

# HUMANITARIAN NEEDS OVERVIEW

## NIGERIA

Focused on the non-international armed conflict in the north-east

HUMANITARIAN  
PROGRAMME CYCLE  
**2023**

ISSUED February 2023



# About

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

## PHOTO ON COVER

Karu, 51, sought safety in Dikwa, Borno State, where she has been for six months with her family. She is one of many internally displaced persons in urgent need of food assistance and shelter. Photo: OCHA/Christina Powell

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[fts.org/appeals/2021](http://fts.org/appeals/2021)




# Table of Contents

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<b>04</b>	<b>Summary of Humanitarian Needs and Key Findings</b>
<b>15</b>	<b>Part 1: Impact of the Crisis and Humanitarian Conditions</b>
16	1.1 Context of the Crisis
22	1.2 Shocks and Impact of the Crisis
33	1.3 Humanitarian Conditions and Severity of Needs
57	1.4 Number of People in Need
60	1.5 Overview of Needs in Nigeria
62	1.6 Overview of Humanitarian Needs in Nigeria's North-west
<b>68</b>	<b>Part 2: Risk Analysis and Monitoring of Situation and Needs</b>
69	2.1 Risk Analysis
75	2.2 Monitoring of Situation and Needs
<b>77</b>	<b>Part 3: Sectoral Analysis</b>
85	3.1 Camp Coordination and Camp Management
89	3.2 Early Recovery and Livelihoods
91	3.3 Education
94	3.4 Food Security
97	3.5 Health
100	3.6 Nutrition
103	3.7 Protection
113	3.8 Shelter and Non-Food Items
116	3.9 Water, Sanitation and Hygiene
118	3.10 Logistics
<b>121</b>	<b>Part 4 Annexes</b>
122	4.1 Data Sources
125	4.2 Methodology
134	4.3 Information Gaps and Limitations
136	4.4 Acronyms
138	4.5 End Notes

# Summary of Humanitarian Needs and Key Findings

2023 figures

PEOPLE IN NEED	TREND (2015-2023)	WOMEN	CHILDREN	WITH DISABILITY
8.3M		22%	59%	8%



**MAIDUGURI, BORNO STATE, NIGERIA**

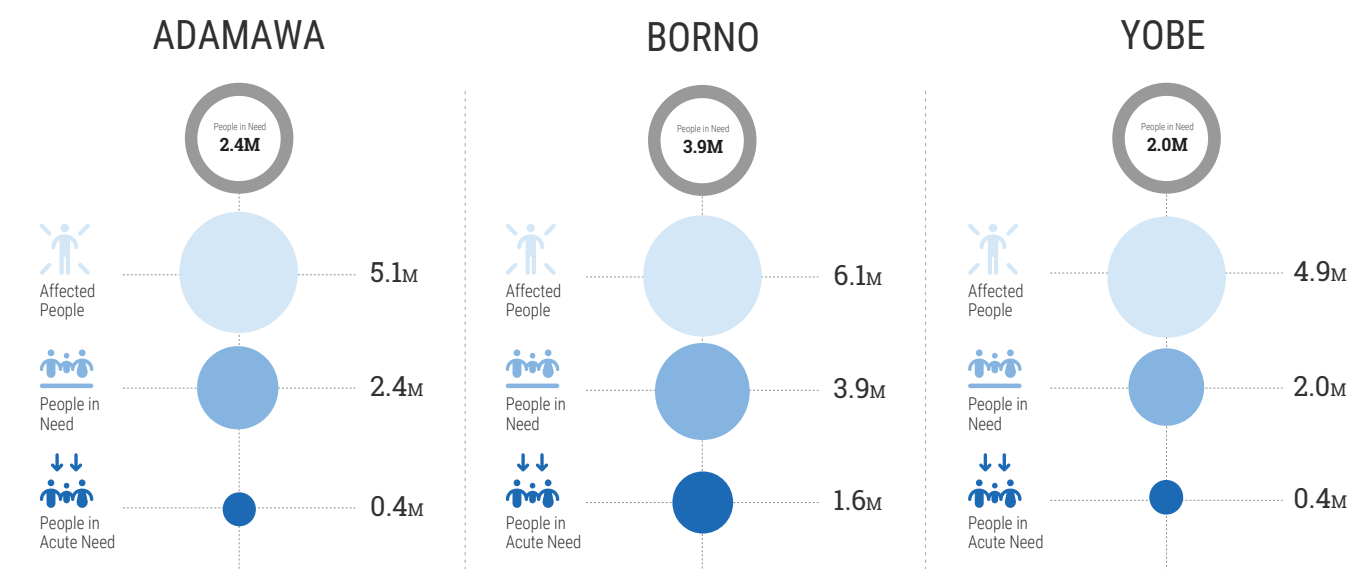
A Camp Coordination and Camp Management (CCCM) Monitor with the local NGO Salient Humanitarian Organization listens to IDPs’ food security concerns in El-Miskin camp in Maiduguri, Borno State.

Photo: OCHA/Christina Powell.



## Severity of needs:2023

8.3M PEOPLE IN NEED				
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
2.0M	5.8M	5.9M	2.2M	0.2M
12%	36%	37%	13%	2%



## By Gender

GENDER	PEOPLE IN NEED	% PIN
Boys	2.3M	28%
Girls	2.6M	31%
Men	1.6M	20%
Women	1.8M	22%

## With Disability

GENDER	PEOPLE IN NEED	% PIN
Boys	186k	28%
Girls	215k	32%
Men	104k	16%
Women	158k	24%

## By Population Groups

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people (in camps)	0.86M
Internally displaced people (out of camps)	1.15M
Returnees	1.53M
Host Community	4.77M

## By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	4.9M	59%
Adults (18 - 59)	3.0M	37%
Elderly (60+)	0.4M	4%

## Scope of Analysis

There are significant and severe humanitarian needs across Nigeria, caused by poverty – further deepened by high rates of inflation – lack of access to basic services, weak rule of law, widespread insecurity and criminality, and the impact of climate change. The nature and impact of some of these risks are described in detail later in the document.

In 2022, needs across Nigeria were further impacted by flooding, food insecurity and malnutrition, as well as refugee returnees from Cameroon and Niger. Some of these needs have been addressed in collaboration with the Government, through separate response plans (such as for malnutrition in the north-west) and working with the Nigeria Emergency Management Agency (NEMA) and state-level governments to address the flood disaster in the second half of 2022. Many of these issues cannot be resolved by humanitarian interventions alone. They necessitate a concerted and combined humanitarian and development effort, led by the Government. Section 1.6 presents an analysis of needs across Nigeria, with a particular emphasis on the north-west (section 1.7), assessed through a separate multi-sector needs assessment process.

Limitations in international humanitarian funding necessitate a well prioritized response within the capacity, reach and resources available, and with continued focus on the north-east. Stakeholders engaged in the 2023 humanitarian programme cycle (HPC) continue to focus on the BAY states, which are the most affected by the conflict in Nigeria's north-east.

Four population groups are identified as in need of humanitarian and protection assistance across the BAY states: (i) internally displaced persons (IDPs) living in camps or camp-like-settings; (ii) out-of-camp IDPs living in host communities; (iii) returnees; and (iv) host communities. The latter also comprises communities affected by conflict that may not necessarily host IDPs or returnees.

For 2023, five themes were endorsed as the key drivers of the humanitarian crisis: conflict and displacement,

food insecurity and malnutrition, disease outbreaks (including cholera), floods, and camp closures and involuntary relocations and resettlement.

The secondary data review undertaken in mid-2022 provided critical preliminary analysis helping to scope the Humanitarian Needs Overview (HNO), and specifically informed the Multi Sector Needs Assessment (MSNA) for 2023 with key background on population groups, vulnerable populations and humanitarian access in the BAY states. The data collection for the MSNA for 2023 took place in August 2022. Together with complementary surveys and assessments, some 17,000 households (estimated at more than 85,000 individuals) were reached across 65 local government areas (LGAs) in the three states.

Data analysis of the MSNA for 2023 (applying the JIAF), in addition to complementary surveys, generated both an intersectoral severity rating for each LGA in the BAY states and a rating for each of the three concerned groups (IDPs, returnees, host communities) in each LGA. The survey data also yielded sector-specific severity ratings for each LGA and target group therein. A risk analysis was factored into each LGA's rating.

Additional emphasis was placed on three aspects of the analysis for the 2023 HNO and Humanitarian Response Plan (HRP):

1. Better prioritization and targeting to ensure that the needs of those most in need would be given precedence for assistance and the impact of scarce resources maximized.
2. Improved analysis based on gender, age and disability to better understand vulnerabilities generated by the conflict, as well as affected people's ability to access assistance.
3. Through the risk analysis, improved understanding of vulnerabilities stemming from predictable humanitarian events – e.g., the rainy season and the lean season – with a view to identifying interventions that can reduce vulnerability – i.e., anticipatory action.



With regards to the latter, anticipatory action has been identified as one of the themes that will be emphasized in the 2023 Humanitarian Response Plan to reduce the impact of such events, building on households' and communities' existing coping mechanisms.

### **Context and impact of the crisis in the north-east**

Thirteen years on, the conflict in Nigeria's north-east states of Borno, Adamawa and Yobe (BAY states) continues unabated. The impact of the conflict in the BAY states, home to some 16 million people, has created a protracted humanitarian and protection crisis affecting millions of people.

The protection of civilians remains a major concern. A fundamental resolution to the conflict is not expected in the foreseeable future. Already vulnerable people are facing additional risks due to climate change impacts on food security and other needs, as well as disease outbreaks. The crisis has devastated civilian infrastructure and livelihoods, leaving many dependent on humanitarian assistance and in urgent need of access to basic services. The coordinated international humanitarian operation in the BAY states started in 2014, at the behest of the Government of Nigeria in response to a non-international armed conflict.

A new methodology to estimate people in need was introduced for 2023. Needs in north-east Nigeria are deepening with an estimated 6 million people in a severe, extreme or critical situation. This is an increase of 14 percent. An estimated 8.3 million people will need some form of humanitarian assistance in the BAY states in 2023. Of these people, 2 million are IDPs; IDPs outside the BAY states are not included in the caseload. Some 1.5 million are returnees and 4.8 million are in host communities or communities affected by conflict. Given a change in the access assessment classification methodology, the 4.8 million represents an increase of 900,000 in this category, when compared to 2022. This is partially the result of the Multi-Sector Needs Assessment (MSNA) for 2023 covering four LGAs<sup>1</sup> this year – Abadam, Guzamala, Kukawa and Marte<sup>2</sup> – which were categorized as 'inaccessible' in the 2022 HNO; this

has occurred in parallel with the discontinuation of an 'inaccessible people in need (PiN)' category.

Notable trends this year, compared to last year, include increased needs in health, food and nutrition, water, hygiene and sanitation, protection, camp coordination and camp management, and shelter. Some of the increases in needs are due to the impact of price increases in food and other key commodities, flooding, camp closures in Maiduguri, Jere and Konduga LGAs, and the influx of people fleeing areas under the control of non-state armed groups (NSAGs). Despite these increases across individual sectors, the overall number of people in need remains unchanged. This is likely due to vulnerable people developing additional needs across multiple sectors.

The MSNA for 2023 indicates that all LGAs have some level of humanitarian need. A significant change from 2022 are the 250,000 people considered to have catastrophic needs in Bama and Guzamala LGAs, who will urgently require assistance. This was not the case last year, indicating a sharp deterioration in affected people's conditions in these areas. The MSNA for 2023 indicates that there has been some improvement for approximately 1.3 million, with a shift from extreme need (2.1 million) to severe need (6.0 million). This said, there are also indications that many of those in the category of having severe needs, now have a broader range of needs, putting them further at risk (see Annex 4.2, Joint Intersectoral Analysis Framework, or JIAF Severity Scale).

### **Humanitarian conditions, severity and people in need**

There are an estimated 8.3 million people in need of humanitarian and protection assistance across the BAY states (of whom 2 million are internally displaced). 2.4 million of these are in acute need. Of the 65 LGAs that the JIAF classified using the data generated through the MSNA for 2023, as well as complementary data sets, two LGAs are experiencing 'catastrophic' levels of need – meaning that widespread mortality is expected; 13 are classified as 'extreme'; another 28 have 'severe' needs. Seventeen LGAs are at 'stress' level, while the remaining five have 'minor humanitarian conditions' (see sections 1.4 and 1.5).

The 8.3 million people in need of humanitarian assistance in 2023 comprise: internally displaced persons living in camps or camp-like settings (0.86 million); out-of-camp IDPs living in host communities (1.15 million); returnees, which comprise both former IDPs or refugees (1.53 million); and people in host communities or otherwise affected communities (4.77 million). In a change from last year, IDPs are separated into two groups – in- and out-of-camp – to better articulate specific needs and approaches to delivery of assistance to these two groups.

While the overall number of people in need has slightly changed compared to 2022, population vulnerabilities are expanding due to increasingly multisectoral needs – i.e., people in need require a broader range of assistance. Some of these needs are interlinked and overlapping. It is estimated that approximately 4.4 million people will face acute food shortages, ranging from crisis (3.78 million) to emergency (over 578,000) and famine/catastrophic levels (nearly 4,000) during the lean season (June-August). Likewise, there is a significant increase in projected acute malnutrition, rising from 1.74 million children in 2022 to 2 million children during the upcoming lean season. Alarming, the already high levels of severe acute malnutrition (SAM) are projected to more than double, from 300,000 children affected last year to a projected 697,000 this year. These children are at acute risk of dying without assistance.<sup>3</sup>

Displacement is a key determinant of vulnerability and many IDPs are facing formidable challenges. While some are able to retain, or have developed, coping mechanisms, most continue to rely partially on humanitarian aid. These coping mechanisms – including community support, livelihoods, and access to shelter and basic services – have been devastated or severely disrupted for many of those who have faced camp closures and involuntary relocations. The 2 million IDPs in need reside in LGAs whose intersectoral needs rate as 'extreme', 'severe' or 'catastrophic' – i.e., in highly vulnerable areas whose populations suffer profound deprivation. About 35,000 households (around 175,000 people) are homeless and about 360,000 households live in makeshift shelters. Inadequate access to basic non-food items

such as mosquito nets increase the risk of contracting malaria. Likewise, people's ability to access land or other livelihood opportunities continues to be highly constrained by insecurity.

Overcrowding in many of the camps or camp-like settings severely affects living conditions. Around 618,000 IDPs – over two thirds of the IDPs living in camps – reside in highly congested conditions. One in four camps are highly congested with per capita space of less than 15 sqm, less than half the recommended minimum standard of 35 sqm. On average, the ratio of communal toilets is one per 100 people. This is five times higher than the recommended ratio of 1:20 people, according to SPHERE standards.<sup>4</sup>

Returning to places of origin often does not diminish humanitarian needs. The MSNA for 2023 indicates that 86 per cent of returnees reside in LGAs that are classified as having very high levels of intersectoral humanitarian needs. Many have returned to insecure or untenable conditions due to inadequate shelter, limited or no livelihood opportunities, and limited or no access to basic services such as health care, education, water and sanitation, as well as housing, land and property issues.

In most cases, communities hosting IDPs or returnees (in nearby camps or dispersed in the community) are themselves vulnerable, and the needs of the IDPs put an additional strain on already scarce community resources. Close to 10.4 million people (65 per cent of the population in the BAY states) live in LGAs that are classified as having catastrophic, extreme or severe intersectoral vulnerabilities and needs. Insecurity, and lack of access to basic services and livelihoods in many cases lead to recurring displacements, including for returnees.

Gender is a key determinant of vulnerability. Women and children are disproportionately impacted by the conflict and bear the brunt of humanitarian needs, and women and girls have significantly higher levels of needs than men and boys, and often have less access to humanitarian assistance and protection. For example, while the conflict has broadly impacted on the delivery of educational services, most of the



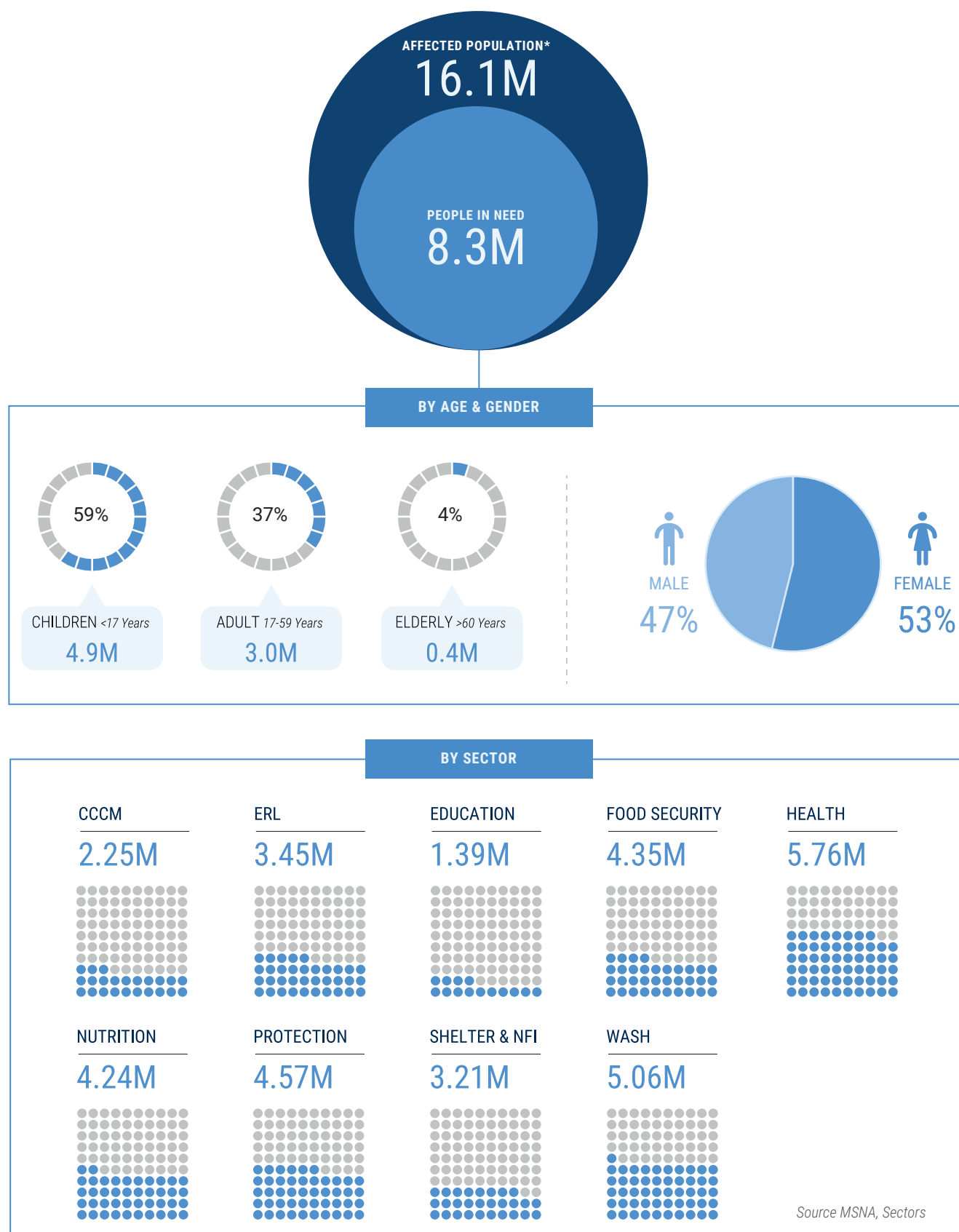
absentees from school are girls. Women and girls are at a disproportionate risk of gender-based violence (GBV), including domestic violence, trafficking, including forced and child marriage, sexual exploitation and abuse, and neglect. This demonstrates how protection remains a great concern. Women and children constitute 81 per cent (6.7 million) of those in need; with women and girls making up the largest portion (53 per cent). The delivery of reproductive health services to women caught up in conflict-affected areas is constrained by several factors, including access and availability of services and service providers. The risk of women dying during pregnancy, childbirth or post-partum remains high.<sup>5</sup>

Insecurity and restriction of movement continues to impact on the livelihoods of communities, families and households. According to the MSNA for 2023, female-headed households are 36 per cent more likely to face hunger compared to male-headed households. They are also 16 per cent more likely to have a lower income, and 18 per cent less likely to have livelihood assets. Their children are more likely to adopt negative coping strategies, such as child marriage (15 per cent more) and/or to drop out of primary school to beg on the streets. Boys also face protection concerns, such as forced recruitment to NSAGs. People with disabilities are disproportionately impacted and virtually invisible: most services and infrastructure are not tailored to their needs, including in many humanitarian facilities. They are also 22 per cent more likely to drop out of school and 20 per cent more likely to resort to begging to procure food.

An integral part of the needs assessment is consultations with affected people. For 2023, 56 community consultations were conducted across the three states, involving 1,400 people in groups of 25. Adamawa and Yobe conducted 16 consultations each. In Borno, 20 consultations were conducted with IDPs, returnees and host communities. In addition,

four consultations were undertaken with recently relocated people and IDPs from closed camps. The consultations were conducted using semi-structured guides over four weeks in July and August 2022. The assessment team selected the locations based on the concentration of IDPs and Displacement Tracking Matrix (DTM) data on displacement. In each chosen location, four focus-group discussions were conducted, divided by gender and age groups (male adults, female adults, female youth and male youth). Moreover, in the MSNA, which covered more than 16,000 household interviews for the 2023 HPC, the questions focusing on accountability to affected populations were also expanded to better gauge community interests. Better understanding their needs through an active, rather than passive, process is critical, as well as better understanding how to best deliver assistance to ensure that aid is meaningful and appropriate. Affected people's highest priority needs are food (29 per cent), livelihoods and income-generation (12 per cent), and health care (11 per cent). When asked how people would prefer to receive aid, and which type of aid, the majority preferred food assistance (85 per cent) and/or physical cash (63 per cent).<sup>6</sup> There are indications that the introduction of improved accountability practices has improved the perceptions of aid delivery among recipients.<sup>7</sup> In the MSNAs for 2022 and 2023, people who received humanitarian assistance, however, emphasized the importance of aid reaching the 'right people'. Moreover, a significant proportion (76 per cent) of respondents stated they had not received any aid in the three months prior to the MSNA data collection in August 2022. Of those that had, only 52 per cent were satisfied with the assistance received, with the low quantity of assistance and delays in the delivery of aid cited as the main reasons for dissatisfaction. According to the MSNA for 2023, the perception of affected people is that the humanitarian community have missed or are unable to reach between 35 and 47 per cent of certain communities who need assistance.

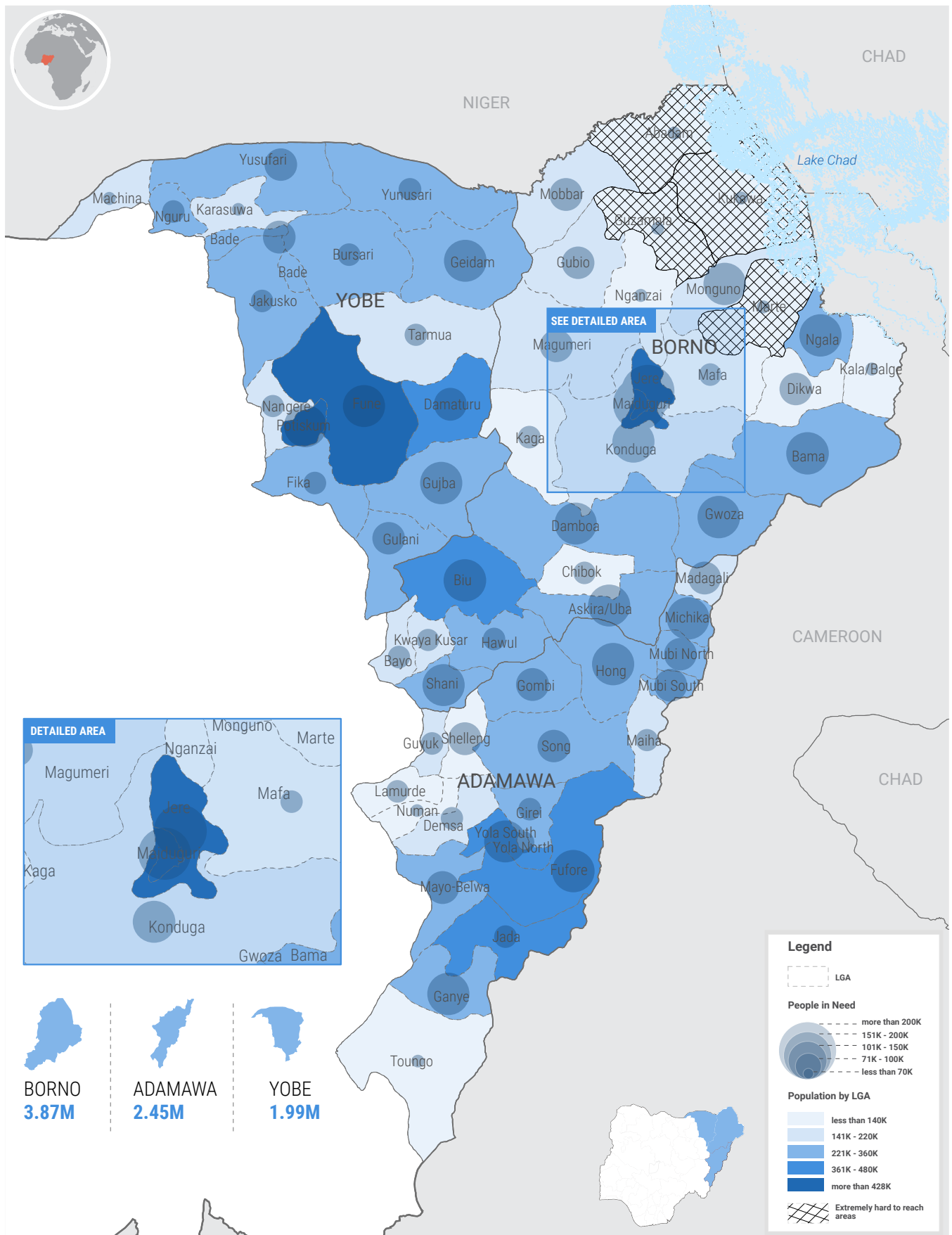
# Number of People in Need



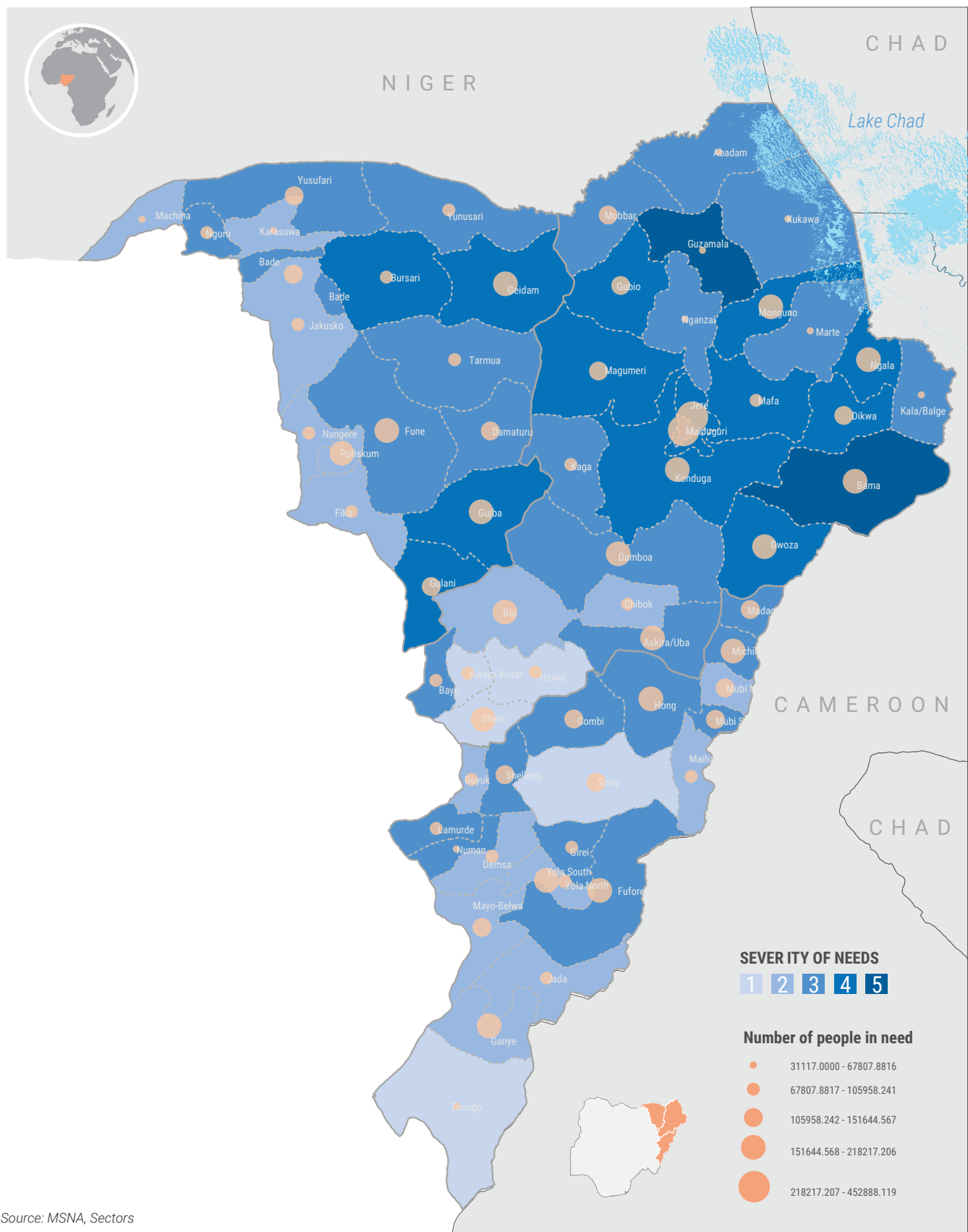
\*The affected population is equal to the total population in the BAY states



