’s tactic of burning down villages, means shelter will be a critical need when IDPs begin returning to their areas of origin. Construction material is lacking, and in some areas houses have been without maintenance for years, due to displacement. Generally in conflict situations, new housing construction and maintenance of existing houses stops, and does not resume or return to pre-conflict levels for years (ACAPS, 11/2012).

Protection

Boko Haram deliberately targets the civilian population, and protection issues have spiked since the beginning of the insurgency. Women and children are particularly at risk. Mental health services will be needed on a long-term basis for those whose mental health has been affected. Housing, land, and property (HLP) rights challenges are likely to appear as IDPs and refugees return to their areas of origin (UNHCR, 03/2005). Landmines and ERWs also pose a threat for years following conflict.

Displacement and livelihoods

Displaced populations in conflict are often among those facing the most difficult circumstances. Displacement can lead to a loss of livelihoods, and a struggle to find work. This generally results in lower productivity among displaced persons than those staying behind. They are also less likely to work in the period following the conflict (IDS, 2011). A loss of livelihoods and decreased household revenue has already affected IDPs in northeast Nigeria, particularly the loss of agriculture-related wage labour (FEWSNET, 07/08/2015; 25/06/2015). When Boko Haram attacks villages, means of production, such as livestock, food stocks, small shops and other businesses, are often destroyed or looted. People suddenly displaced may have to leave their assets behind. Failure to address the impact of displacement on livelihoods will have long-term effects on IDP households, increasing their vulnerability. This could further limit household access to essential services, resulting in increased food insecurity, a deterioration of health, and malnutrition (IDS, 2011).

Health

Damage to or destruction of health infrastructure during armed conflict has a major impact on people’s health (ACAPS, 11/2012). Boko Haram attacks have reportedly targeted public services, including health facilities. Many primary health centres in the most affected areas have been destroyed, health staff have fled due to insecurity, and supplies have been looted. Other effects of the crisis, such as disruption of supply chains due to roadblocks, can lead to increased prices for health services and medication. This further limits households’ access to healthcare. In the long run, affected populations will not only face increased risk of disease, but are also likely to be more severely affected when they fall ill (ICRC, 2004).

WASH

In conflict settings, water and sanitation facilities are often intentionally damaged or destroyed, and among the first services to be disrupted (UNICEF, 2009). Many water points in the affected states of northeast Nigeria have been destroyed or are not functional. A large risk to health in emergencies is the increased transmission of faecal-oral diseases, which increases in settings with inadequate sanitation, poor hygiene, and unprotected water sources. Some households have already resorted to using surface water as their drinking water source, which is associated with high risk of contamination (HPN, 2007).

Key Figures

	Adamawa	Borno	Gombe	Yobe	Total
Projected population (2015)	4,097,673	5,608,644	3,125,369	3,164,093	15,995,779
Total IDPs (June 2015)	113,437	1,002,688	16,984	125,484	1,258,593
IDP state of origin (June 2015)	105,000	1,111,000	200	93,000	1,309,200
Total returnees (June 2015)	122,719 (IDPs) 5,762 (refugees)	-	-	-	128,481
LGAs inaccessible (out of total LGAs in the State)	1/21	23/27	0/11	2/17	26/76
Total number of incidents (Jan-July 2015)	42	245	19	40	346
Number of BH-related incidents (Jan-July 2015)	35	226	14	32	307
Other violent incidents (Jan-July 2015)	7	19	5	8	39
Number of fatalities (Jan-July 2015)	312	6302	187	319	7,120
BH-related fatalities (Jan-July 2015)	277	6238	171	231	6917
Other fatalities (Jan-July 2015)	35	64	16	88	203
LGAs in Crisis IPC Phase 3 (Jul-Aug 2015)	3/21 & Greater Yola IDP settlements	18/27	0/11	4/17	25/76
LGAs in Emergency IPC Phase 4 (Jul-Aug 2015)	2/21	9/27 & Greater Maiduguri IDP settlements	0/11	2/17	13/76

Sources: FEWSNET, 14/05/2015; Government of Nigeria, 10/08/2015; ACLED, 08/08/2015; IOM and NEMA, 06/2015

Baseline Characteristics

Key indicators	Adamawa	Borno	Gombe	Yobe	National
Population number (2006)	3,178,950	4,171,104	2,365,040	2,321,339	140,431,790
Population number (projected, 2015)	4,097,673	5,608,644	3,125,369	3,164,093	183,523,432
Number of LGAs	21	27	11	17	774
Area (km ²)	36,917	70,898	18,768	45,502	923,768
Population density (/km ²)	110.9	79.1	166.5	69.5	198.6
Average household size (2010)	5.0	4.8	5.1	5.1	4.5
Unemployment rate % (2011)	33.8	29.1	28.7	35.6	23.9
Measles vaccination coverage for infants	68.4	23.5	52.7	31.2	49.6
Acute malnutrition prevalence % (wasting, 2011)	6.4	18.7	12.3	14.9	10.2
Literacy rate % (2010)	42	21	34	19	52
Main source of energy for cooking	Collected firewood (80%)	Collected firewood (85%)	Collected firewood (74%)	Collected firewood (68%)	Collected firewood (56%)
Main source of water (2010)	River/spring (28%)	Unprotected well/spring (48%)	Unprotected well/spring (42%)	Unprotected well/spring (45%)	Rain water (27%)
Main type of toilet facility (2010)	Covered pit latrine (52%)	Uncovered pit latrine (54%)	Uncovered pit latrine (51%)	Covered pit latrine (27%)	Covered pit latrine (35%)
Births without skilled attendant % (2010)	6.3	6.7	14	6.5	7.1
Healthcare facilities per 100,000 (2011)	28	10	19	19	22

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



Map No. 4228 UNITED NATIONS
October 2004

Department of Peacekeeping Operations
Cartographic Section

Nigeria reference map (source: UN, 2004)