## Overall number of people in need



Severity of humanitarian conditions and number of people in need

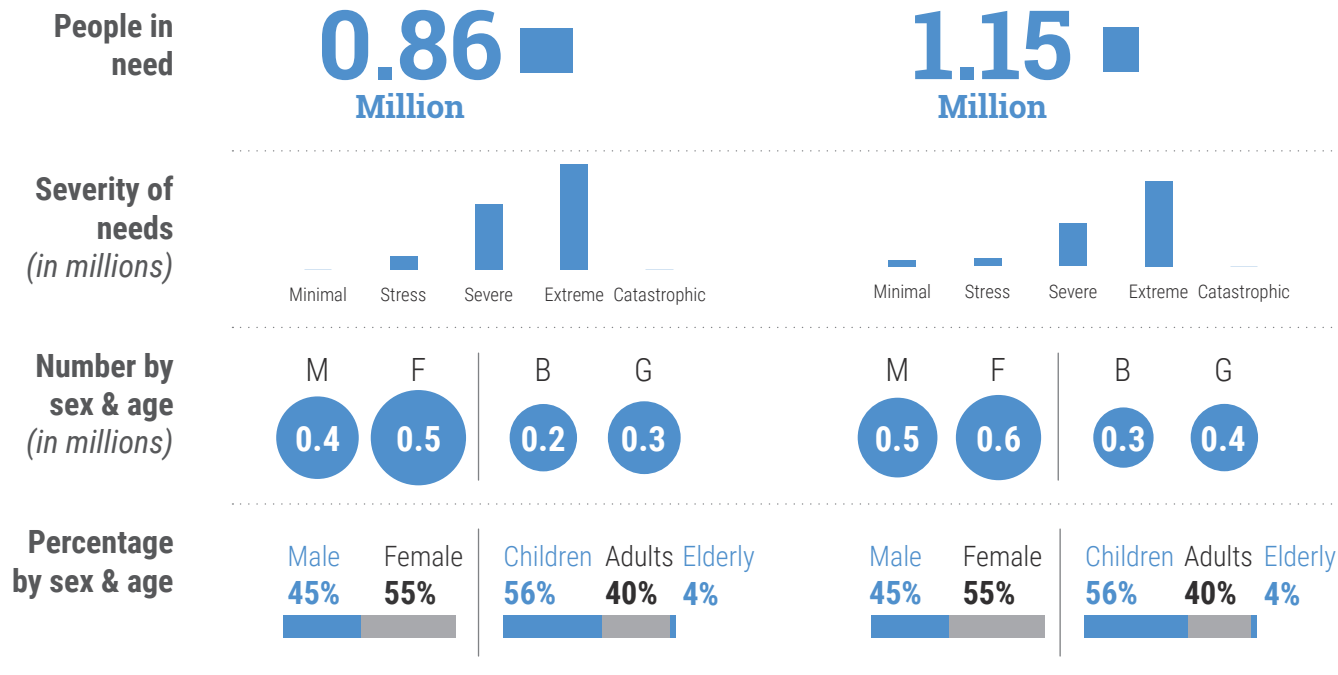




## INTERNALLY DISPLACED PEOPLE

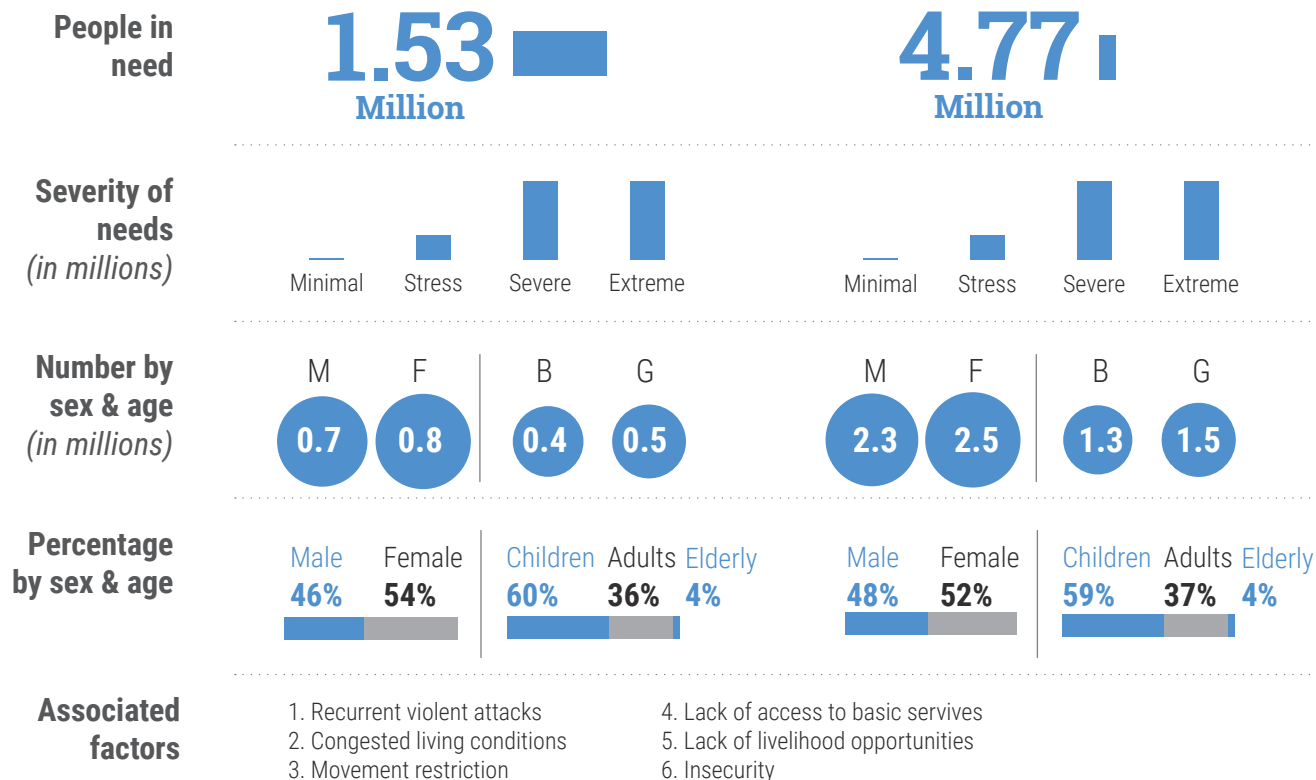
### IN CAMP

### OUT OF CAMP

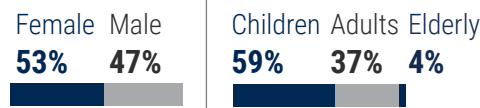
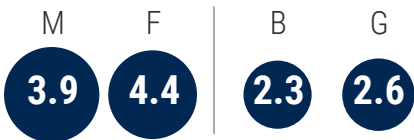
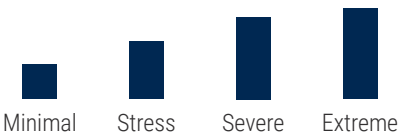


### RETURNEES

### HOST COMMUNITY



TOTAL PIN



GONGULONG, MAIDUGURI, BORNO STATE, NIGERIA

The FAO supports activities focused on providing technical assistance and policy advice for the development of crops, livestock, fisheries and forestry sub sectors, with due emphasis given to institutional capacity building and development of local skills and expertise to ensure sustainability in camps and local communities in states across Nigeria.

Photo: UNOCHA/Damilola Onafuwa





## Part 1:

# Impact of the Crisis and Humanitarian Conditions

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### PULKA, BORNO STATE, NIGERIA

Water trucking quality monitoring in Pulka, Borno State.

Photo: Norwegian Church Aid



## 1.1

## Context of the Crisis

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### Political

Home to over 213 million<sup>8</sup> people from more than 250 different ethnic groups, Nigeria is a federal republic administratively divided into 36 states and the Federal Capital Territory (FCT Abuja)<sup>9</sup>. Its political landscape is shaped by social, economic and geographic disparities.<sup>10</sup> Criminality and violent crises in many parts of the country challenge the rule of law and stability. These crises include the conflict in the north-east with the epicentre in the states of Borno, Adamawa and Yobe (BAY), criminality – also referred to as banditry and kidnappings – in parts of the north-west and the south-west, farmer-herder violence in the middle belt, and nascent separatist movements in the south-east.

In north-east Nigeria, the emergence of Boko Haram – loosely translated as western education is forbidden – in Borno State in 2002 was seen as a challenge to the state, driven by perceived economic, social and political marginalization.<sup>11</sup> In 2009, the group launched an armed conflict against the Nigerian state that escalated into a full-blown armed conflict with the Nigerian Armed Forces (NAF). The nature of the conflict in the BAY states, home to some 16 million people, has evolved over time, devastating the region's already fragile economy and infrastructure, shattering lives and livelihoods, forcibly displacing millions and creating a humanitarian and protection crisis.

Over 37,000 people have been killed and it is estimated that a further 300,000 have died as an indirect consequence of the conflict due to disease and hunger. Some 40 per cent of health facilities, half of schools (1,500 schools), and around 75 per cent of water and sanitation facilities have been damaged or destroyed. In search of safety, millions of people became internally displaced (IDPs), mostly within their

states. Some 330,000 people have fled the BAY states to neighbouring countries.<sup>12</sup>

After 13 years of conflict, the humanitarian crisis in the BAY states has changed little in terms of scale and severity. The impact is profound: some 8.3 million people are in need of humanitarian assistance and protection, mostly women and children. Of the two million IDPs in the BAY states, 83 per cent reside in Borno, living in overcrowded camps or in host communities without adequate shelter and with limited access to threadbare basic services, including health care, water and sanitation, education and livelihoods. Some areas of the BAY states have become relatively stable, encouraging an estimated 1.5 million to return to their places of origin. They are returning to communities devastated by conflict, struggling to rebuild their lives. The majority of people in need (4.8 million) live in so-called host communities or communities affected by conflict. Even if these people did not flee, their lives have been severely affected by conflict, including all the needs detailed above. Protection remains a key concern in all the populations affected, not only in terms of the impact of violence and conflict, but also through the weakness of rule of law institutions and the protection risks generated by the ongoing conflict, particularly in terms of displacement, and lack of means of sustenance and access to basic services. Sexual and gender-based violence (SGBV) remains a major concern.

Inter-factional conflict, inadequate access to goods and services in areas controlled by NSAGs, and widespread and severe malnutrition, as well as partial military successes and promises made by the Borno State Government (BSG), have led many people to leave areas under the control of these groups. Estimates vary, with some as high as 90,000. The vast majority coming out of these areas are civilians,



predominantly women and children, but they also include a small number of surrendered fighters. The Government of Nigeria continues its efforts to disarm, demobilize and reintegrate ex-fighters identified as low risk under “Operation Safe Corridor” as well as under a joint scheme between the Federal Government and the BSG, often referred to as the ‘Borno model’.

It is uncertain what the impact of the upcoming general elections will be on the humanitarian operation. Elections for the Presidency, Federal and State legislators and governors are scheduled for February and March 2023. A change in Federal or State governments could lead to policy changes and possibly impact on the operating environment. In recent elections, there has not been significant electoral violence in the BAY states. That said, there is a possibility that NSAGs will use this opportunity to destabilize the political system.

### **Sociocultural**

Nigeria is the seventh most populated country in the world and one of the fastest growing countries globally, with a growth rate of 3.2 per cent.<sup>13</sup> The rapid growth rate means that the country has a very young population: 43 per cent of Nigerians are 0-14 years old.<sup>14</sup> The fertility rate in Nigeria – the average number of children a woman is estimated to bear – is 5.3. This increases to 6.1 in the north.<sup>15</sup> Life expectancy is one of the lowest in the world<sup>16</sup> at 55 for men and 57 for women.

Data published by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in September 2022, estimates that 19.7 million children in Nigeria between the ages of 6 and 18 are out of school. Nigeria has the third largest out-of-school population after India (61 million) and Pakistan (20.7 million). Out-of-school rates among adolescents and youth have increased by 61 per cent in the last 20 years, from 6.3 million to 10.1 million. Rates among primary school-age children have increased by 50 per cent over the same period, from 6.4 to 9.7 million.<sup>17</sup>

While population growth can spur economic growth, there is a danger in Nigeria that the speed of

population growth will diminish per capita access to education, health care and other basic services critical to the welfare and economic opportunities of young Nigerians. Likewise, in a largely agrarian economy such as the north-east, rapid population growth, combined with climate change, could reduce the amount of arable land available for cultivation per capita, further challenging food security in areas that are already food insecure.

### **Economy**

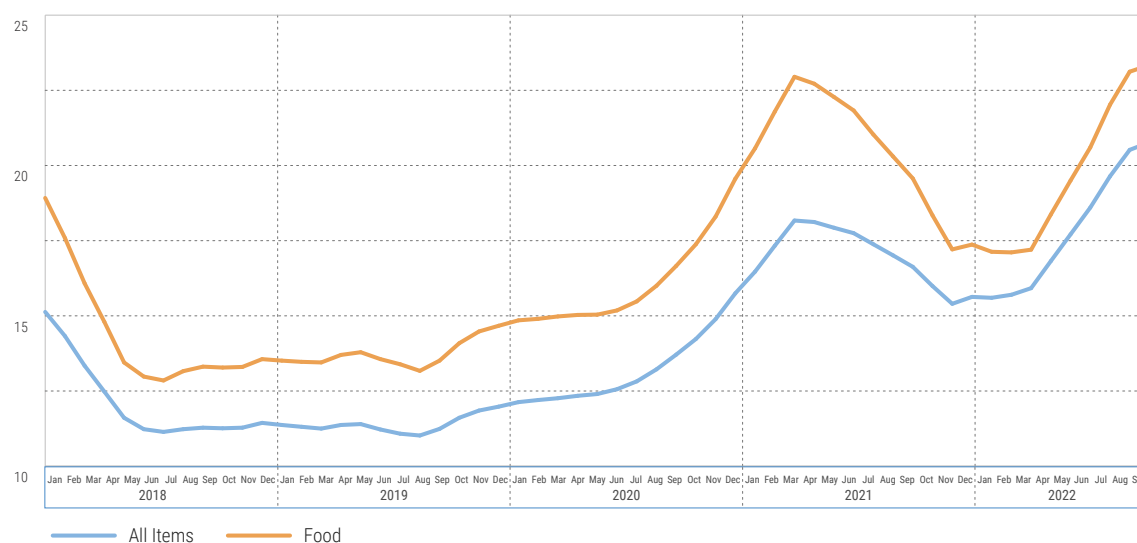
As of September 2022, inflation rates stood at 21 per cent – 23 per cent for food prices – up by around 4 per cent from last year.<sup>18</sup>

According to the latest figures from the Nigerian National Bureau of Statistics (NBS), the unemployment rate stands at 33 per cent, with youth unemployment at 42 per cent.<sup>19</sup> Nearly 83 million Nigerians, 40 per cent of the total population, live below the national poverty line, living on less than one dollar a day. While the economy is projected to grow at an average of 2.9 per cent in 2023, a decline in oil production, heightened insecurity and the heavy flooding in 2022 could see the number of people below the poverty line rise further. According to the World Bank, an additional 5 million Nigerians have been pushed into poverty in 2022 alone.<sup>20</sup>

Multidimensional poverty, an index that measures the percentage of households in a country deprived along three dimensions of well-being (monetary poverty, education and basic infrastructure services) show that 63 per cent of Nigerians are multidimensionally poor (roughly 130 million people), with the highest number of poor people located in the north and in rural areas.

In rural areas of the north-east, agriculture remains the largest source of income and livelihoods.<sup>21</sup> In the BAY states, between 65 and 80 per cent of people work in agriculture, a sector that accounts for more than half of the regional GsDP and one which has been severely impacted by the conflict. Forced to leave their homes in search of safety, farmers have sought refuge in garrison towns, severely curtailing their agriculture and livelihood options.<sup>22</sup> Over the past three years,

## Trends of Inflation 2018 - September 2022



Source: Central Bank of Nigeria

the impact of COVID-19, environmental degradation and climate change have further eroded already fragile livelihoods.

The October 2022 Cadre Harmonisé (CH) estimated that some 17 million Nigerians were food insecure in the assessed 26 states and the Federal Capital Territory. Projections for 2023, indicate an increase to some 25 million during the peak of the 2023 lean season.<sup>23</sup> In the BAY states, 4.4 million are projected to be at crisis level or worse (Integrated Food Security Phase Classification 3, 4, 5) between June-August 2023.<sup>24</sup>

### Legal and policy frameworks

In 2022, Nigeria launched its National Policy on Internally Displaced Persons, a framework for national responsibility towards the prevention and protection of citizens and, in some cases, non-citizens, from arbitrary and other forms of internal displacement. The Policy is designed to address the needs of IDPs during displacement, and ensure their rehabilitation, return, reintegration and relocation after displacement. The UN and partners are supporting the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHADMSD) to formulate

an Action Plan for implementing the Policy, which will require the Government to commit resources to fully operationalize it. Following the adoption of the National IDP Policy, the FMHADMSD initiated a process for the development of a stand-alone Executive Bill to domesticate the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) through a consultative process with stakeholders including the UN and partners. The draft bill was validated in November and is expected to be taken to the National Assembly for review and ascent by the President before the end of the current administration.

The Borno State Government continued its efforts to pursue the policy of camp closures and the return of IDPs to their areas of origin, a promise from the last elections. By early 2023, The BSG had closed all official camps in Maiduguri, and announced that it would begin closing camps in other locations. The BSG identified 18 locations for return, some of which are in areas designated as hard or extremely-hard-to-reach for humanitarian partners due to insecurity. There has been concerted advocacy to ensure that returns or relocations are voluntary, safe and informed, and conducted according to the Borno Return Strategy,

based on the Kampala Convention for IDPs, as agreed with humanitarian partners in 2018.

In Yobe State, the state house of assembly passed the violence against persons prohibition law, child protection law and justice reform law. It is expected that the new laws will provide a deterrence to perpetrators of sexual violence and abuse against women and children.

Based on the protracted nature of displacement and the relative stability in most of the LGAs in Adamawa State, the state government has pursued durable solutions based on the National IDP Policy (September 2021) and the establishment of the “Implementation of the National IDP Policy Taskforce” (22 March 2022).

### Security environment

Nigeria continues to face high levels of insecurity. The armed conflict in the BAY states remains the main cause of insecurity in the north-east. There are concerns that NSAGs have expanded their operations beyond the BAY states. Violence – both targeted and collateral – increases the overall risk to civilians, including humanitarians. This creates impediments to accessing affected people and prevents the delivery of life-saving assistance to civilians living in and around contested areas.

In Borno, the Nigerian Armed Forces (NAF) are concentrated in garrison towns, providing localized security for civilians, leaving NSAGs unchallenged in much of the rural areas. Overland movement between towns and along main supply routes, such as the Maiduguri-Monguno, Bama-Pulka-Gwoza, Maiduguri-Damboa, and Maiduguri-Damaturu roads, is risky because of NSAG attacks, the risk of improvised explosive devices (IEDs), and illegal vehicle checkpoints that extort tax from travellers, abduct them and/or hijack cargo. The high risks involved in road travel mean that humanitarian operations are heavily dependent on the United Nations Humanitarian Air Service (UNHAS) for moving personnel around and transporting limited amounts of cargo to deep field locations. This increases the cost of the operation.

Transport of humanitarian supplies often requires a military escort along exposed routes.

### Environmental profile

Emerging patterns of extreme and unpredictable weather are putting people and their livelihoods at risk. These include storms, erratic rainfall – generating droughts, floods and soil erosion – and rising temperatures. People in the BAY states, who are already vulnerable due to years of underdevelopment and conflict, are facing additional shocks from climate change that exacerbate their food insecurity as well as their access to livelihoods, water, shelter and health services. One consequence of climate change is the likely increase in competition for diminishing natural resources, arable land and water in some parts of the north of Nigeria, including increased intercommunal conflict and conflict between farmers and herders.

Climate change has triggered record rains and floods. As of the end of October, the 2022 rainy season, which started in July, resulted in devastating flooding across all 36 states and the capital city, Abuja – the worst in more than a decade.<sup>25</sup> According to the National Emergency Management Agency (NEMA), more than 4.4 million people were affected. More than 660 people died, 2.4 million people were displaced, and an estimated 676,000 hectares of agricultural cropland were destroyed or damaged.<sup>26</sup> In many areas the flooding coincided with the harvest season, impacting food security.

In the BAY states, flooding has led to loss of lives, destruction of shelter and livelihoods, and contaminated water sources. In Borno State, the floods completely cut off road access to Rann and Damasak LGAs, where displaced families and host community members were in urgent need of integrated support, especially shelter, food, and non-food items. During this period, transport of supplies was only possible by helicopter.

Contamination of surface and groundwater also led to outbreaks of waterborne disease. The risk of such outbreaks is higher in overcrowded settlements and IDP camps with compromised public hygiene and

sanitation. The practice of open defecation<sup>27</sup> and overflowing latrines also contributed to the spread of disease. In 2021 and 2022, there were widespread cholera outbreaks across the north-east and elsewhere. As of November 2022, the BAY states registered 62 per cent (15,000) of the total cholera cases in Nigeria (24,000) and the highest mortality rates from cholera: 3 per cent compared to the rest of the country's 1 per cent.<sup>28</sup>

## Gender

A greater awareness of gender and how it affects vulnerability and access are critical to developing a better understanding of the dynamics and causes of need and, moreover, to ensuring appropriate delivery modalities. It is therefore essential that assessments are undertaken in a way that enables the voices of women, girls and boys to be adequately represented. In many instances, particularly for women and girls, this means overcoming considerable sociocultural barriers and prejudice. Likewise, given the barriers and the disadvantages that women face in Nigeria – as described below – it is not only critical that women's and girls' voices are heard, but that they are also integral to decision-making to ensure that aid is appropriate and addresses their specific needs.

While the Nigerian Constitution enshrines gender equality and non-discrimination, its impact remains nominal. Women continue to suffer injustices and marginalization. Religious and cultural norms, gender stereotypes, low levels of education, and the disproportionate effect of poverty on women are prevalent across the country but accentuated in the north of Nigeria.<sup>29</sup>

In the BAY states, this situation is exacerbated by the armed conflict as well as the impact of climate change. Women and girls in north-east Nigeria are disproportionately carrying the burden of these challenges, which impact on access to education, health outcomes, livelihood opportunities and access to decision-making mechanisms. According to UN Women (2022), Nigeria ranks 118th out of 134 countries on the Gender Equality Index and 181st of 193 for women's representation in governance and

politics – one of the lowest ranking countries in Africa. Poor resource allocation in economic and social sectors, conflict, forced displacements and inadequate inclusion in decision-making mechanisms are some of the factors contributing to the low ranking.<sup>30</sup> This is similar to the analysis undertaken by the World Economic Forum through their annual Gender Gap Index in 2022, which ranked Nigeria 123rd out of 146 countries – up from 139 in 2021.

Nigeria has one of the highest rates of child marriage in the world, despite legislation to prevent it.<sup>31</sup> In terms of percentages, it is ranked eleventh in the world – in absolute terms it is third. It affects some 3,742,000 girls.<sup>32</sup> UN Women reports that 46.8 per cent of women aged 18-49 were married before the age of 18, and as high as 87.6 per cent for the most disadvantaged.<sup>33</sup> Recent statistics show that about 16 per cent of women aged 20-24 got married before the age of 15. The adolescent birth rate for the age group 15-19 is 106 per 1,000.<sup>34</sup>

Child marriage is symptomatic of entrenched gender inequality. It robs girls of their childhood, threatens their lives and health, and disadvantages them economically.<sup>35</sup> Girls who marry before the age of 18 are more likely to drop out of school and are more at risk of domestic violence. Furthermore, their children are more likely to experience poor economic, health and educational outcomes, all of which contribute to "straining a country's capacity to provide quality health and education services".<sup>36</sup> This also has further implications for a country's development and prosperity.

Polygamy is another challenge facing women in Nigeria. According to Nigeria's Demographic and Health Survey (2018), 31 per cent of married women reported their husbands having multiple wives. Polygamy, according to the Committee on the Elimination of Discrimination against Women (CEDAW), has grave implications for women's and their children's human rights, and economic and mental well-being.<sup>37</sup>

Early and inadequately spaced births increase the risk of birth complications, the prevalence of fistulas and maternal mortality. Nigeria's 40 million women of



childbearing age – between 15 and 49 years of age – suffer a disproportionately high level of reproductive health issues. The maternal mortality rate, 917 per 100,000 live births, is the fourth highest in the world.<sup>38</sup> Infant mortality currently stands at 69 per 1,000 live births, and rises to 128 per 1,000 live births for children under five. Each year approximately 262,000 babies die at birth, the world's second highest national total.<sup>39</sup>

Intimate-partner violence (IPV) against women in Nigeria has been recognized as a public health problem with far-reaching consequences for the physical, reproductive and mental health of women.<sup>40</sup> Sexual and gender-based violence is endemic across Nigeria and there is little or no protection from rule of law institutions. In the BAY states, this problem has been amplified by conflict and little care or justice is provided to survivors.

Although women in Nigeria have limited participation in the economy and gainful employment, they are responsible for up to 80 per cent of food production.<sup>41</sup> An estimated 50 per cent of women aged 15-49 who engage in agriculture are unpaid and women face significant challenges accessing economic

opportunities.<sup>42</sup> Their access to land is by virtue of their membership in households as wives, daughters and sisters.<sup>43</sup> Only 7.2 per cent of landowners in Nigeria are women, compared to 38.1 per cent of men. According to the Gender Policy in Agriculture from 2016, land ownership is one of the key barriers that limit economic opportunities for women.

Women's participation in political leadership and decision-making mechanisms across all levels of governance is notably low in Nigeria. Women make up only 3.6 per cent of representatives in national parliaments and 9.8 per cent in what UN Women calls deliberative bodies of local government.

The female literacy rate among those aged 15 and above is 62 per cent compared to 52.6 per cent among males.<sup>44</sup> Yet, girls are more likely to miss out on education than boys, especially in secondary education. UN Women reports that 30.7 per cent of girls engage in economic activities and household chores compared to 32 per cent of boys.<sup>45</sup>

## 1.2

## Shocks and Impact of the Crisis

In addition to the ongoing conflict and insecurity, the vulnerabilities of affected people have been compounded by the co-existing shocks of food insecurity and malnutrition, soaring inflation, climate change, disease outbreaks, and state-led policies of camp closures and return and relocation of IDPs in Borno State.

Conflict and insecurity remain the primary drivers of humanitarian needs in the north-east, directly or indirectly. While security has improved in some parts of the BAY states, compared to the peak of the conflict in 2014/15, conflict and violence continue unimpeded in areas outside Maiduguri in Borno, and the situation remains volatile in northern Adamawa and parts of Yobe. In 2022, a total of 572 security incidents were recorded, resulting in 2,619 fatalities.<sup>46</sup> In Adamawa State, there were also significant displacements as a result of intercommunal clashes between farmers and herders, and between different farming communities over control of farmland.<sup>47</sup>

Displacement, resulting in the loss of homes, assets and livelihoods, continues to be one of the main drivers of vulnerability and need. It affects IDPs in camps, camp-like settings, host communities, or those who have been relocated. Many struggle to make ends meet with limited and precarious livelihood opportunities, low-incomes and intermittent access to farmland as a result of restrictions on movement and insecurity. Where services are available, they are threadbare at best, and shelter conditions and sense of safety are compromised. According to the Shelter Sector, about 35,000 households – or approximately 175,000 people – are without shelter, often living in the open.<sup>48</sup>

Congestion in camps poses a host of health and safety hazards with increased risk of communicable disease outbreaks, particularly cholera and measles, as well as

protection risks such as gender-based violence against women and girls. Host communities bear the pressure of hosting IDPs and having to share overstretched and already fragile and inadequate infrastructure and services.

It is estimated that between 1 and 1.2 million people are in areas currently classified as 'extremely-hard-to-reach' for humanitarian actors because of insecurity.

### Food insecurity and malnutrition

North-east Nigeria experienced alarming food insecurity and malnutrition for the second consecutive year and the situation is projected to deteriorate in 2023. An estimated 4.4 million people will be food insecure (CH phase 3-5) during the lean season (June-August),<sup>49</sup> an increase from 4.1 million in 2022. The October 2022 Cadre Harmonisé identified Borno State, the epicentre of the conflict, as the state with the highest incidence of emergency food insecurity in the north-east, with some populations in Bama and Guzamala LGAs likely to reach catastrophic levels during the lean season in 2023 (June-August).<sup>50</sup> This comprises some 270,000 people, with a further 4,000 people projected to suffer famine-like conditions. According to the Cadre Harmonisé, crisis levels (phase 3) are projected to spread across almost the entire state of Yobe during the same period, impacting over 1 million people. An estimated 1 million people in Adamawa will have crisis or emergency needs in the lean season.<sup>51</sup>

Poor nutritional intake and lack of access to critical WASH and health services have had a severe impact on nutrition outcomes for children in the BAY states. In 2023, malnutrition among children is projected to increase from 1.74 million in 2022 to 2 million in the lean season. Alarming, already high levels of severe acute malnutrition are projected to more than double,

from 300,000 children last year to a projected 697,000 in 2023.<sup>52</sup> These children will be at risk of dying unless preventive action is taken and critical health services are provided. Across the BAY states, 4,264 children under-five suffering from severe acute malnutrition with medical complications were admitted to stabilization centres in September 2022, a 90 per cent increase compared to the same period in the previous year.<sup>53</sup> This figure does not include children who did not have access to outpatient nutrition services or stabilization centres or whose families are not aware of such services. A worrying trend in the last couple of years has been the steady erosion in capacity to prevent or treat malnutrition as many partners have had to close some of their centres because of lack of funding.<sup>54</sup> In 2022, existing stabilization centres were overwhelmed by the increase – a doubling – in children with severe acute malnutrition (SAM), including in Maiduguri. These challenges will be even more acute as SAM cases are projected to quadruple compared to 2021.

### Inflation and rising cost-of-living

Global price increases in 2022, partly as a result of the broader consequences of the conflict in the Ukraine, have had multiple impacts. Global increases in prices of food, fuel, fertilizer and other critical commodities

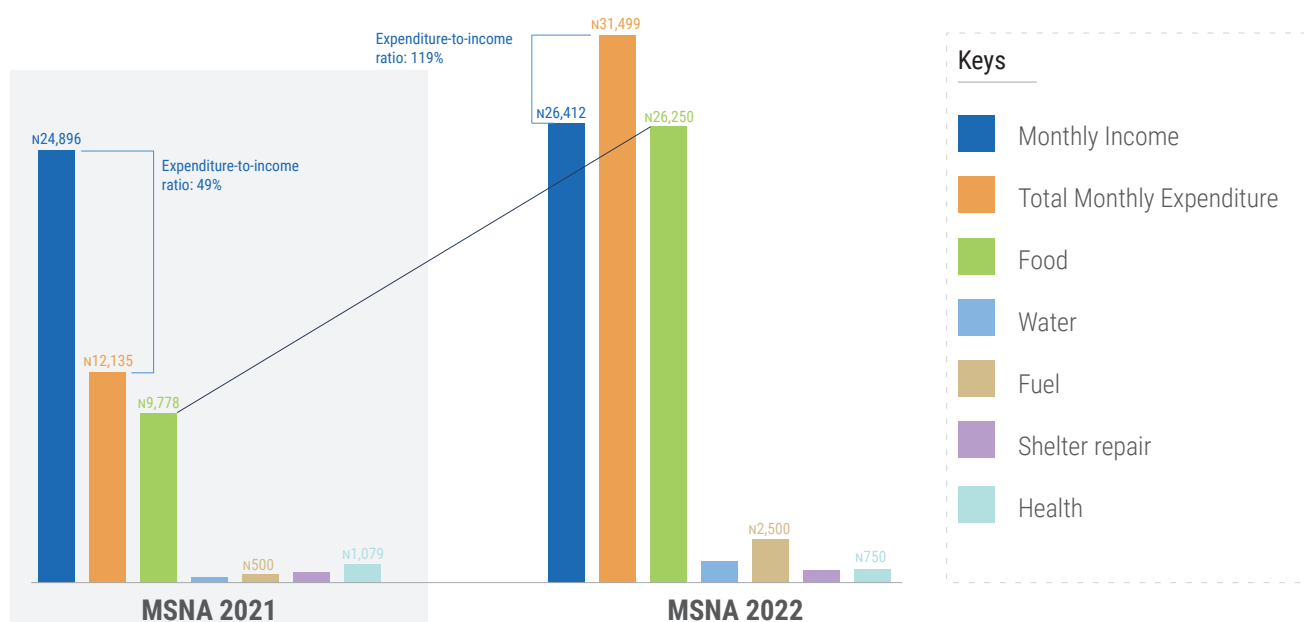
have had a significant effect on food prices in Nigeria, as well as agricultural inputs that farmers need to produce food and related costs such as fuel for transport.

Conflict-affected people, who are already spending a disproportionate share of their income on food, are negatively impacted by inflation and the increase in the price of food and other key commodities. Rapid price increases may mean that they are no longer able to procure adequate sustenance or pay for basic services and commodities.

Similarly, rising inflation is also impacting the humanitarian operation as the cost of delivering assistance increases. This includes procuring and transporting commodities, as well other costs that are susceptible to the vagaries of the global economy. The net effect is that there are less resources available to meet increasing needs.

Inflation has eroded the purchasing power of those already struggling to meet their basic needs, further compounding their vulnerabilities. The MSNA for 2023 found that incomes remain fairly stagnant while expenditures are increasing, leaving affected people with a shortfall. In order to cover the gap, many incur debts – often at high interest – or have to resort to

Monthly median income and expenditures for households in 2021 and 2022



other negative coping mechanisms such as selling productive assets, borrowing, marrying off their girls or survival sex to meet their most basic needs.

The graph below shows that from 2021 to 2022, median household monthly incomes for all the four population groups in need of humanitarian assistance in 2023 grew by only 6 per cent (from 24,896 naira in 2021 to 26,412 naira in 2022), while median expenditures increased by about 160 per cent (from 12,135 naira to 31,499 naira). At the same time, the expenditure-to-income ratio (the percentage of a household's budget used for spending) increased by 41 per cent.

In 2022, households spent 5,087 naira more than their income, some 20 per cent over and above. Food expenditure constituted the largest category, with almost the entire income spent on food alone compared to about 40 per cent of the median monthly income in 2021, leaving no room for other essential expenditures such as procuring fuel, schooling or health.

### Climate change and floods

Large-scale severe flooding affected Nigeria in 2022. The flooding coincided with the harvest season, significantly impacting food security. Hundreds of thousands of hectares of farmland were submerged, with food stocks and livelihoods destroyed. Adamawa State was among the most affected, with an estimated 260,000 people potentially exposed to floods and around 1,000 km<sup>2</sup> of land submerged across the state. The floods also devastated already fragile infrastructure and livelihoods.

Climate change related challenges are not limited to flooding. Temperatures in the Sahel are projected to rise between 2.0 and 4.3°C by 2080,<sup>56</sup> with higher temperatures and more extremes projected for the northern part of Nigeria. Indications are that climate change is happening more rapidly in the BAY states than other parts of the region. Likewise, rainfall is expected to become more unpredictable and future dry and wet periods are likely to become more extreme. Land degradation and desertification, partly

a result of pressure on land due to rapid population growth, intensification of agricultural production and overgrazing, is also exacerbated by changes in climatic conditions.<sup>57</sup> Climate change combined with rapid population growth is likely to have a number of impacts beyond the need to increase food production and the impact on the land; it will also increase populations on flood plains and in riverine areas, putting additional people at risk.

### Disease outbreaks

For the second consecutive year, the BAY states were hit by severe cholera outbreaks. As of November 2022, the BAY states had registered 15,000 cases, 62 per cent of the total cholera cases in Nigeria (24,000). The BAY states also had the highest mortality rates from cholera: 3 per cent compared to 1 per cent in the rest of the country.<sup>58</sup> Borno State recorded 81 per cent of the reported cases, followed by Yobe and Adamawa.<sup>59</sup>

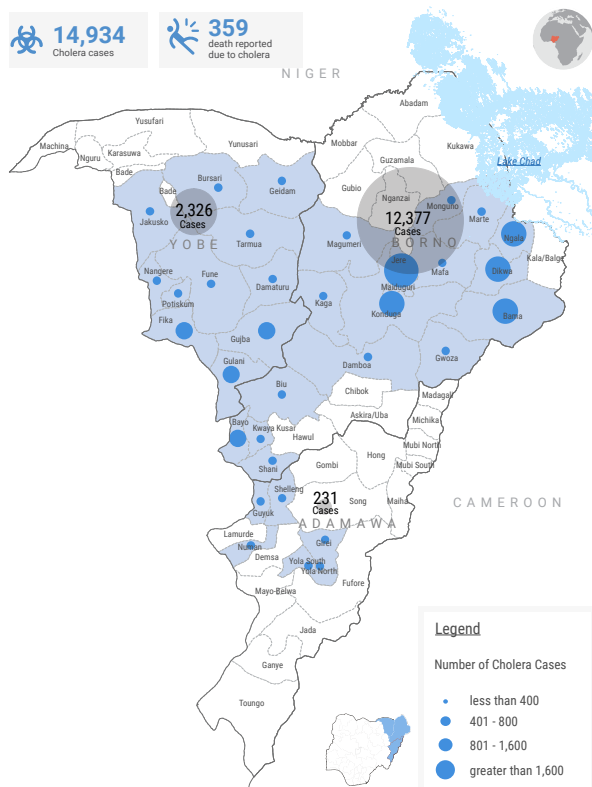
The 2022 acute watery diarrhoea (AWD)/cholera outbreaks occurred at a time when the BAY states were facing other disease outbreaks, such as measles, malaria and typhoid fever, while simultaneously experiencing high levels of food insecurity and malnutrition. Comorbidities of other types of disease, including AWD/cholera and malaria, puts acutely malnourished children at further risk.

The combination of these threats, along with overcrowding, and poor sanitation and hygiene practices, coupled with the limited capacity of health facilities in camps and communities, and involuntary IDP movements as a result of camp closures (particularly in the rainy season), act in tandem to negatively reinforce each other and increase the impact of such events.

Disease outbreaks and an increase in caseloads add pressure to an already overstretched and weakened health system. The conflict and insecurity have affected much of the health infrastructure in the BAY states, with some 31 per cent of facilities no longer functional, 7 per cent of which are totally damaged, according to the Health Sector.



## 2022 cholera outbreak

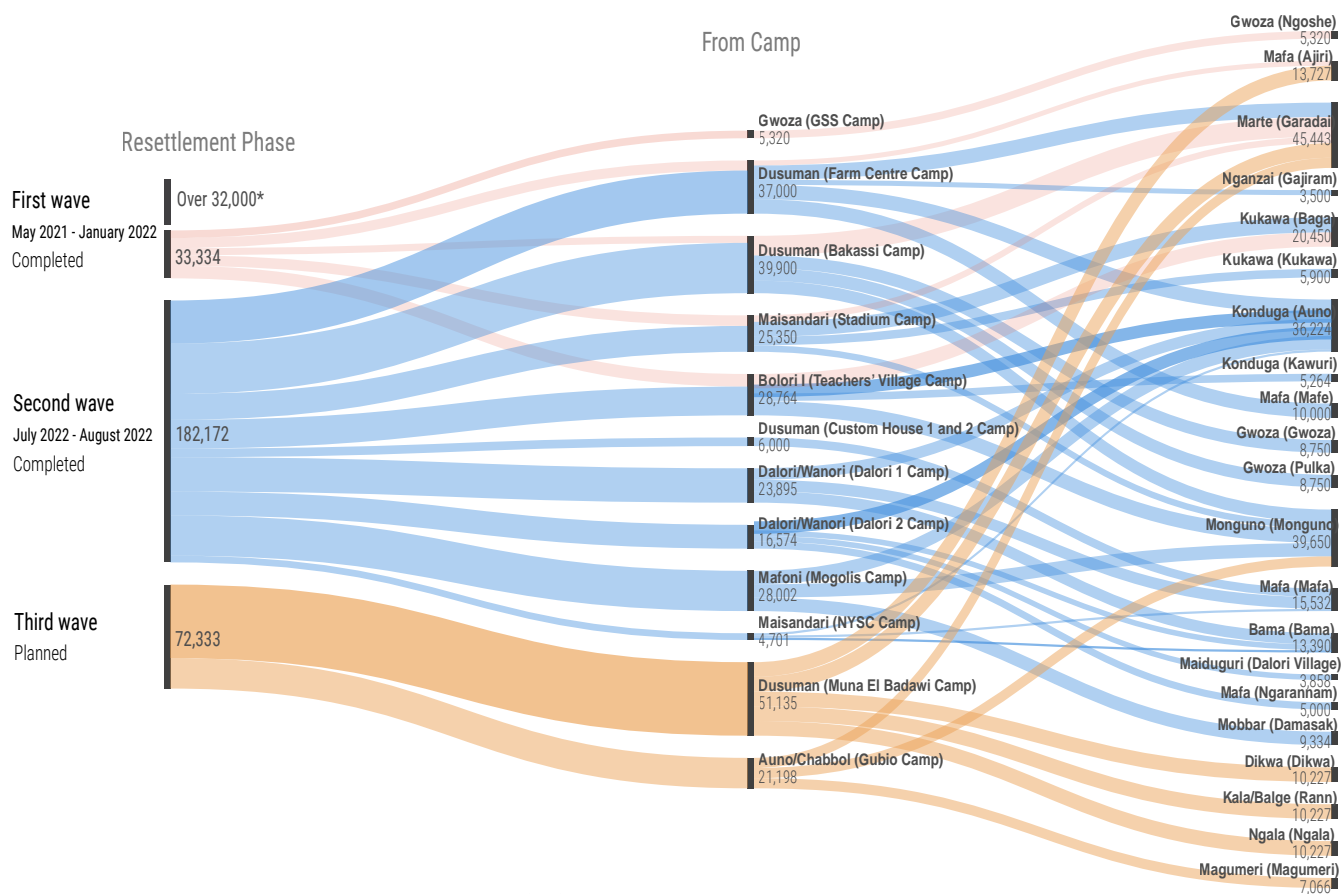


### Camp closures and resettlement

#### Key Messages

The vast majority of people displaced by conflict in the BAY states would like to return to their places of origin once they are assured that these are now safe. Conditions in camps, for many the only option for relative safety and access to basic services, are often overcrowded with limited services. Camps are meant to be a temporary rather than long-term solution. Humanitarian partners in Nigeria are therefore supportive of finding solutions to end protracted displacement when these are in line with the African Union's Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), including ensuring voluntary, safe, sustainable and dignified returns, relocations and local integration.

Any interventions that affect IDPs should take place under conditions that do not put their safety at risk, and should be carried out in consultation with IDPs, ensuring that decisions are made on a voluntary basis. Interventions



\* About 66,000 IDPs were relocated from four camps in Maiduguri Metropolitan Council (MMC), only details on the 33,334 IDPs was available

should ensure that they have access to basic services and livelihoods needed to sustain themselves. They must also comply with national laws and conventions that Nigeria is a signatory to.

The Borno State Government (BSG) has expressed its intent to close all camps in the state by 2023, with the overall objective of moving IDPs closer to their place of origin. Close to 66,000 IDPs were relocated from four camps in Maiduguri Metropolitan Council (MMC) to their LGAs of origin between May and December 2021. Between January and December 2022, approximately 94,000 IDPs were relocated from various IDP camps in MMC, Jere and Konduga to different LGAs in Borno, according to the Camp Coordination and Camp Management (CCCM) Sector. An unspecified number of IDPs ended up in informal camps and host communities in Maiduguri, as well as camps outside of Maiduguri and in other LGAs; these were already overcrowded and struggling with a lack of infrastructure and services. Others settled in extremely-hard-to-reach areas (outside the reach of humanitarian partners). Further camp closures, without adequate measures in place to ensure their safety and access to basic services and livelihoods, will put people who are already vulnerable at further risk.

### **Humanitarian concerns about the relocation of IDPs**

Since the relocations/returns started in 2021, insecurity has persisted in many of the locations identified for relocations/returns. Return packages have been provided, including food, cash and non-food items, but there are concerns that those who have been returned or relocated have ended up in insecure areas and/or areas with limited access to basic services and livelihoods. There are also concerns about the extent to which those affected had sufficient access to information to be able to make informed decisions – and, consequently, the failure to uphold the guiding principles of ‘voluntary’ resettlement and informed consent.<sup>60</sup> The current relocation plan may risk exacerbating vulnerabilities and negative coping mechanisms for women and girls, who make up the majority of the people that have been relocated.

Area-Based Assessments of relocations and resettlements, carried out by humanitarian partners between February and March 2022, found that 52 per cent of IDPs who relocated as a result of the camp closures said they were not consulted prior to their relocation, and 67 per cent were not given any options of where to move to. Many were told they would be returning to their areas of origin.<sup>61</sup> A series of return-intention surveys, conducted by IOM’s Displacement Tracking Matrix (DTM) team in November-December 2021 to gauge the intentions and aspirations of IDPs before any relocation/returns, found that the majority of IDPs (between 51-61 per cent) did not want to move back to their places of origin in the short term.

There is little indication that the conditions that IDPs’ live under will get better soon. The projection for 2023 is that high levels of needs will persist. Insecurity, along with the BSG’s efforts to shut down all camps in the state, creates challenges for current humanitarian programming, which is based around camps and camp-like structures.

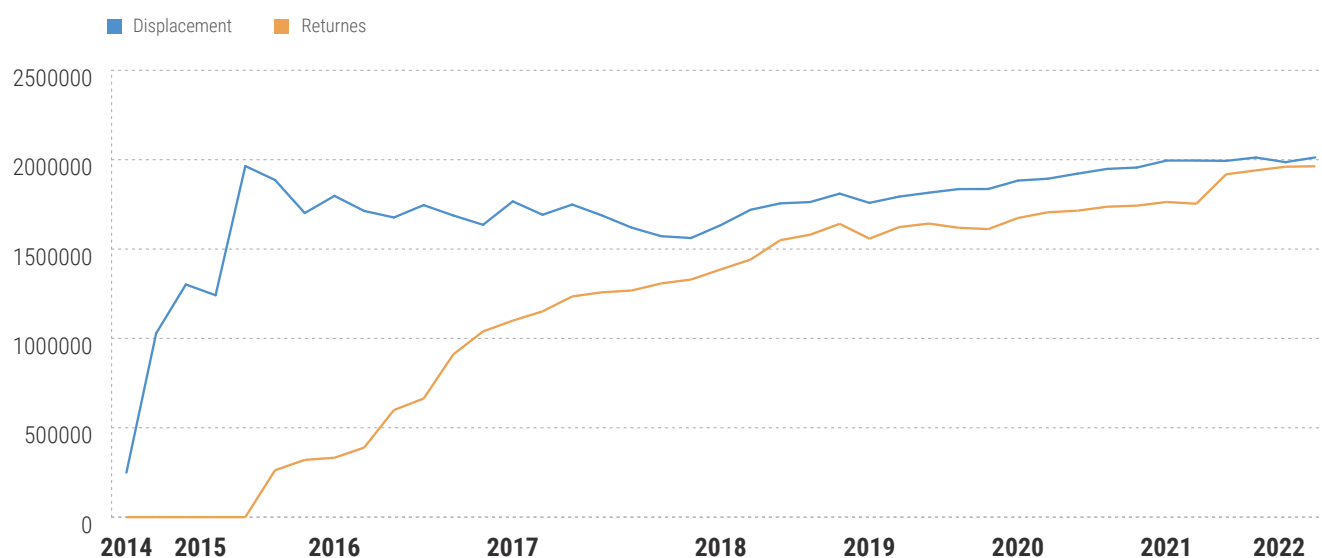
According to the second round of IOM’s Stability Index from January 2022 – a proxy for the conduciveness of locations for returns/relocations – Borno State scores lowest among the BAY states in terms of viability.<sup>62</sup> The Stability Index attempts to gauge levels of stability in locations hosting returnees and displaced populations, with the overall objective of finding durable solutions for internal displacement, strengthening resilience and stability, and preventing secondary displacement. The index uses indicators based around three crucial themes to determine the level of stability of an area: safety and security; access to livelihoods and basic services; and social cohesion. Durable solutions include return to communities of origin, local integration or relocation.

The analysis notes that Yobe State is the safest, relatively speaking, of the BAY states. Freedom of movement and access to farmland are some of the key variables in determining perceptions of stability in the region. For both variables, Yobe scored considerably higher than Borno. In Yobe, there are no restrictions on residents’ movements in 91 per cent of the surveyed localities, while in Borno 34 per cent have restrictions,

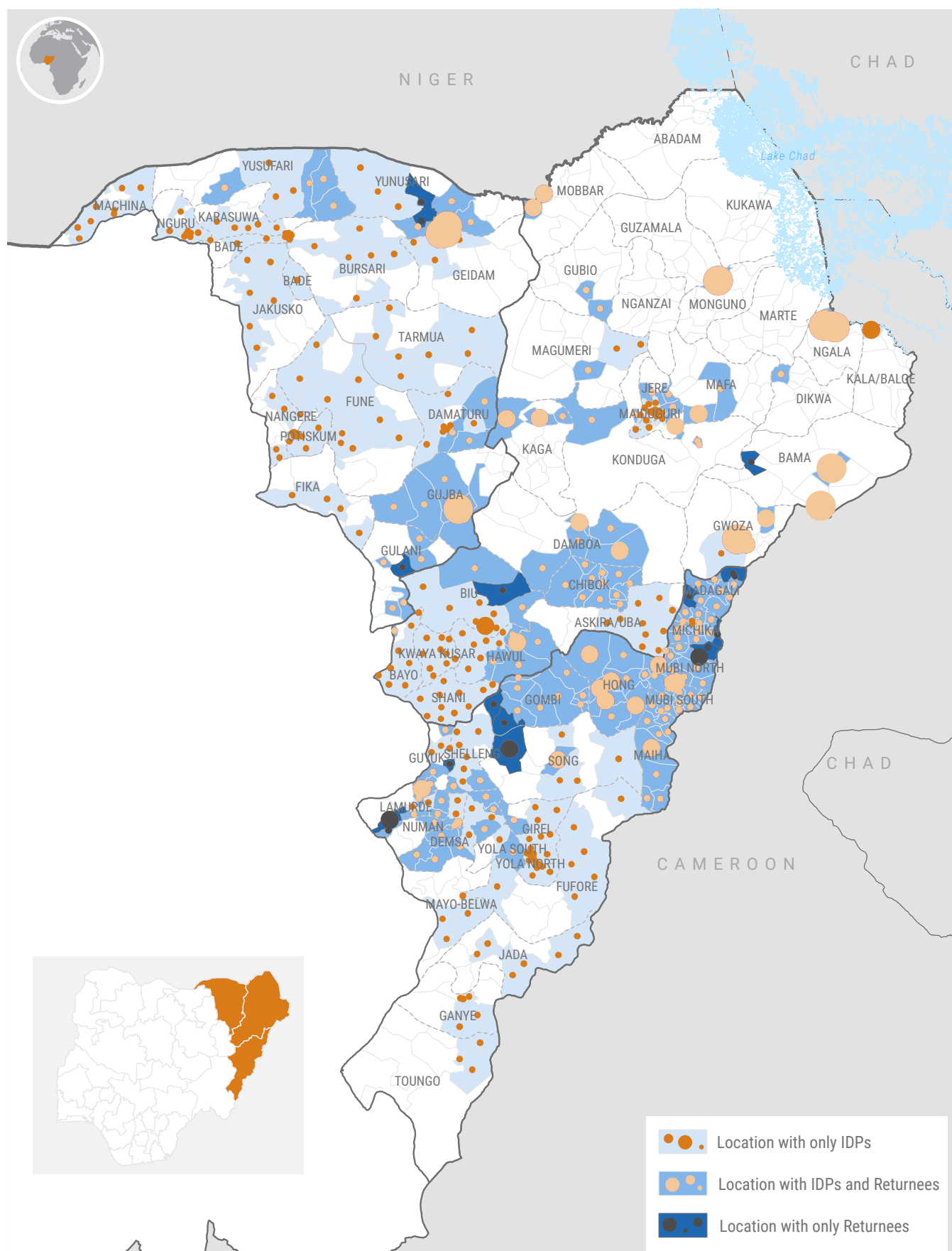
the highest in the BAY states. Farmland in Yobe is reported to be accessible in 64 per cent of the localities assessed, compared to only 19 per cent in Borno. The LGA with the highest overall stability score

in Borno was Jere (86/100), followed by Konduga and Bama (80/100).

## Displacement and population movement



## IDP and returnee locations





## Cash analysis

In line with the 2016 World Humanitarian Summit, there has been a growing commitment from donors and humanitarian partners to use cash-and-voucher transfers as a response modality, including in protracted emergency situations. Where appropriate, cash-and-voucher assistance (CVA) can meet affected people's basic needs across multiple fronts. Evidence from a number of contexts shows that CVA gives people greater choice. In addition, CVA makes humanitarian aid more accountable, efficient and effective, with fewer implementation costs.

Findings from the MSNA for 2023 show that, across the BAY states, beneficiaries identified cash as the second-most preferred modality for assistance (63 per cent), after in-kind food assistance (85 per cent).<sup>63</sup> While cash assistance allows affected people to make their own decisions on how to use aid, rapid price increases have meant that cash payments have not kept pace with the price of goods in the 'basket of commodities' used to determine cash disbursements.<sup>64</sup>

As of August 2022, 38 aid organizations, including national and international NGOs and UN agencies, relied on CVA modalities to respond to affected people's basic needs in 35 LGAs in the BAY states.<sup>65</sup> In September 2022, an estimated 1.4 million beneficiaries were reached using different types of CVA, such as cash-in-hand, mobile transfers, and paper and electronic vouchers.<sup>66</sup>

According to UNHCR, cash transfers make affected people less likely to resort to negative coping mechanisms.<sup>67</sup> Evidence also shows that CVA contributes to improving local economies and social cohesion.<sup>68</sup>

In 2023, partners will scale up the multi-purpose cash assistance (MPCA) effort, started in 2021, to continue offering unconditional cash assistance. The Inter-Sector Coordination Group's Cash Working Group will continue to provide technical support to humanitarian partners, through regular updates on operational market functionality and capacity-building. One of the chief aims of the group is to avoid

redundancies and gaps in CVA and MPCA assistance, to continue improving the effectiveness, efficiency, and accountability of the humanitarian response in the BAY states.

## Humanitarian access

Humanitarian access comprises both the ability of humanitarian partners to assess needs, provide assistance and monitor such activities, and the intended beneficiaries' ability to access assistance if humanitarian partners are unable to reach them. Humanitarian access remains limited in much of Borno (beyond the garrison towns), in the northern parts of Adamawa and in many parts of Yobe. Insecurity continues to hinder humanitarian access, with the delivery of assistance confined to garrison towns and government-controlled areas.

The high frequency of illegal vehicle checkpoints, the use of improvised explosive devices and attacks by NSAGs along main supply routes, makes road travel very risky in most of Borno and parts of Adamawa and Yobe states. As a result, humanitarian operations are forced to rely heavily on the humanitarian air service (UNHAS) for movement of personnel. Likewise, transport of humanitarian cargo is conducted through third-party vendors, often with a military escort. Because of the risk to humanitarian assets, as well as the risk that supplies could fall into the hands of NSAGs, on certain routes the military has made military escorts compulsory. The militarization of aid, reinforced by the fact that humanitarian operations have become overwhelmingly limited to areas secured by the military, naturally influences perceptions around humanitarian independence, neutrality and impartiality, both among affected people and NSAGs.

There is limited knowledge of the perceptions held by NSAGs of humanitarian action other than through hostile actions and statements designating humanitarians as 'targets'. Humanitarian personnel, cargo and assets have been targeted, and contact with NSAGs has been limited to hostage negotiations to free abducted aid workers. Since the start of operations, at least 26 aid workers have been held hostage – 13 of these abductions occurring in 2021 and 2022 –

and at least 27 killed, including 9 in 2022. These numbers include all incidents targeting aid workers, without distinguishing between criminality and the political conflict.

The absence of any meaningful dialogue with NSAGs, directly or indirectly, has prevented humanitarian actors from engaging in discussions that could change perceptions of humanitarian action and help facilitate humanitarian access, as well as protect aid workers and civilians. The absence of any outreach means that an incremental approach to changing perceptions and building some level of understanding and trust remains a long-term prospect.

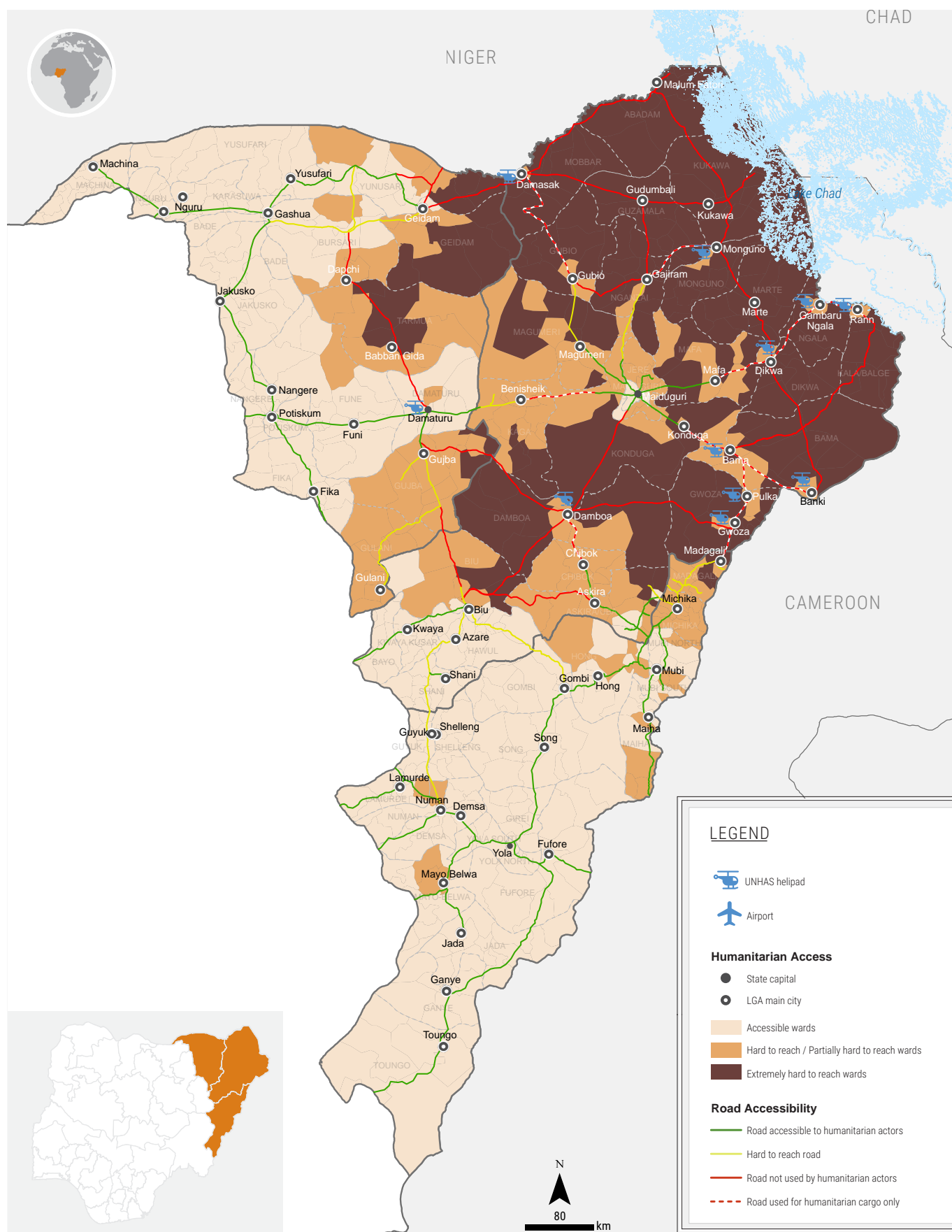
The recent evolution of conflict dynamics and the shifting of areas under the control or influence of NSAGs have not yet resulted in any clear improvement in humanitarian access to new areas across the BAY states. There is little or no access to people residing in areas controlled by NSAG, with humanitarian organizations rarely – if ever – conducting programmes in those assessed as ‘extremely-hard-to-reach’. Little is known about conditions in these areas other than what can be discerned through remote sensing or through interviews and screenings of people who have left these areas. What is clear from sector reports is that those individuals moving out of extremely-hard-to-reach areas overwhelmingly show high levels of vulnerability and need, including high levels of food insecurity and malnutrition. This is confirmed by the Humanitarian Situation Update for Inaccessible Areas from November 2022.<sup>69</sup> In these areas, as well as in areas outside garrison towns, there is often no access to basic services. It is difficult to get an accurate estimate of the number of people who live in areas outside the reach of humanitarian partners, given the lack of access, but estimates vary greatly, ranging from 1 million to 2.1 million people.

In addition, ongoing camp closures in Maiduguri and Jere have forced IDP populations to relocate to over-congested camps with high levels of insecurity, including to some locations that are completely beyond the reach of humanitarian actors. In most, if not all, deep field locations, IDP access to services and livelihood activities remains a challenge.

Inclement weather also affects access and is exacerbated by climate change – as witnessed during the flooding in 2022. In areas that are normally accessible, poor infrastructure and flooding during the rainy season has left some roads temporarily impassable.




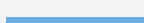

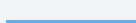

In regards to coordination with the military, there is a robust Civil-Military Coordination (CMCoord) framework in place, guided by the humanitarian- and government-endorsed CMCoord guidelines of 2018. This includes frameworks to ensure information-sharing, planning and the division of tasks at the field, operational and strategic levels. Despite a commitment to cooperation by the Theatre Commander (military leadership), there remain long-standing issues that challenge humanitarian independence, and impact on and delay the humanitarian response. These include, but are not limited to, multiple clearance processes for personnel and cargo movements, mandated armed escorts, movement restrictions, and increased risks and distinction issues arising from a shared operational space between the military, humanitarian workers and civilians. Amidst this, there remain pockets of mistrust between the military and the humanitarian community, specifically when activities occur outside of garrison towns or following the looting of humanitarian cargo.








## Humanitarian access




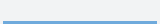

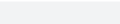
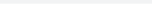


## Impact of the crisis

Millions of people in need

YEAR	NO. IDPS	% CHILDREN
2016	2.2M 	55%
2017	1.8M 	25%
2018	1.7M 	51%
2019	1.8M 	51%
2020	1.9M 	59%
2021	1.7M 	58%
2022	2.2M 	57%

YEAR	NO. HOST COMMUNITY	% CHILDREN
2016	1.8M 	55%
2017	11M 	25%
2018	1.1M 	51%
2019	2.9M 	51%
2020	3.2M 	59%
2021	4.8M 	58%
2022	3.9M 	59%

YEAR	NO. RETURNEES	% CHILDREN
2016	1.0M 	55%
2017	1.2M 	25%
2018	1.3M 	51%
2019	1.6M 	51%
2020	1.6M 	59%
2021	1.2M 	58%
2022	1.5M 	60%



## 1.3

## Humanitarian Conditions and Severity of Needs

### Introduction

The conflict in the BAY states continues unabated, with 8.3 million people, including 2 million IDPs, in acute need of humanitarian and protection assistance. While the number of people in need remains almost unchanged compared to 2022, the composition of needs and vulnerabilities has expanded.

People in need (PiN) are divided into four population groups: in-camp IDPs (0.85 million), out-of-camp IDPs (1.15 million), returnees (1.5 million) and host communities (4.8 million). The impact of the conflict – including the magnitude and severity of needs – varies depending on displacement status, geographical location, gender, age, disability, shelter type and whether affected people are in an urban or rural setting.

About 81 per cent (6.7 million) of those in need are women and children. Around 4 per cent are above the age of 60 (358,000 people). Most of those in need, 53 per cent, are women and girls.

IDPs are the most vulnerable group. Most live in precarious conditions and often lack the basics for dignified living, with little or no prospect of being

able to return to their places of origin. Whether living in camps, camp-like settings, host communities or relocated communities, IDPs' access to livelihoods and basic services is limited, and their shelter conditions and protection situation compromised. The 2023 HRP targets 70 per cent of IDPs in the BAY states for humanitarian assistance.

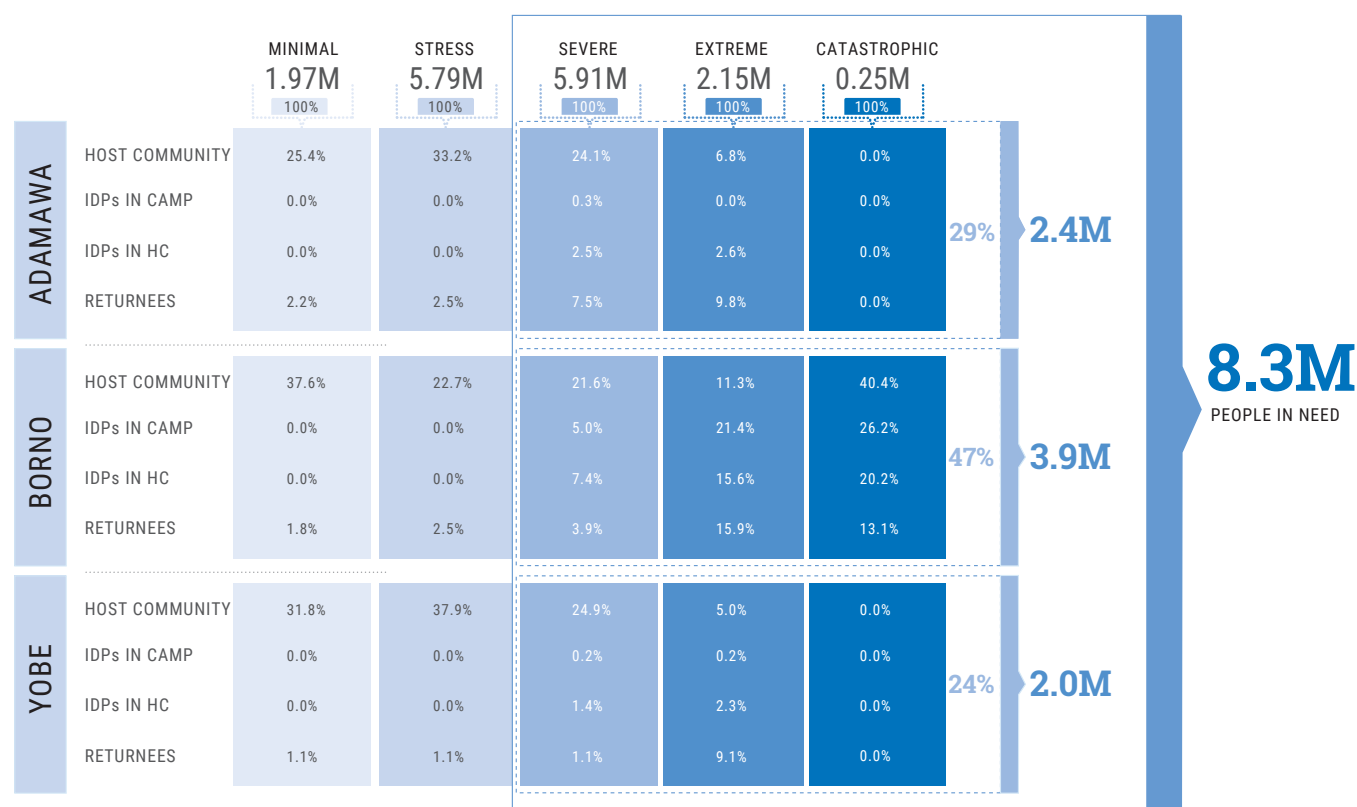
An estimated 54 per cent of IDPs in camps are identified as having extreme needs (see matrix below), with a further 8 per cent having catastrophic needs.. About 42 per cent of out-of-camp IDPs and 39 per cent of returnees are categorized as having extreme or catastrophic needs, whereas only 5 per cent of host community members are grouped under these categories.

Borno State, as illustrated in the table below, is home to nearly half of all people in need (47 per cent), followed by Adamawa (29 per cent) and Yobe (24 per cent). In Borno, approximately 40 per cent of all LGAs, 11 out of 27, have extreme to catastrophic needs, compared to four LGAs in Yobe and none in Adamawa.

### Number of LGAs in each severity class

STATE	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	TOTAL # OF LGAs
Adamawa	2.4M	2	9	10			21
Borno	3.9M	3	2	11	9		27
Yobe	2.0M		6	7	9	2	17
Total	8.3M	5	17	28	18		65

## 2023 Severity of Needs



## Most vulnerable groups

by severity rating (%)

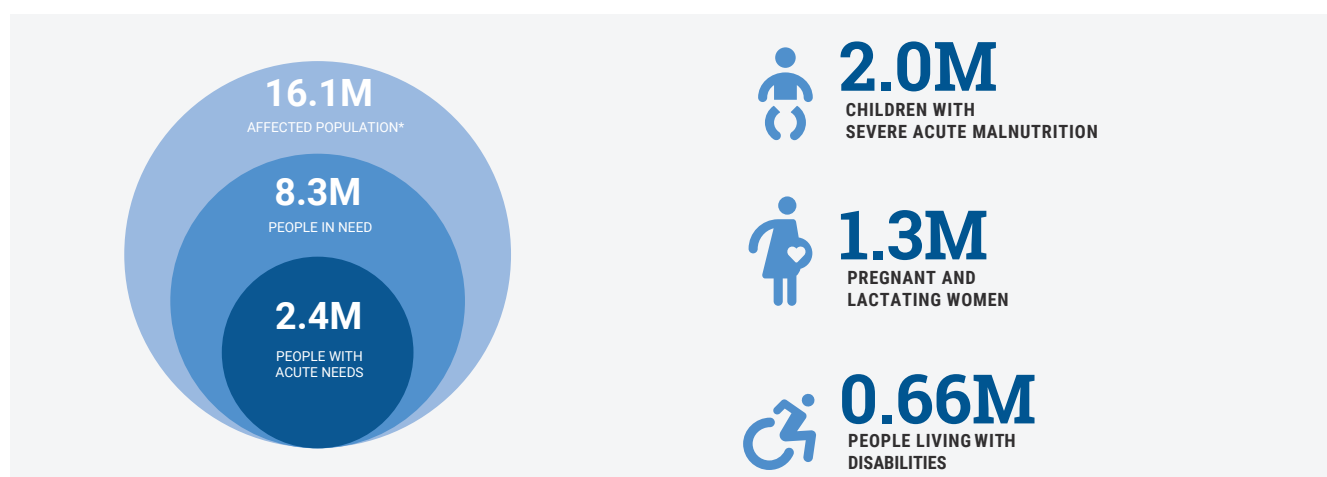
VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Internally Displaced People (in camp)	<b>0.86M</b>	0.0%	5.5%	35.8%	58.3%	0.2%
Internally Displaced People (in HC)	<b>1.15M</b>	0.0%	6.8%	43.1%	45.7%	0.3%
Returnees	<b>1.53M</b>	1.5%	6.8%	43.1%	45.7%	0.3%
Host Community	<b>4.77M</b>	15.5%	35.8%	35.7%	17.3%	0.0%

### Disproportionate gendered-and-age impact

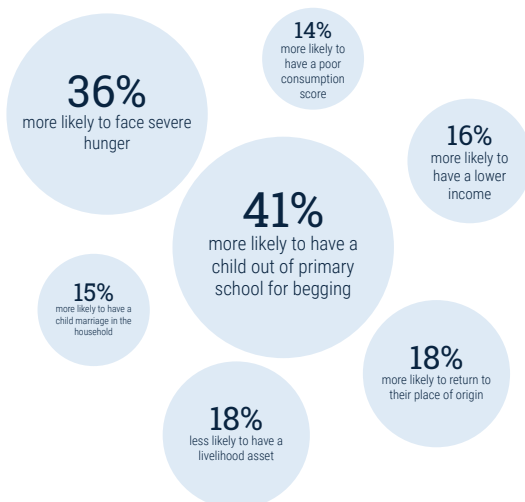
The multi-sector needs assessment (MSNA) has broadened the data sets in terms of the geographic scope, the number of people surveyed and the range of needs covered, including improved granularity around the needs of different groups as defined by gender, age and disability. Female-headed households are 36 per cent more likely to face hunger and 14 per cent more likely to have a poor food consumption score. They are 16 per cent more likely to have a lower income, and 18 per cent less likely to have livelihood assets. Their children are 15 per cent more likely to be subjected to child marriage or to adopt other negative coping strategies, such as dropping out of school to beg. The MSNA for 2023 found that women and girls are 33 per cent more likely to be separated from their families.

They are, however, 5 per cent less likely to have a disability or chronic disease. Girls are approximately 20 per cent more likely to take care of siblings or be sent out hawking. Boys are more likely to take care of the family livestock, and more likely to be given time for studies.

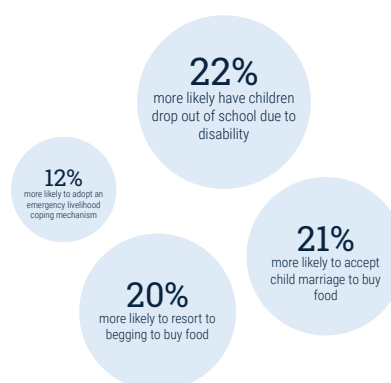
Households with family members with disabilities face additional vulnerabilities. They are 22 per cent more likely to have their children drop out of school. To buy food, they are also 20 per cent more likely to resort to begging and 21 per cent more likely to be forced to marry off their children.



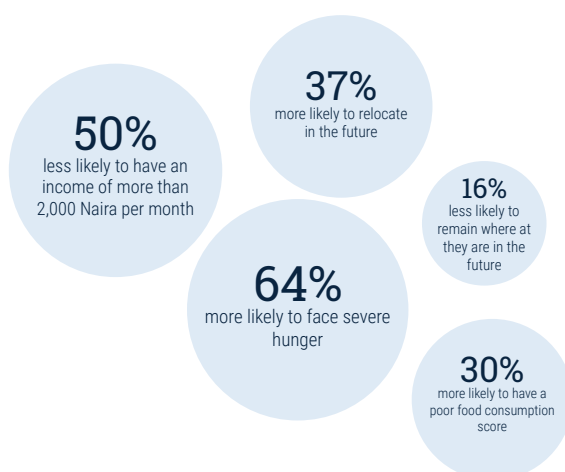
### Compared with male-headed households, female-headed households are:



### Compared to households with members without disabilities, households with members with disabilities are:



### Compared to households in standard shelter conditions, households in critical shelter conditions are:



### Compared to households in urban settings, households in rural settings are:



\*The affected population is equal to the total population in the BAY states



## **Intersectionality, hardship and disproportionality beyond the figures**

A proxy multi-sector indicator is used to indicate severity of needs. There is a recognition that needs are contingent on a multitude of factors that help define the severity. Shocks and key drivers of the crisis – conflict and displacement, food insecurity and malnutrition, climate change, disease outbreaks and camp closures – intersect and accentuate each other. Their interplay produces interlinked, deepened and disproportionate vulnerabilities.

IDPs who have fled violent conflict live in difficult conditions that compromise their physical and mental well-being. While finding refuge offers some degree of physical safety, it also exposes IDPs to vulnerabilities and protection risks related to the loss of community and familial support networks, livelihoods and assets, shelter and means of sustenance.

Food insecurity and malnutrition levels remain high. When a household struggles to get food, basic and inalienable rights such as access to primary education and a normal childhood are more elusive. Essentials such as health care become secondary. Families are forced to skip meals and children are sent out to beg.

In IDP camps, on average, there is only one toilet per 100 people, well below the recommended SPHERE standard of one toilet per 20 people. This poses a health hazard and undermines privacy and dignity. Lack of access to adequate shelter, WASH facilities and NFIs such as blankets, mosquito nets, cutlery and soap, compromises hygiene and increases susceptibility to communicable diseases and protection risks, especially for women and girls. Long walking distances to access potable water may force the elderly, the sick, the disabled, pregnant women and children to use contaminated water or spend the little income they have on buying water.

The lack of access to food, clean water and hygiene, combined with disease outbreaks and a lack of knowledge of optimal infant and child feeding practices, helps to drive up malnutrition. Malnutrition has far-reaching consequences. A malnourished child is more likely to suffer from stunting (being too short

for his or her age) and wasting (too thin for his or her height). If the child makes it to school, he or she is less likely to perform well academically.

In the BAY states, only 34 per cent of out-of-camp families reported sending all their children to school. Limited access to education has been exacerbated by damage to schools – with 50 per cent of schools suffering partial damage or rendered inoperable during the conflict – and the displacement of teachers and students. Schools, on average, have 124 students per classroom, and one toilet per 264 students. Most schools have no functioning WASH facilities or soap. Overcrowding in schools not only impacts the quality of teaching and learning but also increases the risk of communicable diseases. Across Nigeria, 20 million school-age children are out of school, the third highest number globally. The lack of investment in human capital deprives children of their potential and has profound economic and social impacts. It deepens their humanitarian vulnerability, hampers their prospects for development and increases the risk of perpetuating conflict.

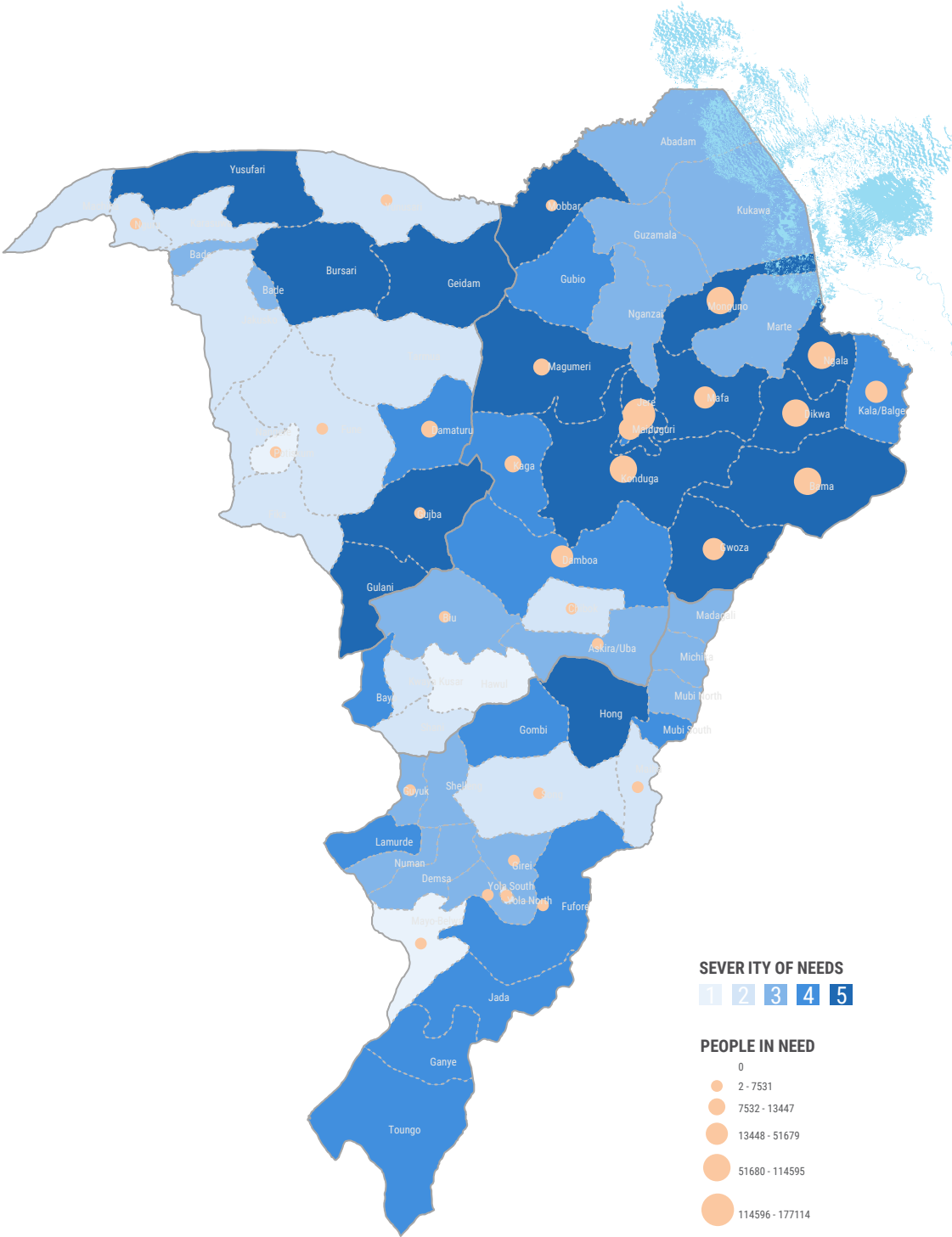
The impact of climate change is manifold. It manifests in rising temperatures and weather extremes such as floods and droughts, which affect food production and threaten people's lives. Floods also devastate infrastructure, destroy productive assets, contaminate water supplies and increase the risk of communicable diseases. They also destroy or render shelters uninhabitable, causing further displacement.

The monthly income of households living in critical housing conditions, compared to those living in standard housing, is 50 per cent more likely to be less than 2,000 Naira per month (\$4.35), a fraction of the poverty-line level of 11,450 Naira (\$24.86). These households are also 64 per cent more likely to face severe hunger, and 37 per cent more likely to relocate in the future.

Intersectoral analysis, coordination and response that is gender-, age- and disability-sensitive is urgently needed to enhance efforts to save lives and build resilience – and, ultimately, offer some form of hope for the future.

# IDPs living in camps

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
0.9M	0.0%	1%	18%	73%	8%



## Drivers and underlying factors

Violence, which has led to displacement and the loss of homes and livelihoods, is the primary driver of IDP vulnerabilities and needs. It prevents IDPs from returning home and earning a living as they are unable to safely move outside garrison towns where camps are located. The difficult environment in the camps, characterized by overcrowding, threadbare services, inadequate shelter and infrastructure, limited to no livelihood opportunities, protection concerns and food insecurity, puts people's lives and welfare at risk.

The number of formal and informal camps is decreasing. Approximately 0.85 million IDPs live in 276 formal and informal camps compared to 890,421 in 295 camps in 2021.<sup>70</sup> As camps close, the pressure on shelter, infrastructure and services in remaining camps and camp-like settings will continue to increase.

Borno State, home to over 1.64 million IDPs (82 per cent of all IDPs in the BAY states), half of whom reside in 229 camps and camp-like settings, is worst affected by camp congestion. Lack of access to food, health care and other basic services forces people living in areas controlled by NSAGs to move to locations where they can access humanitarian assistance. IDPs involuntarily relocated from Maiduguri, who could not return to their places of origin due to insecurity, end up staying in IDP camps and communities in garrison towns. Military operations in Bama earlier in 2022 also triggered small-scale displacement and camp closures caused secondary displacement. In 2022 alone, between January and August, an estimated 73,000 IDPs (in camps and camp-like settings) were relocated from several IDP camps in Maiduguri Metropolitan Council, Jere and Konduga LGAs.

## Living standards and living conditions

An estimated 17,500 IDP households are without shelter, living out in the open in desperate conditions.<sup>71</sup> Inadequate and overcrowded housing is a major challenge. According to the Shelter Sector, as of October 2022, an estimated 137,000 households lived in makeshift or shared shelters.<sup>72</sup> According to the MSNA, about 50 per cent of IDP households reported living in emergency shelters, constructed

by the humanitarian community out of tarpaulin and timber frames.

Communal shelters host about 3 per cent of IDP households. They are divided into two categories: pre-existing and constructed. The former refers to public buildings in place before the arrival of IDPs. The latter refers to communal shelters constructed from timber frames, corrugated iron roofs and tarpaulin walls to accommodate multiple families at reception centres.

According to the CCCM Sector, one in four camps is highly congested, with less than 15m<sup>2</sup> per person, well below the acceptable UNHCR-prescribed requirement of 35m<sup>2</sup>.<sup>73</sup>

Availability and access to other WASH essentials are also insufficient: 68 per cent have no soap; only 7 per cent reported having laundry detergent bars; and 3 per cent had menstrual hygiene products. Most households reported having enough safe water for drinking and cooking (95 per cent), washing and hygiene (92 per cent) and domestic purposes (89 per cent). Public taps and standpipes are the primary source of water for 67 per cent of households and 31 per cent draw water from boreholes and handpumps. The nearest water point was less than a 15 minute walk (there and back) for 65 per cent of respondents, and between 15 and 30 minutes for 22 per cent. Around 10 per cent reported having to walk (back and forth) for more than 30 minutes. Moreover, 33 per cent of households have no jerrycans to carry water.

The main barriers preventing IDPs from accessing health care are lack of facilities (12 per cent), waiting times (62 per cent), unavailability of medicine (26 per cent), cost of treatment and consultation (43 per cent), and distance to facilities (7 per cent). For more than 50 per cent of households, the nearest health facility is within a 30-minute walk. For about 7 per cent, it is between 1-3 hours walk. About 52 per cent of households reported a member not being able to obtain health care in the last three months prior to the MSNA data collection carried out in August 2022.

Educational facilities are inadequate. A Joint Education Needs Assessment from November 2021 (JENA), conducted by the Education in Emergency Working Group, found that the average number of students per classroom is 124 and only 60 per cent of teachers have some sort of qualification. In Yobe, the ratio is 1:177 and Adamawa 1:66. Only 46 per cent of schools have access to adequate and safe drinking water. Most schools have no functioning handwashing facilities, water or soap. One latrine on average serves 264 students. JENA found that only 6 per cent of schools in the BAY states have adapted their premises to allow access for children with physical disabilities.<sup>74</sup> Other barriers to education include financial constraints (39 per cent)<sup>75</sup> and inadequate number of teachers (11 per cent); 5 per cent reported sending their children out to beg. Security concerns such as fear of abduction or not being safe around schools are negligible, with only 1 per cent concerned about these issues (MSNA for 2023).

Crime and personal safety within the camps was a reported concern. Being robbed was the prime concern: 39 per cent reported being worried about their boys and 31 per cent about girls; 27 per cent reported it to be a concern for men, and 22 per cent for women.

### Decongestion plans

Addressing congestion in camps is not only about accommodating an increasing number of IDPs; it is also about providing a safe environment. Inadequate spacing between shelters increases the risk of fire spreading in camps. Flammable shelter materials and the use of open flames also creates a fire hazard. Likewise, inadequate spacing between shelters does not allow for the construction of drainage that will help prevent flooding in the rainy season.

Overcrowding also impacts on the quality of life and raises health and protection concerns. These include, but are not limited to, the potential spread of infectious diseases – as experienced with COVID-19 and cholera – increased incidents of sexual and gender-based violence, increased tensions and a lack of space to construct additional facilities, such as WASH infrastructure.

Decongestion efforts are ongoing to make the camps more habitable and less hazardous. This includes building new temporary shelters to increase space, WASH facilities and other humanitarian infrastructure. But progress is slow due to lack of resources. As many camps are in urban environments, often in close proximity to protective trenches and military infrastructure, procuring land and getting the necessary approvals for decongestion activities is a challenge.

To ensure adequate living conditions, over half a million people in the BAY states would need to be relocated to new camps or sites, according to analysis undertaken by the CCCM, Shelter and NFI Sectors. Of these, nearly half (247,000 individuals) live in overcrowded camps or camp-like settings in Borno.

### Camp closures and impact on aid

Since 2021, the Borno State Government has relocated or resettled IDPs from camps in and around Maiduguri. In 2022, the BSG intensified these efforts, with the aim of closing all formal camps by the end of 2023. As of December 2022, approximately 160,000 IDPs were relocated from camps in Maiduguri Metropolitan Council, Jere and Konduga LGAs to other locations in Borno State.

Although most IDPs are provided with return packages, including one-off cash, food and non-food items assistance, post-relocation support is often inconsistent. In some instances, relocated IDPs have to deal with inadequate accommodation, lack of access to water and other basic services, including health and education, and limitations on their freedom of movement. The amount of safe land that is available for farming is limited by the need to accommodate new arrivals and members of the host community.

In some relocation communities, there is limited or no access to adequate humanitarian assistance and basic services. For example, in Marte, there are no humanitarian actors due to insecurity. IDPs who were relocated there experienced multiple displacements due to NSAG attacks following their return. People in Mallam Fatori were heavily affected by floods in 2022,



with few (or no) actors able to reach them in a timely manner to provide shelter support.

In some cases, IDPs are arriving in already congested camps, which are put under further strain by the influx of new arrivals from extremely-hard-to-reach areas. Access to services in these areas is becoming increasingly challenging, with space a primary issue. Bama is one of the designated relocation areas – the Government Senior Secondary School (GSSS) camp, with a capacity for 25,000 people, now hosts over 90,000 people.

### Coping mechanisms

***"We don't have enough food to eat here in the camp. We are always hungry. In the past two months, we haven't received any food from the government. My younger siblings and I haven't eaten since the morning. We only have one meal a day. [We] always eat our meal late in the afternoon to be able to take us till the next day."***

A respondent from Klagaru Camp, Rann, who took part in an Area-Based Assessment on returns, conducted between February-March 2022.

A quarter of all in-camp IDP households have been displaced multiple times, resulting in repeated loss of livelihoods and additional hardship. Insecurity continues to constrain IDPs ability to access land and other livelihood opportunities. According to the MSNA for 2023, only 27 per cent of IDP households living in camps own productive livelihood assets, significantly lower compared to IDPs in host communities (47 per cent) and returnees (62 per cent). Casual and daily wage labour is the primary source of income, followed by agriculture and business or commercial activities.

In-camp IDP households have the most severe needs among affected groups. According to the MSNA for 2023, 63 per cent of them reported facing moderate or severe hunger, and 63 per cent suffer from poor food consumption. Households with members living with a disability experience higher levels of hunger (67 per cent) than households without disabilities (61 per cent). In response to these stresses, 26 per cent of households reported resorting to coping strategies

such as selling household assets. Female-headed households were twice as likely (20 per cent) than male-headed households (11 per cent) to resort to begging as a coping mechanism.

### Arrivals from extremely-hard-to-reach areas: The most food-insecure of all the affected populations

Levels of food insecurity and malnutrition among the 45,000 IDPs who arrived from extremely-hard-to-reach areas in 2022, many of whom are women and children, are the worst of any affected group. This is supported by emerging evidence and data from the Humanitarian Situation Monitoring Bulletin - November 2022, which indicates concerning food consumption deficits and limited diversity of diets in the inaccessible areas surveyed.<sup>76</sup> Over 43 per cent of the surveyed households struggled to have sufficient food intake with about 67.6 per cent experiencing crisis or higher levels (CH Phase 3 and above) of food deprivation and hunger. Overall, both crude and under five mortality rates (CMR and U5MR) were above the emergency threshold of 1 deaths/10,000 population/day and 2 death/10,000 children <5yr/day, respectively; with values of 1.39 deaths/10,000 persons/day for CMR and 3.03 deaths /10,000 under-fives/day. Gwoza and Marte LGAs have the highest CMR of 2.06/10,000 persons/day; while Chibok has the highest U5MR of 8.05/10,000 children<5yrs/day.

### Physical and mental well-being

The conditions under which people live can have a detrimental effect on their well-being and health outcomes. The World Health Organization (WHO) refers to such conditions as the social determinants of health. These include housing conditions and infrastructure, income and social protection, job insecurity, food, education, early childhood development and access to affordable services.<sup>77</sup> Their impact is amplified in situations of armed conflict and war. One person in five in conflict-affected areas is living with some form of mental disorder ranging from anxiety or mild depression to post-traumatic disorder or psychosis, according to WHO.<sup>78</sup>

In camps/camp-like settings across the BAY states, the dire conditions on the ground – congestion, inadequate housing, overcrowding, barriers to accessing health and education, hunger, exploitation and persistent conflict – take their toll on the mental and physical well-being of IDPs, especially women, children and people with disabilities. The conditions are degrading, increasing vulnerability to communicable disease outbreaks, morbidity, stress, gender-based violence and protection risks, and compromising health and educational outcomes.

A total of 62 per cent of in-camp IDP households have no access to mosquito nets (MSNA for 2023), increasing the risk of contracting life-threatening malaria. Infants and children under five and pregnant women are especially at risk.<sup>79</sup>

While there is no disaggregated data on cholera among in-camp and out-of-camp populations, camps are high risk environments given the high population densities and shared facilities. As of November 2022, the Nigeria Centre for Disease Control (NCDC) reported that the BAY states had registered 15,000 cholera cases, 62 per cent of the total cases in Nigeria (24,000), and a mortality rate of 3 per cent, compared to 1 per cent in the rest of the country.

Falling ill does not always mean that IDPs go and seek health care. About 52 per cent of households reported a member not being able to obtain health care. Factors such as waiting times, affordability and the unavailability of certain medicines were among the main obstacles. About 5 per cent of households reported at least one member of their family having a chronic illness.

Malnutrition is likely to be prevalent as about 63 per cent of all in-camp households reported facing moderate or severe hunger, with about 47 per cent

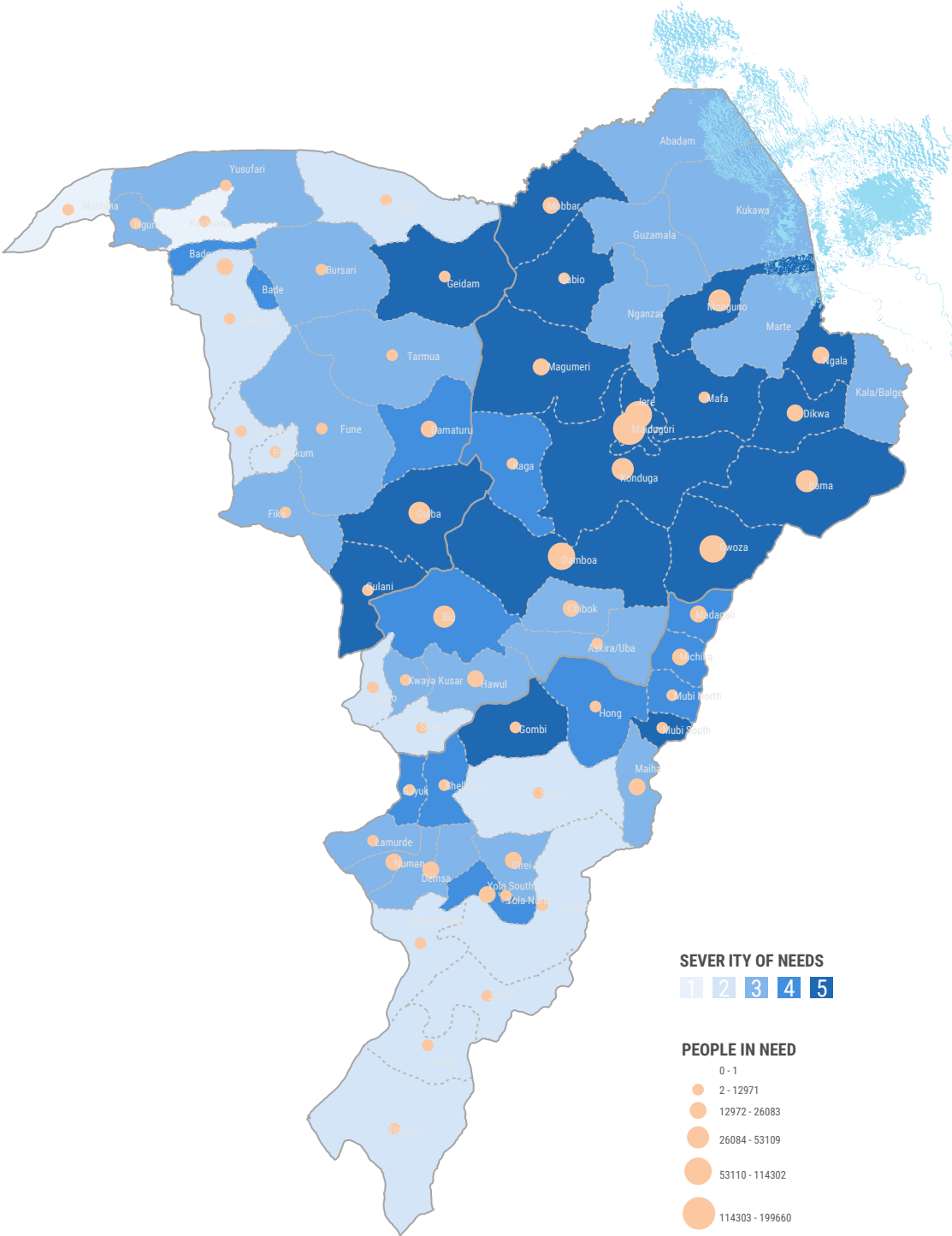
having no access to fuel to cook (MSNA for 2023). The situation is expected to be even worse in female-headed households and those with a member with a disability. Malnutrition, especially among pregnant women and in early childhood, can stunt growth and impact cognitive development and mental well-being. An estimated 42 per cent of households in the camp reported at least one member being pregnant (15 per cent) or lactating (27 per cent), and therefore at risk of malnutrition.

According to UNICEF, a child born to a mother who is malnourished during pregnancy has an increased risk of pre-term birth and low birthweight. Stunting and wasting in children are direct outcomes of undernutrition when children do not eat or absorb enough nutrients to grow.<sup>80</sup> Research from other contexts suggests that malnutrition in children impacts not only their 'here-and-now' state of being but also their future development. It compromises their educational outcomes, life chances and economic prospects.<sup>81</sup> Hunger, limited or absence of livelihood opportunities, and financial constraints force about 82 per cent of households to adopt harmful coping mechanisms to survive; 7 per cent, for example, reported children being sent out to beg instead of going to school. For these children, the right to education and enjoyment of childhood is all but a dream.

WASH facilities are communal and inadequate – one latrine per 100 people, five times more than the recommended ratio of 1:20.<sup>82</sup> Although 95 per cent have access to drinking water, water facilities are communal and people often have to walk some distance to fetch it. A lack of soap, detergents and sanitary items leads to poor hygiene practices. There is limited or no access to menstrual hygiene products, which can lead to psychological distress.

# Out-of-camp IDPs living in host communities

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
1.1M	3%	14%	42%	37%	4%



## Drivers and underlying factors

An estimated 1.15 million people were displaced in out-of-camp settings as of June 2022, mainly in Borno (71 per cent). The number of IDPs in Borno has increased following military operations in Bama LGA earlier in the year, recent camp closures and the secondary displacement of relocated IDPs to host communities in Maiduguri, Maiduguri Metropolitan Council and Jere. About 88 per cent live in rural settings, 6 per cent in urban neighbourhoods and 6 per cent in informal settlements (MSNA for 2023).

Most of the out-of-camp population, about 81 per cent, are women (24 per cent) and children under 18 (56 per cent). Girls make up 30 per cent of the population and boys about 26 per cent. Men constitute 19 per cent. Men and women over the age of 60 make up 4 per cent. About 21 per cent of households have at least one member living with a disability. Nearly 22 per cent of IDP households are female-headed; of these, 57 per cent are widowed, 11 per cent divorced and 3 per cent single. Around 24 per cent of IDP households have a lactating member and 5 per cent have a member with a chronic illness (MSNA for 2023).

Some 64 per cent of households reported that all members are in possession of identification documents, and 31 per cent are not (MSNA for 2023).

The main drivers of severe needs for this group include displacement, settling in rural settings with limited livelihood opportunities and services, inadequate housing, child protection risks and harmful coping mechanisms to meet food needs.

## Living standards and living conditions

The typical housing conditions for out-of-camp IDPs are inadequate and overcrowded. According to the Shelter Sector, about 17,000 households are without shelter and a further 220,000 live in makeshift shelters.<sup>83</sup> About 5 per cent reported facing issues around disputed ownership, rent and risk of eviction and harassment by property owners (MSNA for 2023). Their shelters lack basic household items: 42 per cent do not have blankets and 13 per cent lack mattresses or mats to sleep on; only 38 per cent have mosquito

nets and 42 per cent have a full set of kitchen items: pots, cutlery, plates and cups; 66 per cent reported having no fuel/firewood for cooking and domestic use.

WASH facilities are inadequate and pose a health hazard. Just half of the primary latrines used by households have a cover, and 36 per cent have no cover (pits and open holes). Around 30 per cent have no soap and about 70 per cent have no detergent. Only 2 per cent have menstrual hygiene products.

Most households reported having sufficient access to water for drinking and domestic use. About 81 per cent have access to drinking water and 79 per cent for cooking; 70 per cent have enough water for washing and hygiene and 68 per cent for domestic use.

Primary water sources are boreholes and handpumps (75 per cent), and public taps (16 per cent). Less than 2 per cent have piped water, and almost no one has water piped into their dwelling. Only 37 per cent have jerrycans to carry water. Water points are within a 15-minute walk (there and back) for 70 per cent of households.

In regards to health, 97 per cent of households reported the cost of treatment (60 per cent) and consultation (37 per cent) as barriers to access. In addition, 11 per cent reported the absence of a health facility, waiting times (34 per cent) and unavailability of medicine (25 per cent). Around 20 per cent of households reported a member of their family needing treatment but not obtaining it in the three months prior to the MSNA data collection in August 2022. Some 20 per cent said they had to pay for health services. To access the nearest primary health-care service, just over 20 per cent of out-of-camp IDPs (231,000) have to walk more than an hour.

Despite significant efforts to improve access to education, only 4 per cent of households reported facing no barriers to education. Only 34 per cent have all their children in school in Borno and Yobe states, and 46 per cent in Adamawa. The main barriers to education include financial constraints (68 per cent), inadequate number of teachers (33 per cent) and schools being too far away (5 per

cent). Out-of-school children face multiple protection concerns. These include deprivation of the right to childhood and education and heightened risk of recruitment by NSAGs.

Around 5 per cent of households reported being concerned that their boys would be recruited by armed groups. Some 9 and 6 per cent of households, respectively, were worried about their boys being kidnapped and being detained by the army. The prime concern for girls was the risk of sexual violence (24 per cent of households) including rape and attempted rape. In addition, 4 per cent reported forced marriage as a concern.

In regards to freedom of movement and security incidents, 39 per cent of households reported experiencing restrictions in their local areas, and 38 per cent when travelling between LGAs in the 30 days prior to the August 2022 MSNA data collection. Around 66 per cent reported being aware of security incidents in their community over the same period.

### **Food insecurity, livelihoods and coping mechanisms**

Among out-of-camp IDP households, 41 per cent reported having no access to land for farming. Some 57 per cent reported not owning any livelihood assets, while 38 per cent own one or more. Around 32 per cent reported the sale of agricultural products as their primary source of income. About 30 per cent rely on casual or daily wage labour and 26 per cent are involved in business or commerce.

Economic precarity and low incomes are common, exacerbated by the cost-of-living crisis. Engaging in work does not guarantee IDPs independence or the ability to cover the cost-of-living. Some 94 per cent of households reported their monthly income to be too meagre to cover their monthly expenditure.

Some 58 per cent of households have poor or borderline food consumption scores and 43 per cent face moderate or severe hunger. For female-headed households, about 62 per cent reported facing poor or borderline food consumption and 47 per cent moderate or severe hunger, compared to 56 per cent

and 41 per cent (respectively) among male-headed households. Around 24 per cent of households reported having to cut down meals due to prohibitive costs and lack of cooking fuel, compared to 27 per cent of in-camp IDPs.

Out-of-camp IDPs largely depend on humanitarian aid because of mobility restrictions and lack of livelihood options. Humanitarian aid is one of the few coping mechanisms available to them.

Entrenched poverty and delays in the provision of humanitarian aid due to disruptions to supply pipelines or low food supplies, forced 43 per cent of households to resort to negative and unhealthy coping strategies. These range from buying food on credit (54 per cent of households), borrowing money (60 per cent), selling productive assets (37 per cent), relying on extended family members (18 per cent), withdrawing children from school (6 per cent), harvesting immature crops (6 per cent), consuming seed stocks (31 per cent), begging for money or food (18 per cent), engaging in crime (2 per cent), child marriage (about 0.5 per cent) and survival sex.

### **Physical and mental well-being**

Precarious living conditions, poverty, food insecurity, inadequate services, inadequate access to fuel for cooking, frequent relocations and conflict take a toll on the physical and mental well-being of out-of-camp IDPs.

Like in-camp IDPs, many struggle to make ends meet and provide for their families, as evident in the MSNA results above. Around 62 per cent of households report poor or borderline food consumption and 47 per cent face moderate or severe hunger. Malnutrition and its far-reaching impact on health and developmental growth, education and life chances, is expected to be rife. This is particularly alarming as 33 per cent of households reported having at least one member of the family who was pregnant (12 per cent) or lactating (21 per cent) (MSNA for 2023). More than 44 per cent of cases of gender-based violence among IDPs in host communities occur in households facing food insecurity.



Mothers are not only faced with the challenge of food scarcity but also with the stress of how to cook and prepare it for their hungry children. Some 66 per cent reported having no fuel/firewood for cooking and domestic use.

Households lack necessities that would offer them some protection against contracting malaria and other diseases and provide for a minimal living: 62 per cent have no mosquito nets, 42 per cent no blankets and 30 per cent no soap.

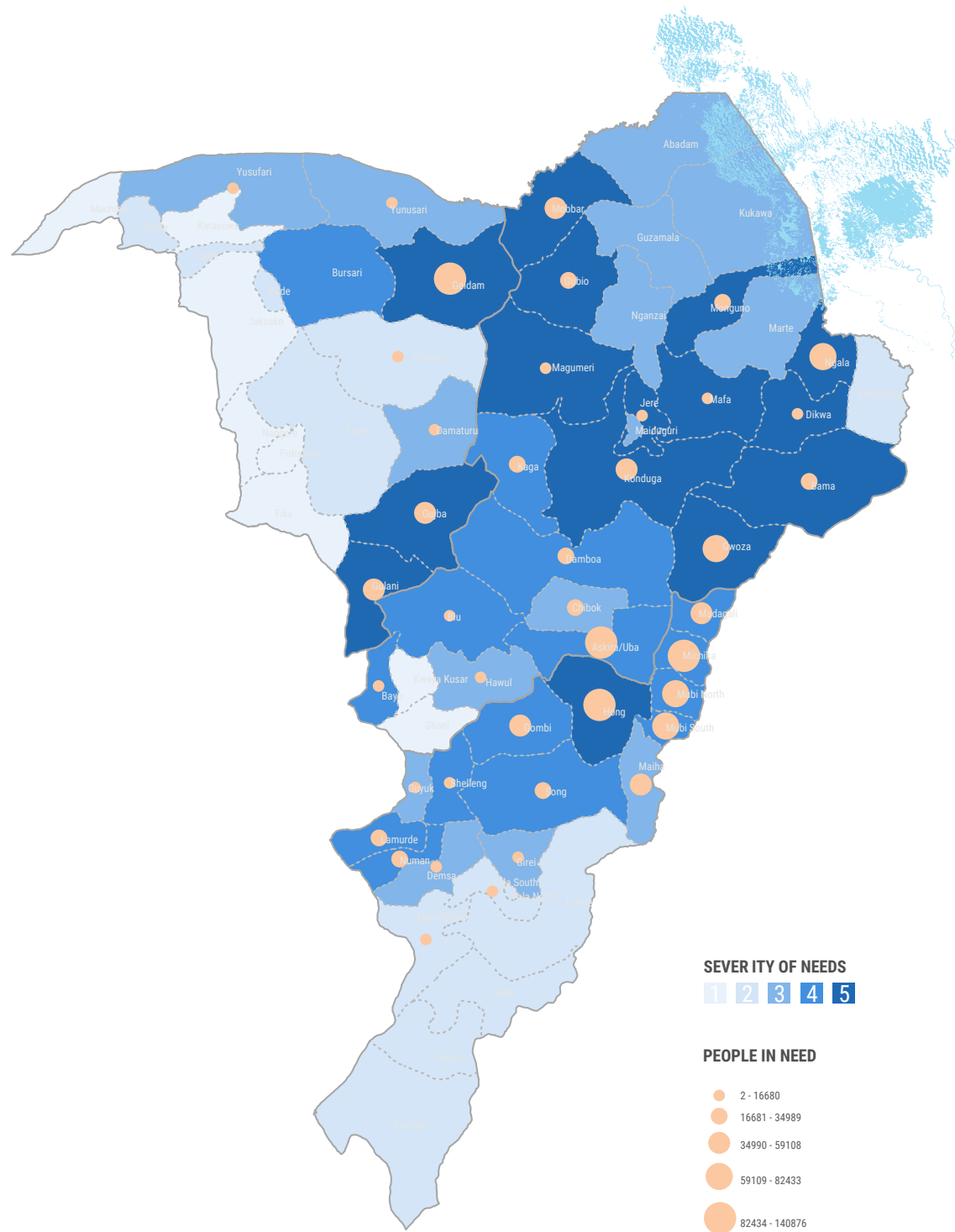
Uncovered latrine pits or open holes are the main types of toilets for about 36 per cent of households. This is not only a daily reminder of how uncomfortable life is, but it also exposes people to health hazards.

Falling ill does not necessarily mean that people will seek health care, as discussed in the subsection on living conditions above. In fact, 97 per cent of respondents reported the cost of treatment or consultation as a barrier preventing them from accessing health, followed by the unavailability of medicine and lack of health facilities. This is important, as 5 per cent of households reported at least one family member having a chronic illness.

Only 2 per cent have menstrual hygiene items, which means that 98 per cent of the women and girls who menstruate face the monthly stress of having to deal with periods with no sanitary towels and limited washing detergent to wash their clothing.

# Returnees

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
1.5M	3%	11%	48%	36%	2%



## Drivers and underlying factors

A total of 1.98 million returnees, both IDPs and refugees, have returned to their places of origin across the BAY states. 1.52 million are in need of humanitarian assistance. Adamawa is home to the largest group (43 per cent), followed by Borno (40 per cent) and Yobe (17 per cent). In 2022, IOM's DTM recorded an increase of 229,646 returnees compared to 2021, mostly in Borno. This is predominantly due to camp closures and the relocation of IDPs to their places of origin.

Around 54 per cent of the returnees are female, 60 per cent are children (under 18) and 4 per cent are above the age of 60. The average size of returnee households is six people. Out of the total number of returnees, 92 per cent (1,822,932) were IDPs. The remaining 8 per cent (160,198) were returning refugees. Some 77 per cent of returnees (1.5 million) rely on humanitarian assistance, 51 per cent (781,505) of whom are estimated to be in acute need.

About 80 per cent of returnee households reported that all their members had identification documents, while about 11 per cent reported that not all members had documents (MSNA for 2023).

A host of factors underlie the vulnerability of this group and contribute to soaring needs. These include inadequate housing and land-related issues, limited livelihoods and food insecurity, inadequate services, insecurity and access restrictions.

## Living standards and living conditions

According to the Shelter Sector, about 64,430 returnee households live in partially destroyed shelters, and about 15,650 households in completely damaged ones. The MSNA for 2023 found that issues related to housing, land or property impact about 20 per cent of households. These include looting of land (11 per cent of households), disputed land ownership (5 per cent) and the unlawful occupation of property (4 per cent).

Access to essential non-food items is a challenge for over 25 per cent of households. About 28 per cent have no blankets to cover themselves at night, and

about 17 per cent have no mattresses or mats to sleep on; 32 per cent have no mosquito nets. About 68 per cent do not have a full set of kitchen sets, including pots, cutlery, plates and cups. Some 35 per cent reported having trouble finding firewood for cooking within walking distance. Women and children must venture further afield in search of firewood, with the increased protection risks that this entails.

Regarding WASH facilities and items, about 40 per cent of households reported using pit latrines without a cover, including open holes, while 48 per cent used covered pits. Around 68 per cent reported having soap and 23 per cent had laundry detergent bars. Only 5 per cent had access to menstrual hygiene products.

Access to sufficient water among returnees for domestic use, according to the MSNA for 2023, is not a major concern. About 91 per cent of households reported having access to drinking and cooking water, 89 per cent to water for washing and hygiene and 86 per cent for domestic purposes.

The primary sources of drinking water are boreholes and handpumps followed by public taps/standpipes and protected dug wells. Less than 1 per cent have water piped into their dwelling or neighbourhood.

A roundtrip to collect water is within a reasonable range: about 82 per cent walk less than 15 minutes, and 11 per cent for 15 to 30 minutes.

Regarding access to health, 49 per cent of households reported having to pay for health services. Some 81 per cent reported the cost of treatment, including consultation, as a major barrier preventing them from seeking treatment. In addition, 43 per cent of households identified waiting times as another major barrier. Unavailability of medicine or a health facility were barriers for 31 per cent and 10 per cent of households, respectively. Overall, 35 per cent reported being unable to access health care when needed in the three months prior to the MSNA.

For education, 68 per cent of households reported financial costs as a major barrier. Other reported barriers include inadequate number of teachers (13

per cent), schools being far away (4 per cent) and insecurity, including the risk of abduction (3 per cent) (MSNA for 2023).

In terms of freedom of movement, about 34 per cent reported experiencing restrictions moving within their local area or between LGAs and states in the 30 days prior to the August 2022 MSNA data collection. Around 37 per cent of households reported being aware of safety and security incidents in the community over the same period.

The MSNA for 2023 found that many families fear for their safety. About 14 per cent had concerns about their girls being kidnapped; 4 per cent worried about sexual violence, including rape and attempted rape. Robbery or threat of violence were a concern for 27 per cent of households. And 3 per cent worried about being killed.

About 14 per cent worried their boys were at risk of being kidnapped and another 7 per cent worried about them being killed or detained by the army. Being robbed was a worry for 19 per cent of households. About 23 per cent had concerns about men being kidnapped or being killed and 20 per cent had similar concerns for women. Some 20 per cent had concerns about crime, such as being robbed, while 4 per cent of households worried about women being at risk of sexual assault.

### **Food insecurity, livelihoods and coping mechanisms**

About 33 per cent of returnee households derive their income from agriculture, 28 per cent from business, 23 per cent from casual labour, 8 per cent from salaried income and 4 per cent from family and friends. Around 37 per cent own no livelihood assets (MSNA for 2023).

About 46 per cent of returnee households are classified as poor or borderline in terms of their food consumption score, and 38 per cent face moderate or severe hunger. Female-headed households score worse. For food consumption, 56 per cent are poor or borderline, and 43 per cent are moderate to severe on the hunger scale, compared to 42 per cent and 36 per cent for male-headed households.

Many returnees have to resort to negative coping mechanisms: 40 per cent reported selling their productive assets and 17 per cent their non-productive assets to buy food or get basic services (MSNA for 2023). Having to sell a productive asset provides a short-term solution but creates longer term challenges for livelihood options.

At least 15 per cent of returnees had to send a family member away to live with other relatives or in search of work. To survive, 63 per cent reported having to borrow money, nearly 53 per cent had to borrow food, and 53 per cent had to purchase food on credit. In addition, 6 per cent had to use their meagre savings and 28 per cent had to seek external support from their families.

Around 22 per cent had to harvest their crops prematurely, and 25 per cent consumed their seed stocks. Some 9 per cent had to sell their land, 12 per cent resorted to begging and about 7 per cent withdrew their children from school.

The conditional distribution of cash assistance to IDPs by the BSG – with the full amount only collected upon arrival at resettlement and relocation areas – encourages movements to unsafe locations and creates new protection risks. This also worsens pre-existing vulnerabilities.

### **Physical and mental well-being**

With 38 per cent of returnee households – rising to 43 per cent for female-headed households – reporting moderate to severe hunger, malnutrition is expected to be common. This is particularly alarming as 32 per cent of households reported having one or more members of their family who was pregnant (12 per cent) or lactating (20 per cent). Around 17 per cent of households reported being unaware of the availability of malnutrition services or found it hard to access them because the facilities were too far away or they had difficulty enrolling their children.

The struggle to provide food for their families, often with insufficient or no firewood or fuel for cooking, and the need to resort to negative coping mechanisms creates high levels of stress among returnee families.

This is true even though returnee households are doing relatively well compared to other groups: 12 per cent had to resort to begging for food and money compared to 30 per cent among in-camp IDP households, and 18 and 17 per cent in out-of-camp and host communities, respectively. Some 35 per cent have no access to firewood compared to 47 per cent of in-camp IDP households, 66 per cent of out-of-camp households, and 33 per cent of host community members. The need to venture further into the bush to fetch firewood exposes women, girls and boys to protection risks such as abduction, sexual violence and being killed.

A total of 68 per cent of returnee households reported having life-saving mosquito nets, the highest among all groups (38 per cent for in-camp and out-of-camp households and 59 per cent for host communities). However, the risk of contracting malaria remains, even if lower than for other groups.

About 5 per cent of households reported at least one member of the family having a chronic disease.

The barriers to accessing health, discussed in the living standards subsection, can further complicate their condition.

As in other groups, protection concerns also exist for returnees, which can take a toll on their mental and physical well-being. Relative to other groups, more households among returnees have concerns about abductions and being killed: 14 per cent of households worried about their boys and girls compared to 1 per cent among in-camp IDP households and 9 per cent in out-of-camp households.

As previously mentioned, many families cannot afford to send their children to school. Instead, some rely on their children to work or beg to bring in a little income for the family. Taking children out of school not only deprives them of their right to education and their childhood but also creates long-term barriers to future development. It also exposes them to protection risks, especially when begging on the streets or engaging in age-inappropriate work.

#### BAMA, BORNO STATE, NIGERIA

Homeless new arrivals from hard-to-reach/extremely-hard-to-reach areas, GSSSS IDPs camp, Bama, Borno State, February 2023

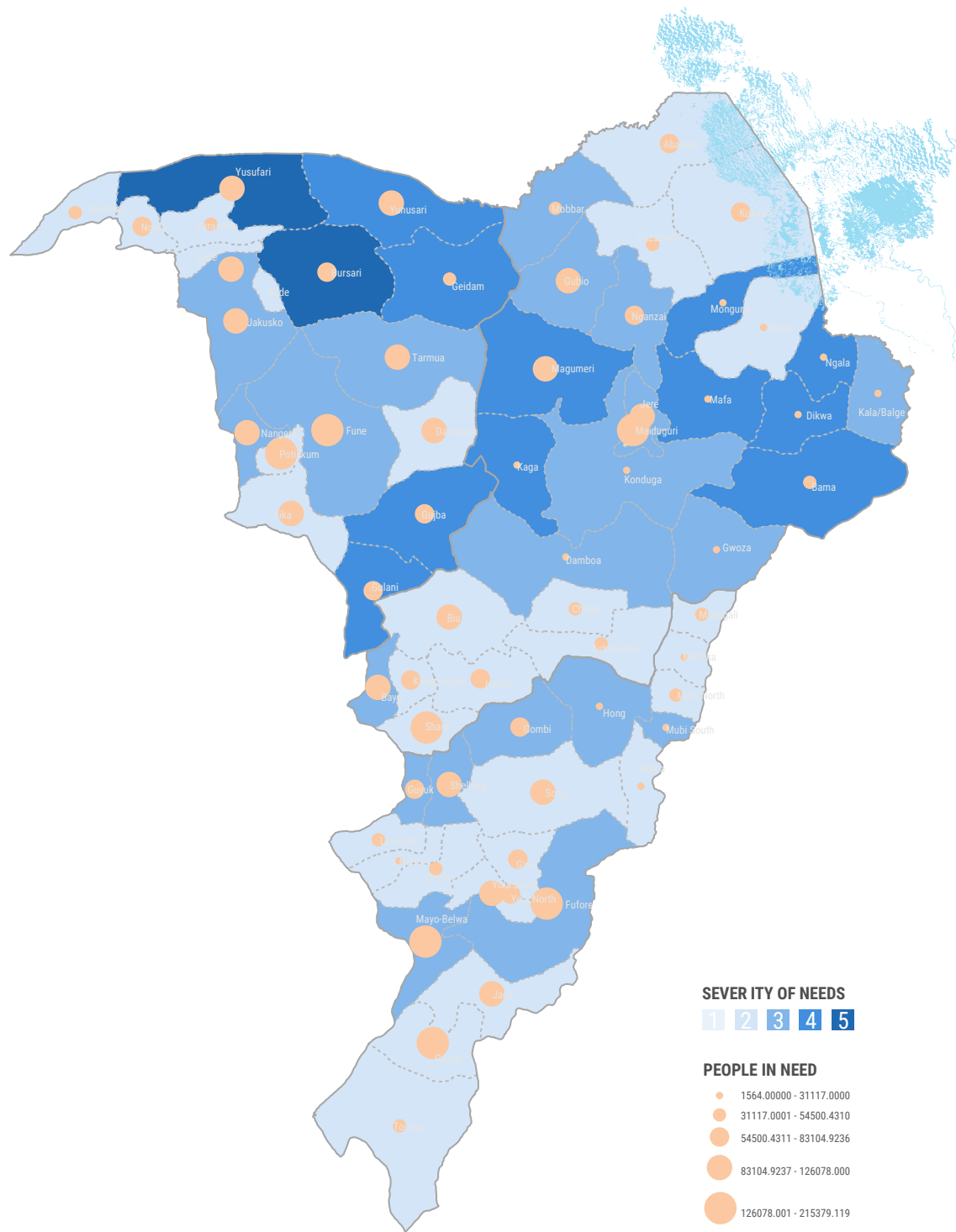
Photo: OCHA/Manal Massalha





# Host Community

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
4.8M	9%	30%	46%	13%	2%



## Drivers and underlying factors

A total of 4.8 million non-displaced people live in communities that host IDPs, 70 per cent of whom, according to the MSNA for 2023, are in rural areas and 30 per cent in urban neighbourhoods.

Years of underdevelopment, poverty and neglect have created undignified living conditions in host communities. Limited livelihood assets and lack of social, physical, financial and human capital are common. Both formal and informal labour markets are unable to provide decent employment opportunities. Limited educational opportunities restrict many people to low-skill livelihood options.

The key drivers of vulnerability for this group include the fact that they host about half the IDP population (who themselves have some of the most severe needs), competition for limited livelihood opportunities and services, and movement restrictions. About 38 per cent of non-displaced host community households reported experiencing movement restrictions within their area and between LGAs in the 30 days prior to the August 2022 MSNA data collection. Many people in the host communities live below the poverty line. Housing conditions, infrastructure and access to services are dire.

The 2022 cost-of-living and fuel crisis is compounding these alarming pre-existing conditions and accessibility issues. Farming families are impeded not only by movement restrictions because of the conflict and insecurity but also their inability to access credit or afford the cost of transporting agricultural inputs and outputs.

Around 74 per cent of households reported all members were in possession of identification documentation.

## Living standards and living conditions

About 6 per cent of non-displaced host community households reported issues related to housing, land and property: disputed ownership (4 per cent) and property unlawfully occupied by others (2 per cent).

Their housing needs include access to essentials that allow for a minimal standard of living and offer protection from contracting diseases such as malaria. About 45 per cent of households have no blankets, and around 30 per cent have no mattresses. More than 40 per cent of households do not have mosquito nets, which makes them more vulnerable to contracting malaria during seasonal outbreaks. Around 33 per cent of households have no access to firewood to cook and for domestic use, and 72 per cent lack pots, plates, cutlery and cups.

WASH facilities are inadequate and can be a health hazard too: 13 per cent of households practice open defecation, 62 per cent use pits (29 per cent covered and 33 per cent uncovered) and 10 per cent open holes. Only 9 per cent use flushing toilets. About 26 per cent have no access to soap, 79 per cent have no laundry detergent and 92 per cent have no menstrual hygiene products.

Most have access to sufficient water for household use: drinking and cooking water (89 per cent), washing and personal hygiene (81 per cent), and domestic use (74 per cent). Boreholes and handpumps are the primary source of water for 54 per cent of households, followed by public taps (10 per cent). Only 6 per cent have water piped into their dwelling, yard or neighbourhood. About 11 per cent of households draw their water from unprotected springs or wells. Around 66 per cent of households can access water within a 15-minute walk, 14 per cent between 15 to 30 minutes, and 6 per cent must walk for more than 30 minutes. However, 57 per cent of households reported not having jerrycans to carry the water in.

Barriers to accessing health include a lack of health facilities (23 per cent of households) and the cost of treatment and consultation (70 per cent). Around 52 per cent of households reported having to pay for health services. Some 37 per cent reported a family member who needed health care but was unable to obtain it in the last three months prior to the August 2022 MSNA data collection. Waiting times and unavailability of medicine were other obstacles for 20 and 30 per cent of households, respectively. About 12 per cent of households reported having to

walk between 1-3 hours to access the nearest health-care facility; 7 per cent had to walk for more than three hours.

For education, 46 per cent of households reported financial costs as a key barrier to access. Other barriers included long distances to schools (12 per cent), inadequate number of teachers (14 per cent), schools that were dysfunctional/damaged and insecurity, including abduction (3 per cent).

In regards to personal safety and crime, households are concerned their boys might be kidnapped (15 per cent) and robbed (14 per cent). About 7 per cent of households worry about their boys being killed (5 per cent) or recruited by armed groups (2 per cent). Detention by the army is a concern for 2 per cent of families.

For girls, the prime concerns are being kidnapped (12 per cent) and robbed (11 per cent). Sexual violence and forced marriage are a concern for 7 per cent of households. Being killed is a concern for 3 per cent of families.

Being robbed and kidnapped are prime concerns for men and women alike: 31 and 24 per cent, respectively. Around 5 per cent worry about women being at risk of sexual violence, including rape and attempted rape.

Food insecurity, livelihoods and coping mechanisms

About 37 per cent of non-displaced host community households reported agriculture as their main source of income. About 24 per cent get income from business or casual labour, while 8 per cent have salaried income (MSNA for 2023).

The food consumption score for almost half (44 per cent) of non-displaced host community members is either poor or borderline. About 34 per cent report moderate or severe hunger in their households. Female-headed households are disproportionately affected: 49 per cent and 37 per cent, respectively. More than 30 per cent have trouble accessing nutrition

services: 22 per cent are unaware of available services, 7 per cent have difficulty enrolling their children in services, and 7 per cent reported that the facilities are too far away.

To deal with the challenges they face, host community members engage in different coping strategies. About 41 per cent reported having to sell productive assets (32 per cent), land or property (9 per cent). About 24 per cent consumed their seed stocks, while 17 per cent harvested their crops prematurely. Other mechanisms include begging for food or money (13 per cent), sending children somewhere else (16 per cent), buying food on credit (46 per cent), taking children out of school (9 per cent) and child marriage (3 per cent).

### Physical and mental well-being

While non-displaced host communities have not experienced displacement, with its taxing impact on physical and mental well-being, their living conditions and food insecurity compromise their welfare and impact their health and educational outcomes, as well as their life chances. About 10 per cent of households reported having at least one member with a chronic illness. This is higher than all the other groups, which range from 4-6 per cent.

Given that the prevalence of moderate to severe hunger (34 per cent) is lower than for other groups (63 per cent for in-camp IDPs, 58 per cent for out-of-camp IDPs and 47 per cent for returnees), malnutrition is expected to be less prevalent as well. Non-displaced host community households reportedly have a smaller number of pregnant and lactating women: 11 per cent and 19 per cent respectively. This, however, does not take away the devastating impact malnutrition, especially among children and pregnant women, can have on the growth, and cognitive and psychological development of children.

Inadequate access to WASH facilities, essential mosquito nets, blankets, soap and sanitary towels, or safe drinking water increases vulnerability to diseases.

## Perceptions of affected people (AAP)

### Population Group 1: In-camp IDPs

The majority, 72 per cent, of in-camp IDPs reported receiving aid. Most, 81 per cent, reported being satisfied with the aid they received, while 18 per cent were dissatisfied. The grounds for the latter include inadequate quantity of assistance (54 per cent), not receiving aid on time (29 per cent) and aid not relevant to need (10 per cent). Factors inhibiting access include services not being offered to the community or household (45 per cent), perceptions of unfair treatment by community members (18 per cent), unfair treatment by authorities (16 per cent), perceptions of unfair treatment by aid workers (15 per cent) and lack of documents (4 per cent).

***“An old woman in this town (widow) has to beg before she can get food to eat because her registration card expired and she couldn’t get it renewed.” (Bama Town, Female, above 25)***

According to the MSNA, IDPs ranked food as their priority need (32 per cent) followed by livelihoods (25 per cent). In terms of the types of humanitarian assistance in the future, respondents showed a preference for in-kind assistance (36 per cent), cash (27 per cent), services (13 per cent) and items/ vouchers (12 per cent).

### Misconduct: Reporting channels

***“We prefer to meet aid workers in person to share our complaints whenever the need arises. Sometimes, when we lodge our complaints to humanitarian workers, adjustments are made.” (Yola South, Male, over 25 years old)***

In total, 89 per cent of in-camp IDP households stated that they had not experienced staff misconduct during the delivery of aid. Of those who had, 81 per cent

confirmed they were aware that staff misconduct could be reported.

***“Another time during distribution, he told me that my card had expired and that if I want the card, I should enter his car...” (Yusufar-Yusufari, Female, Under 25)***

In terms of feedback and complaints channels and methods, 29 per cent preferred reporting to community leaders, 21 per cent to aid workers, 20 per cent to religious leaders, and 17 per cent to law enforcement. Face-to-face was the preferred method: 44 per cent of respondents preferred face-to-face conversations with aid workers, and 37 per cent with community/religious leaders. Phone calls were chosen by only 5 per cent and suggestion boxes by 12 per cent.

### Population Group 2: Out-of-camp IDPs living in host communities

***“We are not that satisfied because of the way the ward heads are going about the distribution of the aid. If they were God fearing, aid would be satisfactory. They are manipulative. That’s why we are never satisfied” (Mayo Belwa, Female, above 25)***

Overall, 71 per cent of out-of-camp IDP households reported they had not received aid, compared to 29 per cent who had. Just under half of the households (48 per cent) who received aid reported they were satisfied, while 52 per cent reported their dissatisfaction. The grounds for the latter were the poor quality of aid (23 per cent), inadequate quantity of assistance (45 per cent), delays in delivery of aid (15 per cent) and aid not relevant to need (15 per cent). Food and livelihoods are their priority needs followed by health care and education. While 64 per cent of households reported having no issue accessing basic services in the last three months, 36 per cent did. The main reasons cited for the inability to access aid range from communities

or households not being offered aid (45 per cent), unfair treatment by authorities and community leaders (20 per cent), lack of documents (8 per cent) and unfair treatment by aid workers (7%).

### **Misconduct: Reporting channels**

***“We can always go to our community leaders if there is a need for complaints to be made. Usually, they would make sure aid workers are aware of it.” (Damboa, Male, over 25)***

Eighty-two per cent of out-of-camp IDP households who received aid reported that they had not experienced staff misconduct. Of those that reported experiencing misconduct, five per cent cited experiencing physical abuse, and another four per cent threats. Sixty per cent were aware that they could report staff misconduct, while 40 per cent, were unaware. Preferred channels of reporting staff misconduct for this population group are community leaders (40 per cent), religious leaders (24 per cent), law enforcement officers (16 per cent), and aid workers (14 per cent). Thirty-six per cent preferred face-to-face conversations with aid workers and community leaders, 13 per cent phone calls and six per cent suggestion boxes.

### **Population Group 3: Returnees**

***“We do get the necessary information about aid. There are, however, way more people in need than available aid. Not everyone is lucky enough to access the aid. (Fika-Ngaldas, Male, over 25).***

Twenty-seven per cent of returnee households reported they received aid in the three months prior to the August 2022 MSNA data collection, while 73 per cent did not. Of those who received aid, 32 per cent stated dissatisfaction with the quantity, quality, and type of assistance. Fifty-one per cent stated the quantity was not enough to meet their needs. Sixteen per cent reported delays in the delivery of aid and the type and quality of assistance not being relevant to their needs.

Sixty-five per cent of households reported they did not face issues accessing aid, compared to 35 per

cent who did. The reasons stated by the latter are community and households not being offered aid (43 per cent), unfair treatment by the authorities and community members (22 per cent) and lack of documents (6 per cent). According to households, some beneficiaries do not engage with aid workers because they were previously scammed. They can't differentiate between those that are real and those that are fake.<sup>115</sup>

Priority needs are food and livelihood support. In-kind assistance was the preferred method of aid delivery for 33 per cent of households. Twenty-six per cent preferred cash, 21 per cent services and 11 per cent items/vouchers.

### **Misconduct: Reporting channels**

About 65 per cent of returnee households were aware that staff misconduct can be reported, and 32 per cent were not. Some 89 per cent of households who received aid reported they had not experienced staff misconduct. However, reports from a few participants about the existence of vigilante groups in response to sexual exploitation suggests that vulnerable groups still experience violations of their rights.<sup>84</sup> In cases of misconduct, 39 per cent said they would prefer to report it to community leaders. Other preferred channels are religious leaders (25 per cent), law enforcement (17 per cent) and aid workers (12 per cent). Face-to-face conversations with religious/community leaders were the preferred mechanism for 37 per cent. Reporting directly to aid workers was the choice for 32 per cent, while phone calls were preferred by 17 per cent of the respondents. Suggestion boxes were the least preferred method – only 8 per cent chose this option.

### **Population Group 4: Host communities**

***“We don't receive any form of aid in this community at all, at least not the type of aid other communities receive from NGOs. We just hear about it.” (MMC Bolori, Male, over 25)***

Only 15 per cent of host community households reported receiving aid, compared to 85 per cent who



did not. Among those who received aid, 32 per cent reported dissatisfaction with the aid received citing delays in receiving aid (25 per cent), low quantity (43 per cent), and not good enough quality of aid (18 per cent). Priority needs are food, followed by livelihoods, water and healthcare. Regarding types of humanitarian assistance in the future, respondents preferred in-kind assistance (32 per cent), cash (25 per cent), services (24 per cent), and items/vouchers (9 per cent). Sixty-six per cent of host community households surveyed by the MSNA for 2023 reported that they did not face issues accessing basic services in last three months. Thirty-three per cent stated that they faced issues such as services not being offered to the community or household (50 per cent), unfair treatment by authorities (16 per cent), lack of documents (10 per cent), and unfair treatment by community members (15 per cent).

### **Misconduct: Reporting channels**

Among non-displaced communities, 86 per cent of households who received aid reported that they had not experienced any staff misconduct. Around 64 per cent of households reported being aware that staff misconduct could be reported, while 32 per cent were not. The preferred channels for reporting are community leaders (44 per cent), followed by religious leaders (25 per cent), law enforcement (16 per cent)

and aid workers (10 per cent). In terms of feedback/complaints, many households preferred face-to-face conversations with community/religious leaders (36 per cent), followed by face-to-face conversations with aid workers (35 per cent), phone calls (15 per cent) and suggestion boxes (7 per cent). Some respondents raised the issue of confidentiality and their reluctance to share personal information, especially when dealing with leaders or the police. .


***“Reporting to either the ward head, or the police station is like exposing your secret for people to hear it and point fingers at you and laugh whenever you're passing” (Mubi North, Female, Under 25)***

This raises the need for humanitarian actors to build capacity among community/religious leaders.

# 1.4

## Number of People in Need

### 2023 figures

PEOPLE IN NEED	TREND (2015-2023)	WOMEN	CHILDREN	WITH DISABILITY
8.3M		22%	59%	8%

#### MONGUNO, BORNO STATE, NIGERIA







IDPs in Monguno wait in line to fill their water buckets.

Photo:OCHA/Christina Powell



## PiN by severity phase and location

AREA	POPULATION GROUP	AFFECTED POPULATION (M)	SUM OF PiN	NUMBER OF PEOPLE IN EACH SEVERITY PHASE (M)				
				MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
Adamawa	HC	4.0M	1.6M	0.5	1.9	1.4	0.1	-
	IDPs in camps	0.0M	0.0M	-	-	0.02	0.0	-
	IDPs in HC	0.2M	0.2M	-	-	0.1	0.1	-
	Returnee	0.8M	0.7M	0.0	0.1	0.4	0.2	-
Borno	HC	3.7M		0.7	1.3	1.3	0.2	0.1
	IDPs in camps	0.8M	1.6M	-	-	0.3	0.5	0.1
	IDPs in HC	0.8M	0.8M	-	-	0.4	0.3	0.1
	Returnee	0.8M		0.04	0.1	0.2	0.3	0.03
Yobe	HC	4.4M	1.6M	0.6	2.2	1.5	0.1	-
	IDPs in camps	0.0M	0.0M	-	-	0.01	0.00	-
	IDPs in HC	0.1M	0.1M	-	-	0.1	0.05	-
	Returnee	0.4M	0.3M	0.02	0.1	0.1	0.2	-
Sub-total		16.1M	8.3M	2.0	5.8	5.9	2.1	0.2
Total PiN								8.3M

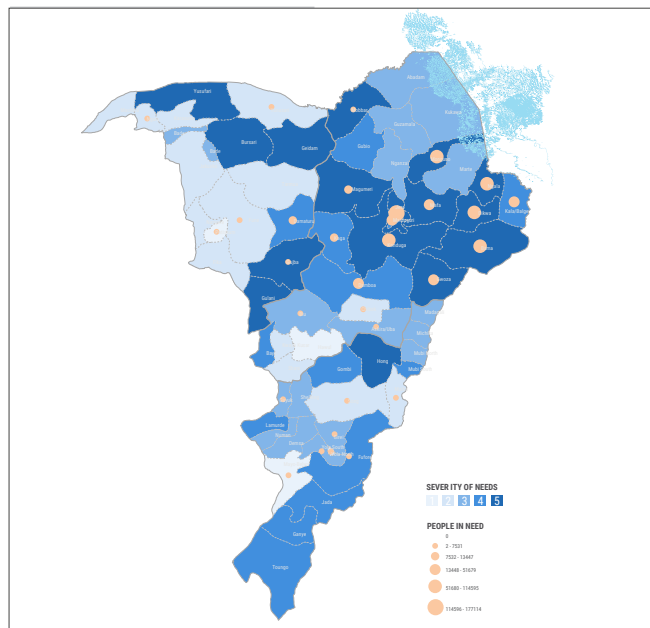
AREA	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	[IDPS IN CAMP]	[IDPS IN HC]	[RETURNEES]	[HOST COMMUNITY]
Adamawa	53   47 	60   36   4 	0.02M	0.20M	0.66M	1.57M
Borno	54   46 	60   36   4 	0.82	0.82M	0.61M	1.62M
Yobe	53   47 	62   37   1 	0.02	0.13M	0.26M	1.58M

The maps below show the projected severity of needs (amalgamated across the four target groups). There are LGAs with severe ratings across all three states but LGAs closest to the four extremely hard-to-reach LGAs

all rank among the most severe. The maps show that while there are some distinct geographical differences among the different target groups, concentrations are similar overall.

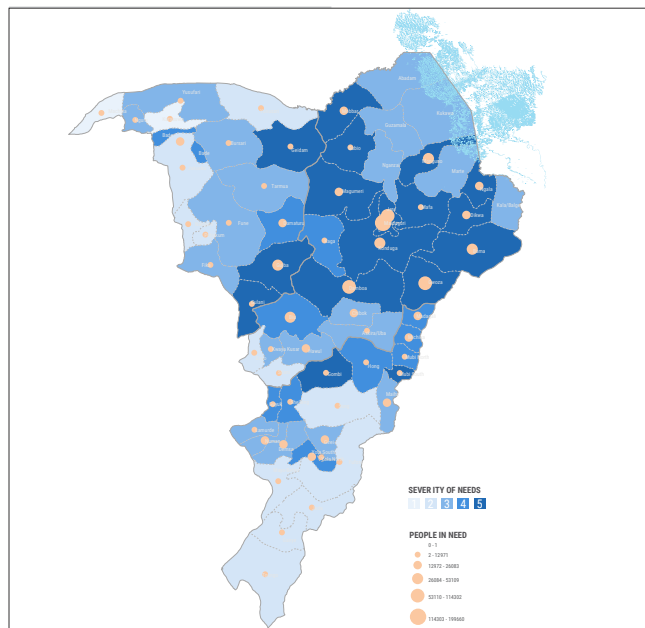
## IDPS IN CAMPS

0.86M



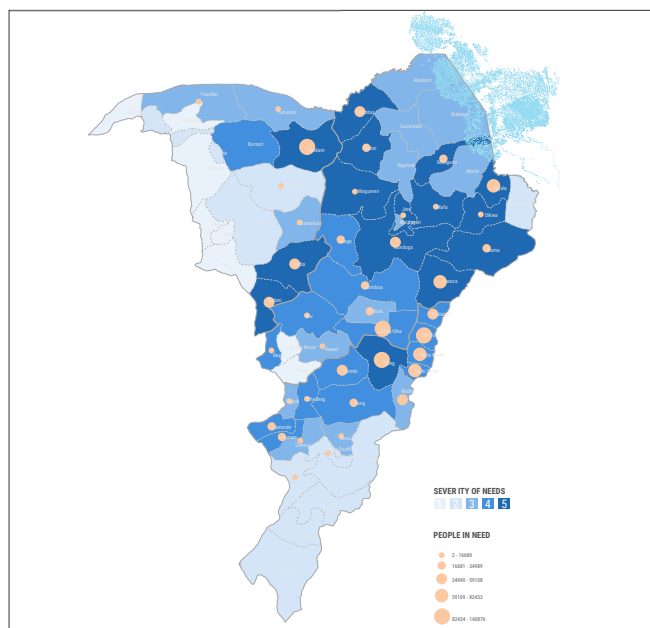
## IDPS OUT IN HC

1.15M



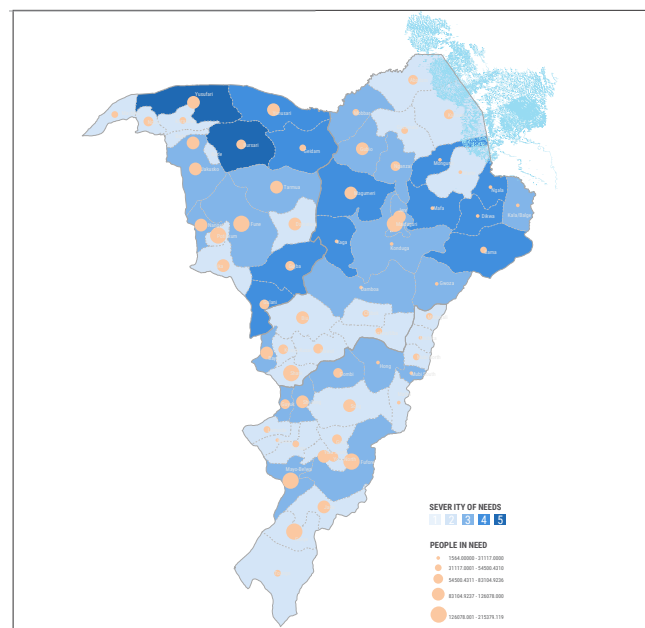
## RETURNEES

1.53M



## HOST COMMUNITIES

4.77M



## 1.5

## Overview of Needs in Nigeria

Outside the north-east, Nigeria recorded multiple interrelated crises of insecurity and displacement, food and nutrition deficiencies, climate change-related natural disasters and disease outbreaks that impacted millions of people in other parts of the country. These generated large-scale needs, often at a crisis or emergency level. The key drivers of these needs include poverty, the inability of rule of law institutions to cope with security challenges, increased competition over resources and a lack of access to basic services.

In 2022, widespread insecurity was reported in all six geopolitical zones driven by a range of issues including poverty, lack of governance and rule of law, and insufficient levels of basic service provision, leading to deprivation and inequality at state level and posing a major challenge for governance. In north-central and north-western states of Benue, Kaduna, Plateau and Sokoto, climate change is contributing to conflict and instability through competition over increasingly scarce natural resources – including water and arable land. Clashes between farmer and herder communities over grazing and farming land has displaced up to 129,000 people in the affected states, 78 per cent of whom are in Benue State.<sup>85</sup> These types of conflicts are spreading as herders migrate further in search of grazing land for their livestock. Equally concerning were reported trends in expansion of some NSAGs beyond the north-east to the north-central states and their changing role as their motives became more economic rather than political. An increase in banditry and kidnappings were also reported in the north-west and parts of the south-west, while the south-east continued to witness unrest resulting from nascent separatist movements.

Poverty is one of the key drivers of vulnerability in Nigeria, with 40 per cent of Nigerians living on less than a dollar a day.<sup>86</sup> The Government of Nigeria's

2022 Multidimensional Poverty Index (MPI) Survey, found that some 63 per cent of people living within Nigeria (133 million people) are multidimensionally poor, meaning that they are deprived of adequate access to food, basic services, including health care and education, and basic necessities such as fuel for cooking. Most of the poor live in the north (65 per cent), with poverty rates the highest in rural areas (72 per cent), compared to 42 per cent in urban areas. Half of Nigeria's children suffer multidimensional poverty, increasing to 90 per cent in rural areas. Poverty is a vulnerability. The lack of income, reserves or assets means that any shocks are likely to have a profound impact as coping mechanisms are already weak or compromised. The poor are particularly impacted by the rapid increase in food and fuel prices and other commodities as a result of the conflict in Ukraine, and are already spending a disproportionate proportion of their income to procure food, water and other commodities needed for their sustenance.

Access to basic services for most Nigerians remains poor, with 19.7 million children out of school, 60 per cent of whom are girls. One out of five people practice open defecation and 102 children out of 1,000 live births die before the age of five according to UNICEF.<sup>87</sup>

Climate change, annual floods, high food and commodity prices (including for fuel) due to surging inflation and conflict in the BAY states, coupled with widespread armed criminality and banditry in Sokoto, Katsina, Zamfara, Kaduna, Benue, Plateau and Niger states contributed to alarming food and nutrition crises in many parts of the country for the second year running. According to UNICEF, Nigeria has the highest number of malnourished children in Africa and is ranked second in the world, with about 34 million children under five years of age either stunted, severely wasted or anaemic. Katsina and Sokoto states in the north-west and Borno in the north-east



have the highest burden of severe acute malnutrition (SAM). The November 2022 Cadre Harmonisé (CH) analysis conducted in 26 of the 36 states, reported 17 million food-insecure people (CH phase 3-5) in October to December 2022, with Lagos State recording the highest number of people suffering food insecurity (1.4 million), followed by Zamfara (1.2m) and Jigawa states (1.1m) in the north-west. The situation is likely to worsen in 2023 due to loss of agricultural production, natural disasters and inflation. The number of people in critical phases (IPC 3-5) may increase by 39 per cent in June-August. These include 780,000 people in emergency CH Phase 4; this group is comprised of IDPs and returnees residing in camps and settlements across Borno, Benue, Taraba and Cross River States. The situation in Lagos, the worst affected state, is projected to deteriorate further, with 2.4 million facing food insecurity.

In 2022, partly as a consequence of climate change, Nigeria experienced its worst flooding in more than a decade. The floods affected 4.4 million people in all 36 states, with 2.4 million people internally displaced and hundreds of thousands of hectares of cropland, livestock, stocked fishponds and food storage barns/silos destroyed, contributing to poor projections for food security in 2023. The floods also disrupted food distribution systems, trade flows and physical

access to markets in the worst affected states of Bayelsa, Kogi, Rivers, Jigawa, Cross river, Adamawa and Benue. The floods occurred alongside a severe cholera outbreak with 19,000 (49 per cent male and 51 per cent female) suspected cases and 466 deaths in 31 of the 36 states, according to the Nigeria Center for Disease Control. Nine states – Borno (11,000 cases), Yobe (1,888 cases), Taraba (1,156 cases), Katsina (768 cases), Cross River (650 cases), Gombe (649 cases), Jigawa (537 cases) and Kano (522 cases) – account for 94 per cent of all cumulative cases.

All the issues detailed above are, and will be, further exacerbated by rapid population growth. The current population growth rate of 3.2 per cent means that the population will reach 400 million people by 2050 (UNFPA, 2022)<sup>88</sup> unless addressed. It is likely that this will lead to increasing competition over scarce natural resources and, possibly, further deepen food insecurity and malnutrition unless there are concerted efforts to address these two sectors. Moreover, investment in social infrastructure is not keeping pace with the rapidly growing population, meaning that unless this pattern changes, an increasingly smaller proportion of Nigerians will have access to education, health care and other services. Growing populations in coastal and riverine areas will expose an increasing number of people to flooding and projected rising sea-levels.

## 1.6

## Overview of Humanitarian Needs in Nigeria's North-west

### ANKA, ZAMFARA STATE, NIGERIA

Fatima Abubakar, a 25-year-old WFP beneficiary, and her daughter, Amina Abubakar, show her prepaid card at her home in Anka, Zamfara State, Nigeria, on 3 February 2022. 'I was sewing but had to sell my sewing machine so I could buy food for my family'. WFP Nigeria continues their famine prevention work by offering food, nutrition and cash distributions and across Northwest Nigeria.

WFP Nigeria continues their famine prevention work by offering food, nutrition and cash distributions and across Northwest Nigeria.

Photo: WFP/Damiola Onafuwa



Some of the poorest and most deprived areas in Nigeria can be found in the north-west, which comprises the seven states of Jigawa, Kano, Kaduna, Katsina, Zamfara, Sokoto and Kebbi. The region makes up 25.75 per cent of Nigeria's total land mass and is home to over 40 million people, or about 18 per cent of Nigeria's population.<sup>89</sup> The majority of the population – about 80 per cent – are farmers, pastoralists, agro-pastoralists and small-scale entrepreneurs. The Hausa and the Fulani are the major ethnic groups; their traditional livelihoods consist of farming and cattle herding, respectively.

The north-west has the highest poverty rate in the country, with 78 per cent of the population facing multidimensional poverty (concurrent deprivation in at least three dimensions of nutrition, health, education, water and sanitation, and housing). Poverty rates range from 66 per cent in Kano State to 91 per cent in Sokoto State.<sup>90</sup>

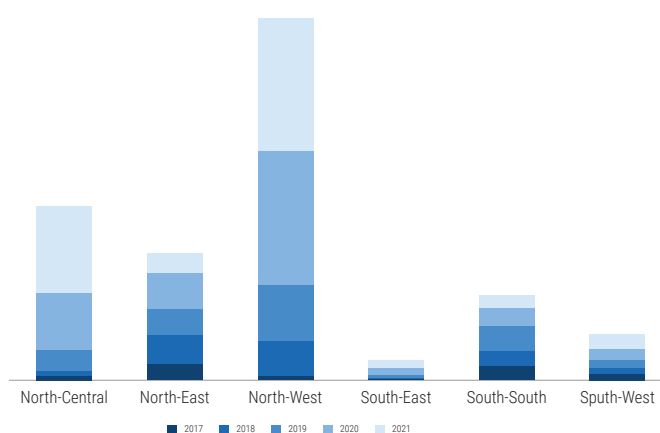
Compounding the situation is a decade of armed clashes between criminal groups – locally referred to as bandits – and Fulani and Hausa vigilante groups operating mostly in Zamfara State, but also in parts of Sokoto, Katsina and Kaduna states where there are reports of them forcing the population under their control to pay so-called 'tributes' or extortion.<sup>91</sup> In some cases, they subject local populations to forced, and often unpaid, labour.<sup>92</sup> Attempts by the Government to address underlying causes have not brought the violence under control. Underdevelopment, poverty, a lack of governance, rule of law and basic service provision, and competition for farming and grazing land have all contributed to the displacement of over half a million people. Some 90 per cent of these IDPs reside within host communities in the most affected states of Zamfara, Sokoto and Katsina.

In 2022, the situation was compounded by severe flooding and cholera outbreaks in Jigawa, Katsina and Kano states.<sup>93</sup> Sokoto, Zamfara and Katsina states also recorded a spike in chronic and alarming food insecurity and malnutrition. This is a crisis exacerbated by insecurity, poverty and lack of access to basic services, particularly water and sanitation, and health.

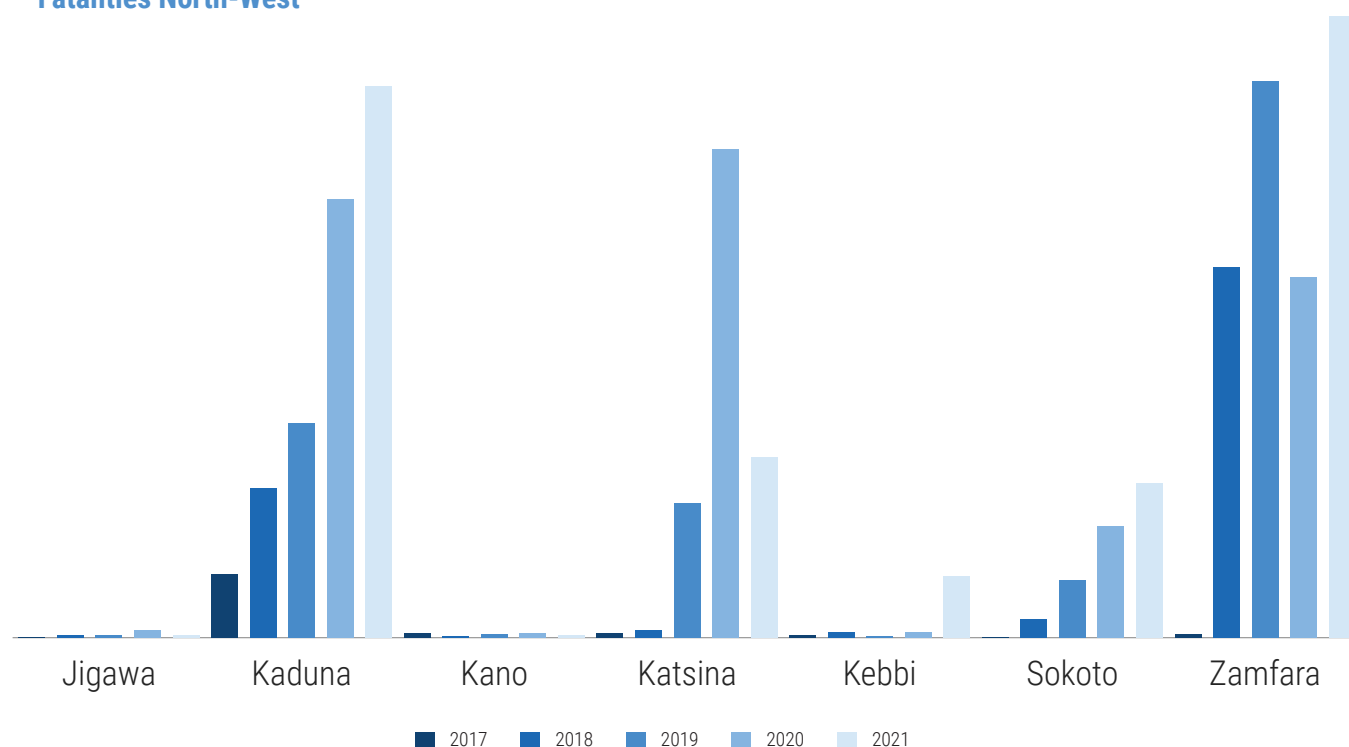
Between April and October 2022,<sup>94</sup> the number of IDPs in Katsina, Sokoto and Zamfara, as well as Kaduna and Kano, rose from 531,000 to 566,000 over a six-month period due to upsurges in armed violence. Just over half (56 per cent) of the IDPs are women and children, with approximately 90 per cent residing within host communities. In Sokoto and Katsina the number of IDPs rose from 420,000 to 455,000 in the same period.

The Government has made efforts to restore security through military operations and other measures such as closing markets, schools and cellular networks. This has not yet had a visible impact on the number of security incidents. The number of violent incidents, including armed attacks, kidnappings, and sexual violence, in Katsina, Sokoto and Zamfara increased from three in 2012 to 268 in 2022.<sup>95</sup>

### Kidnapping



## Fatalities North-West



Significant concerns over attacks, killings, abductions and sexual violence remain among communities and IDPs affected by the violent clashes in Katsina, Sokoto and Zamfara. Some 10 per cent of households are reported to have been affected by a security incident within the 30-day period prior to being surveyed.<sup>96</sup> Similar concerns were also reported by IDPs. In Katsina, 28 per cent of IDP households reported having a family member who had endured physical violence, 25 per cent had experienced an attack, 15 per cent had a family member who had been killed, and 11 per cent had a family member who had been subjected to sexual violence. Movement in some areas remains dangerous, due to the risk of abductions and kidnappings, which have often been reported to include violence and/or sexual abuse. Stress and mental trauma are prevalent, pushing women and girls to negative coping mechanisms, including survival sex.

Abductions for ransom is a problem across Nigeria, but particularly in the north-west. In 2022, nearly 420 schools were closed because of insecurity in Sokoto, Zamfara and Katsina states. In 2022, over 60 schools in Zamfara and Katsina were attacked, disrupting learning for over 33,000 students. Over 40 per cent of children are estimated to be out of

school, compared to the national average of 26 per cent.<sup>97</sup> Overall, 3.9 million primary school children are estimated to be out of school in the region. Up to 20 per cent of households with children in Katsina, Sokoto and Zamfara states have at least one child who has stopped attending school and the situation is worse among IDPs (32 per cent).

The October 2022 CH analysis projected 3.7 million people in Jigawa, Katsina, Sokoto and Zamfara states to be at crisis level of food insecurity (IPC phase 3) between October and December, with 127,252 people in the emergency phase in Zamfara. The situation is projected to worsen in June - August 2023, with up to 5.4 million at crisis levels of food insecurity and 648,261 in the emergency phase (IPC phase 4) in the four states. The food insecurity and nutrition crisis has resulted in the adoption of negative coping mechanisms to meet basic needs, including the sale of productive household and agricultural assets (22 per cent), undermining people's livelihoods. Many are also borrowing money (21 per cent) and spending their savings (19 per cent). The most affected are vulnerable groups such as single female-headed households and heads of households with disabilities, who are adopting extreme coping mechanisms such

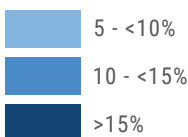
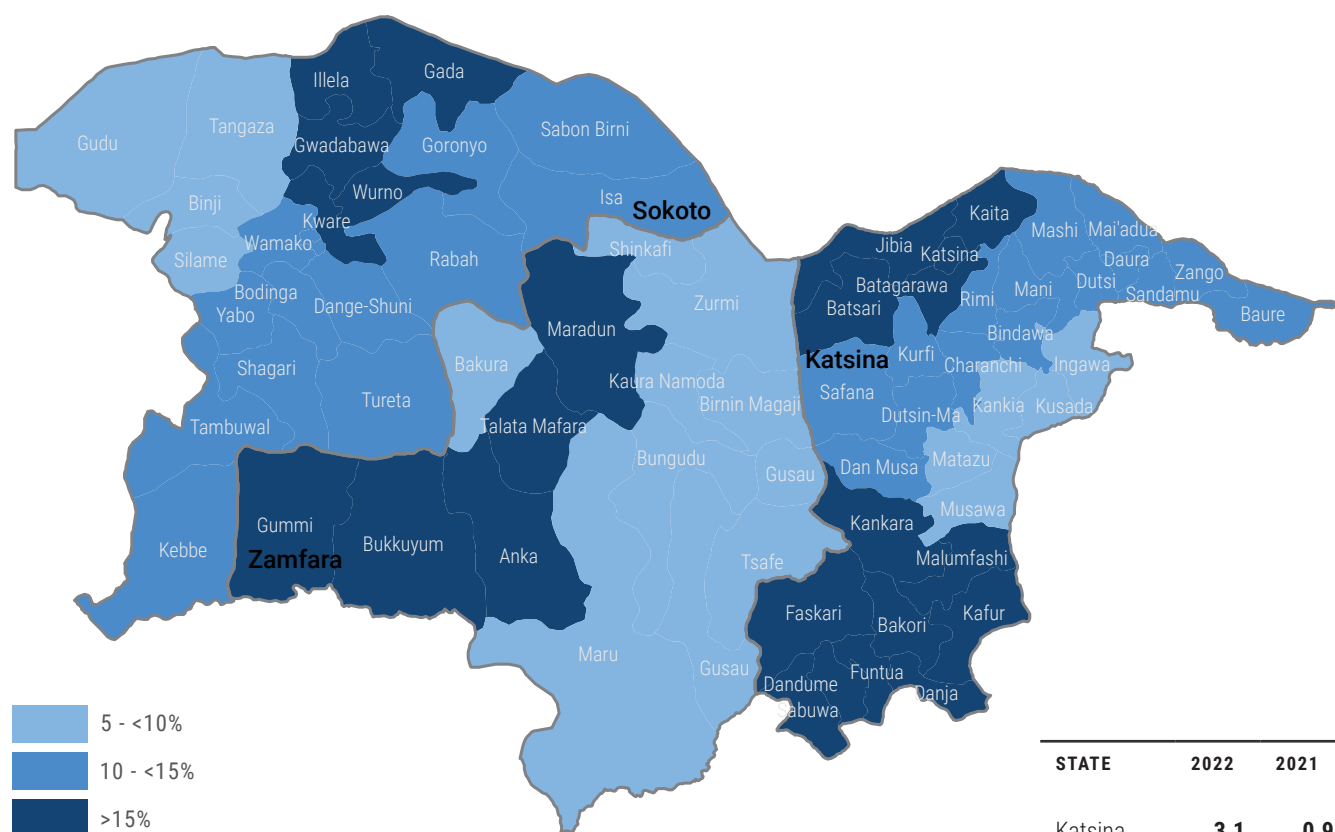


as marrying off underage female family members, resorting to begging and withdrawing children from school to beg or work.

Severe acute malnutrition (SAM) rates in Katsina, Sokoto and Zamfara are above the emergency threshold of 15 per cent.<sup>98</sup> The SAM burden doubled from December 2021 (275,000 children) to 531,000 children in the 2022 lean season. Across the three states, 57 out of 71 LGAs recorded SAM rates above

the emergency threshold. In the first 10 months of 2022, more than 140,000 children with acute malnutrition were admitted to outpatient facilities supported by partners. More than 24,000 children were hospitalized in Kano, Katsina, Kebbi, Sokoto and Zamfara States. Equally distressing rates of global acute malnutrition (GAM) with complications above the emergency threshold of 15 per cent were recorded in all LGAs in Sokoto, and half of the LGAs of Katsina.

### Severe Acute Malnutrition (SAM) in North-west Nigeria by weight for height z-score (WHZ)

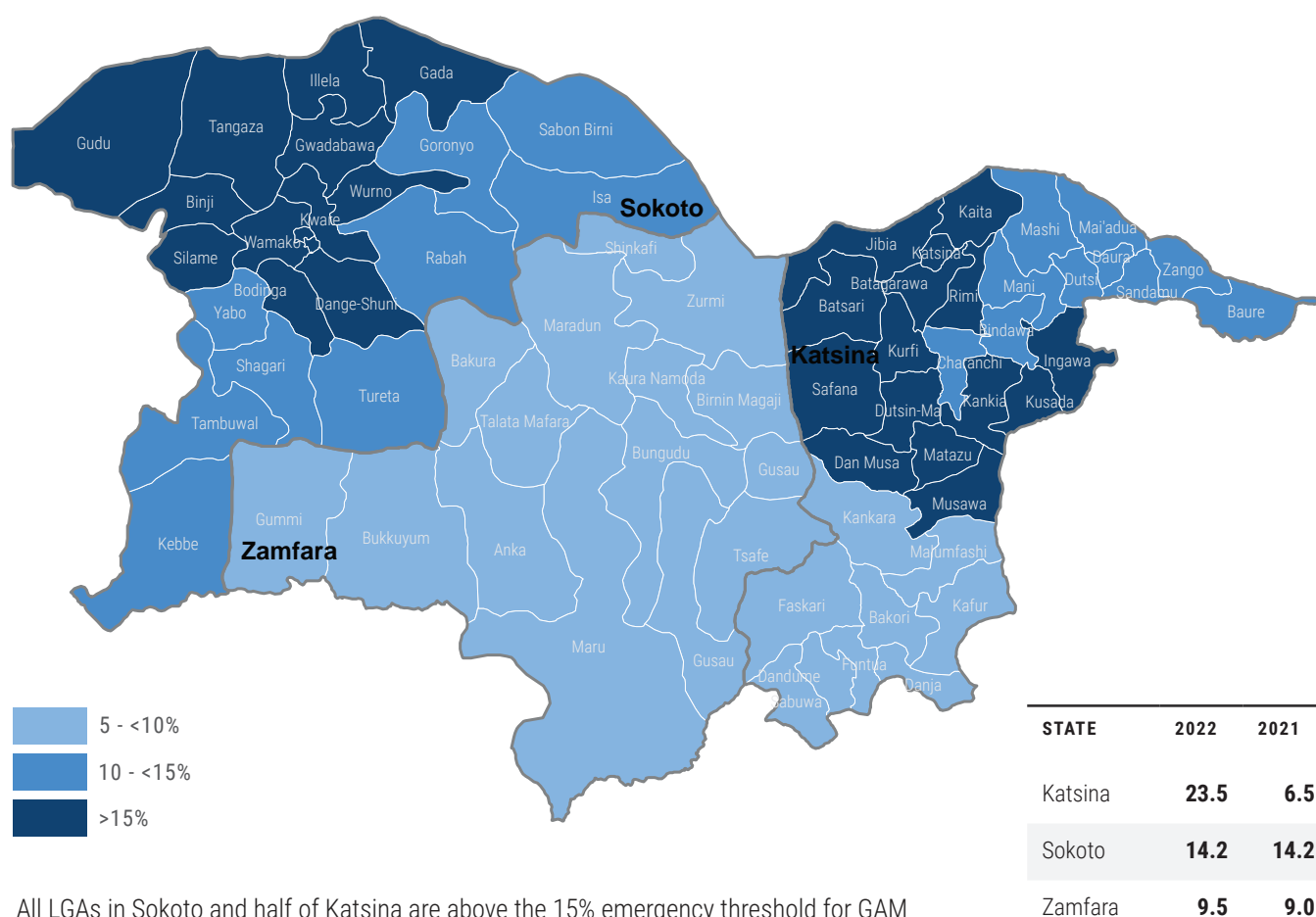


- 57 LGAs (80%) are above the emergency threshold of 2 per cent
- Of which, 29 LGAs are above 3%

STATE	2022	2021
Katsina	3.1	0.9
Sokoto	3.3	3.3
Zamfara	1.7	1.4



## Global Acute Malnutrition (GAM) in North-west Nigeria by WHZ



All LGAs in Sokoto and half of Katsina are above the 15% emergency threshold for GAM

The already arid region, which is part of the Sahel, is turning to desert or desert-like conditions at the rate of 0.6 km per year.<sup>99</sup> At the same time, the region has the country's highest fertility rates: 6.6 children per woman, compared to the national average of 5.3.<sup>100</sup> This means that the population is likely to grow at around 3 per cent. The combination of these issues has intensified tensions and violent clashes between farmer and herder communities over grazing and farmland resources over the past decade.

Jigawa, Katsina and Kano were hit particularly badly by the recent floods, which affected 497,000 people and displaced around 141,000. In the first quarter of 2022, the region recorded the highest number of measles cases, with 7,534 suspected cases. In addition, 1,800 cases of cholera were recorded in the states affected by flooding (Jigawa, Kano and Katsina).

The most critical gaps are in access to health services, and safe water and sanitation. These have the biggest impact on the most vulnerable IDPs and poorer households in communities, particularly female-headed and heads of households with a disability. They also contribute to high levels of malnutrition in the region. Shelter needs are more critical among IDPs in Zamfara.

Health indicators in the north-west are among the worst in Nigeria.<sup>101</sup> Under-five mortality is among the highest in the country with the highest rates in Sokoto (202 per 1,000), Kebbi (179 per 1,000) and Katsina (159 per 1,000), compared to the national average of 102 per 1,000. Only 25 per cent of children are fully vaccinated, compared to the national average of 36 per cent. The region also has the highest number of women without access to antenatal care (31.8 per cent).<sup>102</sup> Access to health services is very limited,

particularly in rural areas where services are provided at a cost and facilities often lack resources, including staff and supplies. Zamfara, Sokoto and Katsina rank as the worst-performing states in primary health care service delivery in the country.<sup>103</sup>

While the needs are often more severe among IDPs – especially in the protection, education and shelter sectors – they are equally high or extreme among

poorer households in communities, particularly those with members with a disability, female-headed or single-parent households and households with acutely malnourished children, as well as households affected by natural disasters, such as the recent flooding. Given the resource constraints and limited presence of partners in one of Nigeria's poorest regions, the most vulnerable populations are suffering without support or assistance.



#### ANKA, ZAMFARA STATE, NIGERIA

WFP beneficiaries and mothers wait to receive cash assistance at a WFP distribution centre in Anka, Zamfara State, Nigeria, on 3 February 2022. WFP Nigeria continues their famine prevention work by offering food, nutrition and cash distributions and across Northwest Nigeria.

Photo: WFP/ Damiola Onafuwa



## Part 2:

# Risk Analysis and Monitoring of Situation and Needs

### BAMA, BORNO STATE, NIGERIA

A staff member from Restoration of Hope Initiative (ROHI) sits with a girl and her family in Bama, Borno State as part of their case management work.

Photo: OCHA/Christina Powell



## 2.1

# Risk Analysis

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For the third year running, the Nigeria team has undertaken a comprehensive risk analysis, building on the experiences and lessons learned from the two previous years. The purpose of this exercise is to develop a better insight into the challenges to the operation through a deeper understanding of factors that may impact humanitarian needs and response. This involves systematically enumerating these risks, their likelihood of occurring and the magnitude of impact. This allows the response to prioritize events that require preparedness or contingency planning (to mitigate or reduce the impact of such events), working with development partners on disaster risk reduction, building resilience and, increasingly, anticipatory action – with the aim of providing assistance that will strengthen coping mechanisms and empower affected people.

This process has been driven by the Inter-Sector Coordination Group (ISCG). A critical part of this process is collaborating and consulting with key stakeholders, including impacted communities, to ensure that there is a common understanding of the risks. This also ensures ownership of results. It is designed to provide data-driven and evidence-based support for planning, with a focus on identifying existing and potential risks. From a total of more than 2,400 contributions, the process analysed

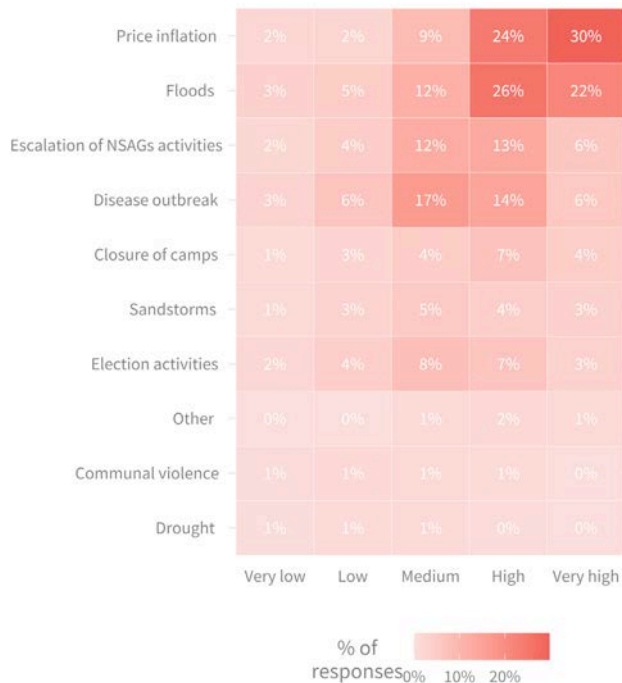
the vulnerabilities of the most affected population groups (IDPs in and out of camps, returnees and host communities), including people living with disabilities and those experiencing sexual exploitation and abuse. Each contribution focused on a particular area of concern, examining specific risks, impacts, mitigation measures, and available local and national response capacity. Importantly, local communities, local authorities and national actors also contributed to the analysis, predominantly through structured focus-group discussions.

The ISCG developed a survey (based on a single modality) which was then administered by partners in the BAY states. In total, 2,410 responses were collected: Adamawa (1,139 respondents), Borno (880) and Yobe (451) on more than ten risks. These were price inflation for key commodities, climate-related events such as floods and sandstorms, escalation of armed conflict, disease outbreaks, camp closures, elections (contested elections results, post-election violence or disruptions to humanitarian operations), communal violence, fire outbreaks and others. Overall, across all respondents, the most common critical risks identified were inflation, floods, NSAG conflict and disease outbreaks, as shown in the infographic on risk severity.

Drawing on the findings, an understanding of the seasonality of risk was also identified as an important component of anticipatory planning. Based on data analysis and the priority risks identified by respondents, the infographic below depicts the level of risk for each quarter.

### Reported current risk severity

Considering all responses across the BAY states



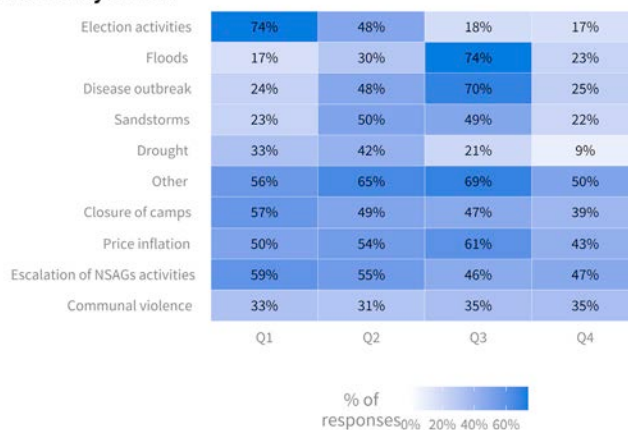
A scenario-building workshop involving key stakeholders was held in each state to share and discuss the findings of the survey and develop planning assumptions to inform humanitarian action in 2023. The workshop participants agreed that the 11 risks would be grouped together into five critical drivers of vulnerability. The main criteria used to group the risks were:

1. Inter-correlation or interdependencies of risks – i.e., how risks correlate to one another
2. Impact – potentially increasing the number of people in need
3. Impact – increasing the severity of existing needs

The five drivers are: 1) conflict and displacement, 2) floods, 3) food insecurity and malnutrition, 4) disease outbreaks, and 5) camp closures, relocations and resettlement. The drivers identified for 2023 are the same as those for 2022.

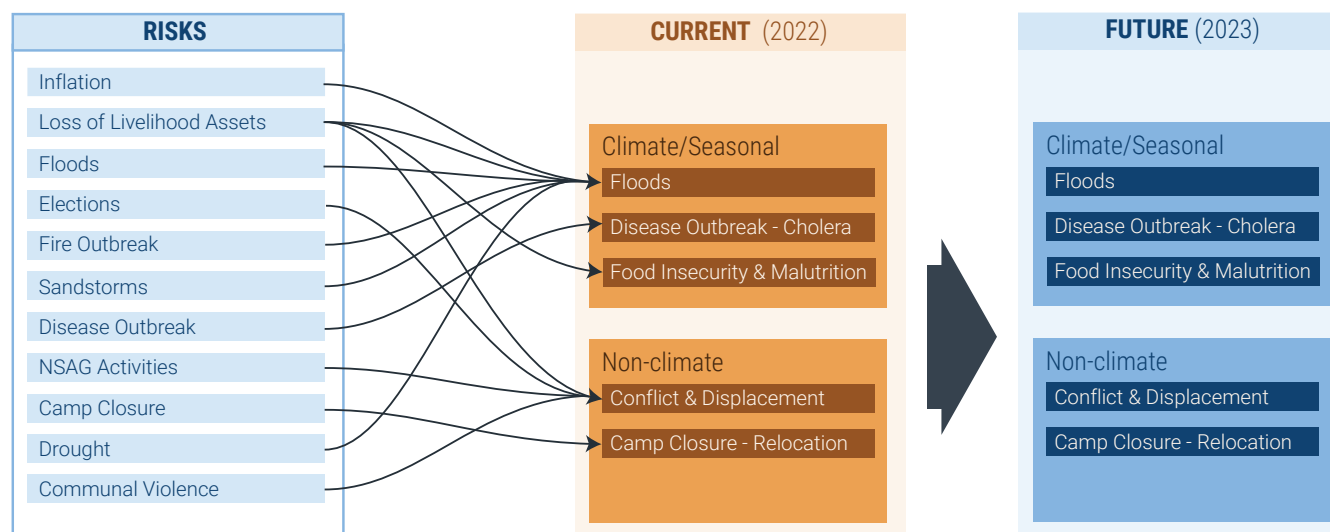
The ISCG collaborated with the Centre for Humanitarian Data to draw on global best practices as well as for mutual learning.

### Seasonality of risk





## Most likely scenario



### Conflict and displacement

Conflict and displacement are the primary drivers of the humanitarian crisis. While the overall intensity of conflict has reduced in some areas of the BAY states, primarily Adamawa, Yobe and urban areas in Borno, compared to the peak of the conflict in 2014/2015, the situation remains volatile. Civilians and their infrastructure continue to be targeted, triggering new and secondary displacement. In 2022, a total of 572 security incidents were recorded resulting in 2,619 fatalities.<sup>104</sup>

Conflict presents a direct physical threat, but also impairs economic activity and livelihoods, primarily through restricting movement and insecurity. Around 2 million people are displaced and more than 1.5 million are recorded as returnees. Increasingly, more temporary displacement is expected as a result of extreme weather, such as flooding. Women and children are especially vulnerable.

IDPs and host communities alike face difficulties maintaining viable livelihoods, particularly in agriculture, as venturing outside protective trenches puts farmers at risk. Lack of access to livelihoods and income – particularly with rapidly increasing food prices – is leading to widespread food insecurity. Poor living conditions, congestion and inadequate services for WASH, health and education contribute to increasing the risk of outbreaks of communicable disease, particularly cholera and measles.

### Climate

Temperatures in the Sahel – some of the most rapidly increasing on the African continent – are projected to rise between 2.0 to 4.3°C by 2080,<sup>105</sup> with higher temperatures and more temperature extremes projected for the northern part of Nigeria. Precipitation trends are uncertain and vary across the region, with projections indicating an overall annual increase of up to 16 mm by 2080. Future dry and wet periods are likely to become more extreme with droughts and flooding increasing in frequency.

Climate change affects livelihoods and food security in the BAY states, as farming and pastoralism dominate the economy. The unpredictability of rainfall, and soil erosion as a result of overexploitation, overgrazing and desertification, have resulted in food shortages that threaten over 4.4 million people and create conflict over natural resources. The tension and conflict between herders and farmers, for example, is expected to increase in 2023 because of competition over limited water and fertile land. This, as mentioned in an earlier section, is exacerbated by rapid population growth.

The BAY states, like many parts of Nigeria, were devastated in 2022 by the worst flooding in more than a decade. The flooding resulted in significant displacement, destruction of shelters, infrastructure and livelihoods, and an increased risk of waterborne diseases and malaria. Reports indicate that 134

people were killed by the flooding; 470,000 were directly affected and an estimated 98,000 people were displaced. More than 49,000 houses were damaged or destroyed, as well as 38,000 hectares of farmland.

### Food insecurity and malnutrition

Severe rain and heavy flooding have severely affected agricultural production and increased food insecurity, particularly in areas where this coincided with the harvest season. The conflict in the Ukraine has both driven up global food prices and the cost of agricultural inputs such as fertilizer. Inflation affects the poor disproportionately. Flooding has also led to loss of harvests and land in riverine and floodplain areas. The significant deterioration in food security is also linked to the surge in insecurity. Around 4.4 million people in the BAY states will face crisis or emergency levels of food insecurity (CH Phase 3 or 4) in 2023. The situation around malnutrition is extremely worrying. There is expected to be a significant increase in the number of acutely malnourished children, from 1.74 million in 2022 to 2 million during the lean season in 2023. Even more concerning is the expected doubling of severely acutely malnourished children, from 300,000 to 697,000 in 2023. This is against a backdrop of limited capacity to prevent or provide treatment to affected children, as experienced last year.

### Disease outbreaks

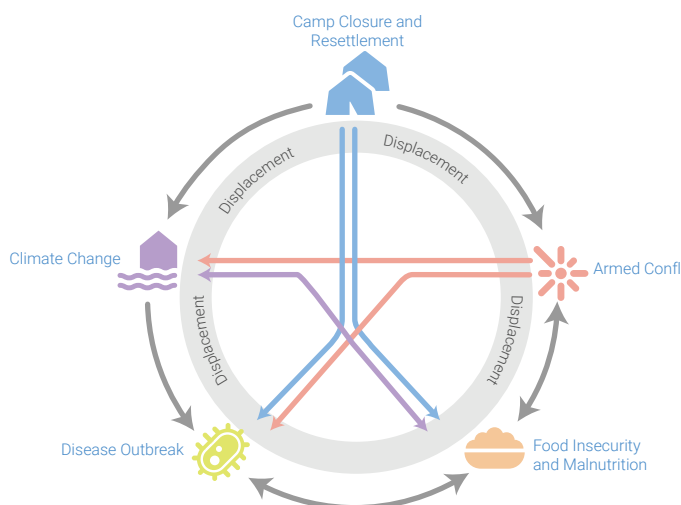
Disease outbreaks will remain a problem in the north-east in 2023: cholera outbreaks are entering their nineteenth consecutive year. As of November 2022, the BAY states registered 62 per cent (15,000) of the total cholera cases in Nigeria (24,000), and the highest mortality rates from cholera – 3 per cent compared to the rest of the country's 1 per cent.<sup>106</sup> The Nigeria Centre for Disease Control (NCDC) attributed the rising cholera cases across the BAY states to the increasing practice of open defecation in affected communities and the absence of potable drinking water in some rural areas and urban slums. Due to the ongoing violent conflict, most health workers are reluctant to work in insecure areas, creating a shortage of doctors, nurses and midwives. In addition, displacement or relocation of people to crowded camps and settlements with poor

access to improved water and sanitation increases the likelihood of cholera and malaria outbreaks.

### Camp closures, and relocations and resettlements

In the Borno State Government's (BSG) 25-year development plan, strategic planning pillar 3/5 states that by 2026 all camps in Borno will be closed. IDPs will either return to their place of origin or be relocated elsewhere.<sup>107</sup> Millions of people in north-east Nigeria have been displaced since the conflict began in 2009, with more than 1.8 million displaced in Borno State alone. Since last year, the BSG authorities have intensified efforts to close IDP camps in the state. Over 65,749 IDPs were transferred from four camps in MMC to their LGAs of origin between May 2021 and December 2021. According to the CCCM Sector, a further 73,292 IDPs were relocated from various IDP camps in MMC, Jere and Konduga LGAs to different regions in Borno State between January and August 2022. There are serious concerns about the safety and well-being of IDPs being relocated or returned, the voluntary nature (or lack thereof) of these movements, and their access to basic services and livelihoods in the areas they end up. One of the key issues that is being considered in 2023 if camp closures continue, is how to best provide services and support to this group, particularly if they end up in remote and insecure areas.

### Most likely Scenario



## Planning assumptions

HUMANITARIAN CRISIS VARIABLES	GENERAL EXPECTED CHANGE	SPECIFIC CHANGE EXPECTED AND REFERENCE PERIOD	SIZE OF EXPECTED CHANGE COMPARED TO RECENT CHANGES	SEASONAL PATTERNS OF CHANGE	CONFIDENCE
Conflict & displacement	stable	<ul style="list-style-type: none"> <li>Secondary displacements triggered by the closure of camps</li> <li>People coming from the inaccessible areas</li> <li>Emergence of new hotspots due to conflicts/attacks, floods and elections</li> <li>Continuing disruption of livelihoods and basic social services</li> </ul>	Large (0%) – 2.2 million IDPs	During the rainy season Conflict-induced displacement through 2023. Quarter 1 for potential IDPs due to elections	90-95%
Camp closures & resettlement	Increase	<ul style="list-style-type: none"> <li>No improvements in security in return/relocation areas</li> <li>Overstretched capacity of existing resources</li> <li>Increased loss of livelihoods</li> <li>Damaged or no educational structures/ human resources</li> <li>Reference period: Throughout 2023</li> <li></li> </ul>	More significant (60%) – 150,000 individuals likely to be relocated	3rd and 4th quarter of the year	90%
Floods	Slight decrease	<ul style="list-style-type: none"> <li>Due to poor drainage, env. factors, poor planning, climate change</li> <li>Crowded IDP camps are more impacted</li> </ul>	Smaller (20%) 78,000 individuals are expected to be displaced due to floods	During the rainy season. The impact and its aftermath will continue to quarter 4 of 2023	70-80%
Disease outbreak	The same due to poor camp living conditions and lack of access to WASH facilities	<ul style="list-style-type: none"> <li>Multiple disease outbreaks, including cholera and malaria, but cholera outbreak is on a new scale in terms of fatality rates</li> <li>This is the 19th consecutive year of a cholera outbreak</li> </ul>	0%	The rainy season for cholera and continuous for others such as COVID and Malaria	90-95%
Food insecurity and malnutrition	Slight increase	<ul style="list-style-type: none"> <li>Three consecutive years of shortages of food production</li> <li>Food price inflation has further increased hunger</li> <li>Loss of productive assets due to floods and their impacts</li> <li>4.1 million were in phase CH 3&amp;4</li> <li>On the other hand, malnutrition rates have slightly improved. Nearly 1.7 million children &lt;5 faced malnutrition in 2022</li> </ul>	Larger (5%). 200,000 additional people will be food insecure in 2023	Lean season 2023	80%

## Challenges

The humanitarian response in north-east Nigeria, especially in Borno State, will continue to be impeded by conflict, which might result in new displacement or population movements.

Protection of civilians remains a major challenge across the BAY states, with millions of women, children and men directly targeted by violence, depriving them of their livelihoods and putting them at risk of human rights violations, including kidnappings, arbitrary detention, rape, and sexual exploitation and abuse.

Camp closures outside of Maiduguri, and relocation/ resettlement of IDPs and refugees in 2023 by the BSG to places with limited or no absorption capacity, will likely result in significant challenges for IDPs (who may have limited access to humanitarian assistance) and humanitarian partners.

While humanitarian needs will continue to rise in the future due to new displacement or improved access to new populations, competing priorities of the state government and their desire to scale up recovery and development activities through the 25-year development plan may impact humanitarian response efforts.

If election results are contested, post-election violence may also impede humanitarian operations.

## Opportunities

The introduction of anticipatory action is a significant step to mitigate some of the identified risks.

The mass exodus of people from NSAG-controlled areas last year, coupled with the scale-up of disarmament, demobilization and reintegration efforts, might improve access to new areas/ vulnerable populations for humanitarian response in the BAY states.

The humanitarian community will increase coordination, collaboration and engagement with the state government to move towards common operational data sets, which will enable better joint analysis and planning, including assessments at the lowest geographical unit.

An effective roll-out of nexus programmes through strengthened linkages with development partners may contribute to renewed opportunities for collective outcomes.

A relative increase in access to land over the past three years, as indicated by both non-government and government reports, provides an opportunity to increase livelihood opportunities, especially if protection concerns are also addressed.





#### ADAMAWA STATE, NIGERIA

A child in Adamawa State walks through the remnants of floodwaters.

Photo: OCHA/Christina Powell

## 2.2 Monitoring of Situation and Needs

Due to the scale and complexity of the crisis in north-east Nigeria, regular monitoring is essential for determining whether adjustments are needed in the plans that guide programming and emergency response. Consequently, humanitarian partners in Nigeria have committed to establishing a robust integrated monitoring system for 2023.

Co-chaired by OCHA and REACH, the Assessment and Analysis Working Group (AAWG) is the key coordinating platform for the daily situation and need reviews, as well as the identification of priority locations for close monitoring and scaling up of the response. In addition to its bi-weekly meetings, the AAWG will engage experts from relevant fields for forecasting workshops.

While the annual MSNA is not per se a monitoring tool, it facilitates a deeper understanding of the humanitarian situation and evolution of needs across the years. It also facilitates monitoring sectors' outcome-level objectives and indicators, in that many of those indicators also serve as needs indicators in the following MSNA.

In 2023, the AAWG plans to conduct coordinated area-based assessments of people who have returned in Adamawa and Yobe. The AAWG has also standardized the assessment tools to facilitate coordinated Initial Rapid Needs Assessments across the BAY state, which enable quick assessments in cases when a deterioration in the humanitarian situation is suspected. The ISCG can mobilize and deploy the



AAWG to affected areas to monitor sudden changes in people's needs following shocks such as conflict or flooding.

The assessment framework will be completed in early 2023 to allow for trend analysis over time. IOM's DTM field teams will continue to monitor large-scale displacement and return incidents and the resulting immediate needs. DTM can also deploy rapid assessment teams upon the AAWG's request. Additionally, the DTM team will collect data on indicators from the existing humanitarian monitoring mechanisms. The aim is to fill the resulting information gaps in those indicators.

As in previous years, the periodic Cadre Harmonisé analysis and the Integrated Food Security Phase Classification (IPC) will be conducted bi-annually in March and October 2023. The analysis will complement the regular Food and Nutrition Surveillance Systems, periodic market assessments and price-monitoring exercises, SMART surveys and sector assessments.

## Food and Nutrition Surveillance Systems (FNSS) in north-east Nigeria

### List of indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Food prices	Food security		12
02	Ratio of IDPs and returns vis-a vis host communities	CCCM	DTM	4
03	Household hunger scale (HHS)	Food security	DTM	4
04	Mortality rate	Nutrition	FNSS	4
05	GAM	Nutrition	FNSS	4
06	Food consumption score (FSC)	Food security	FMS/DTM	4
07	Reduced coping strategy index (rCSI)	Food security	FMS/DTM	4
08	Case fatality rate (CFR) for new outbreak	Health	Surveillance	4
09	CH	Food Security	Food Security Sector	2
10	HEA (Household Economy Analysis)	Food Security	Save the Children	2
11	IPC	Nutrition	Nutrition Sector	2
12	Multiple Livelihoods Indicators	Food Security	Food Security Sector	4

The overall goal of the FNSS is to provide regular and updated information on the influencing factors and nutritional conditions of at-risk subgroups, such as women and children among IDPs, returnees and host communities in north-east Nigeria. Repeated surveys are conducted every four months on standardized groupings of LGAs representing both emergency-affected areas and livelihood zones.

**The Humanitarian Situation Monitoring for Inaccessible Areas**, put in place by the Food Security Sector and Nutrition Sector under the Nigerian Government's leadership, tracks trends in acute food and nutrition security. The monitoring is carried out in areas that have been identified as Phase 4 areas (emergency) to develop and issue alerts in cases of impending famine. The Famine Monitoring System in essence, is designed to support the Cadre Harmonisé analysis of the extremely hard-to-reach areas in the BAY states. Data is collected monthly.

For displacement, the **Displacement Tracking Matrix (DTM)** offers ongoing and immediate insights into population movements, whether caused by conflict or natural disasters. The DTM will continue (quarterly) to analyse trends in population movements from areas considered extremely- and/or hard-to-reach to international humanitarian partners.

## Part 3:

# Sectoral Analysis

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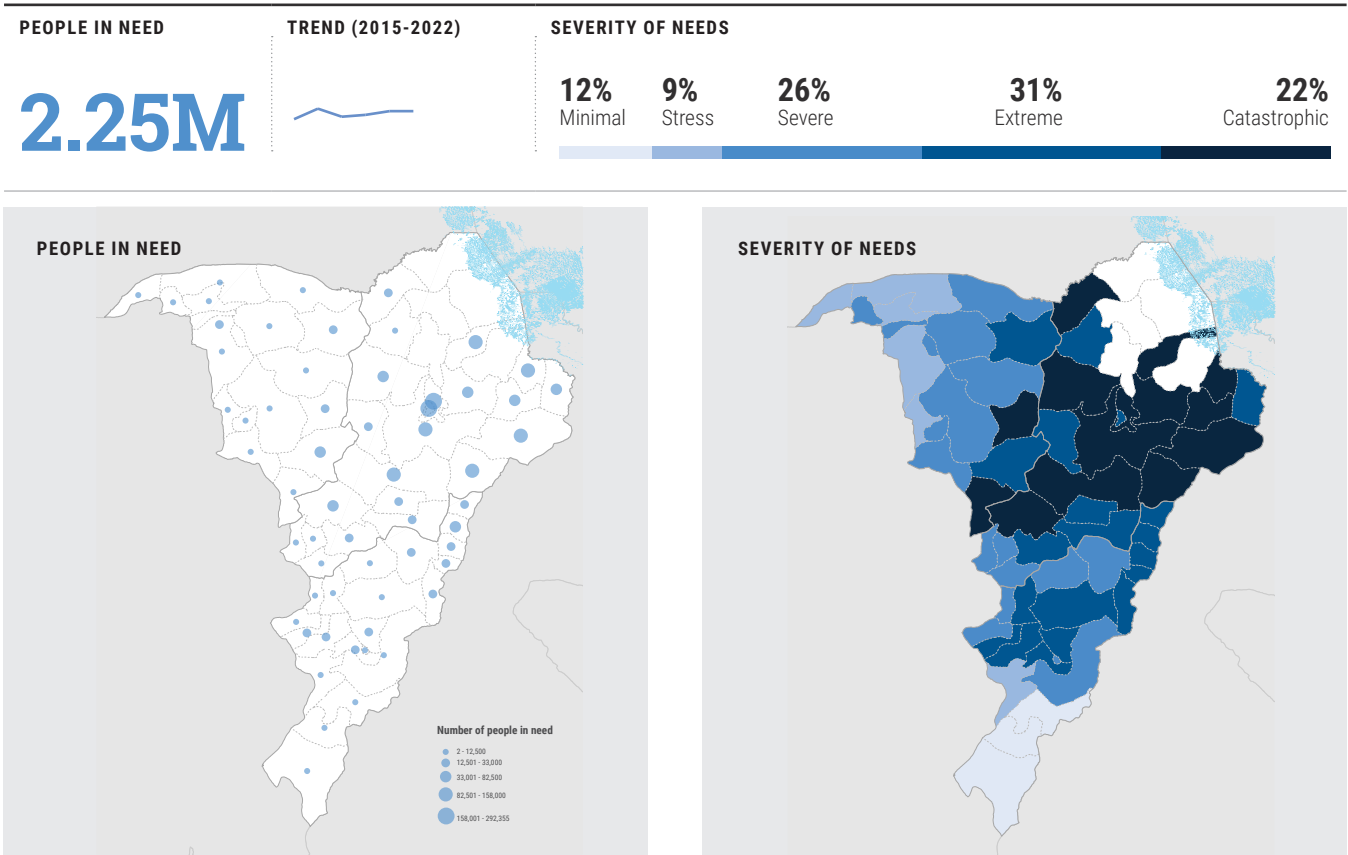
### MUNA CAMP, BORNO STATE, NIGERIA

A provision kiosk in Muna Camp, Jere, Borno State, January 2023

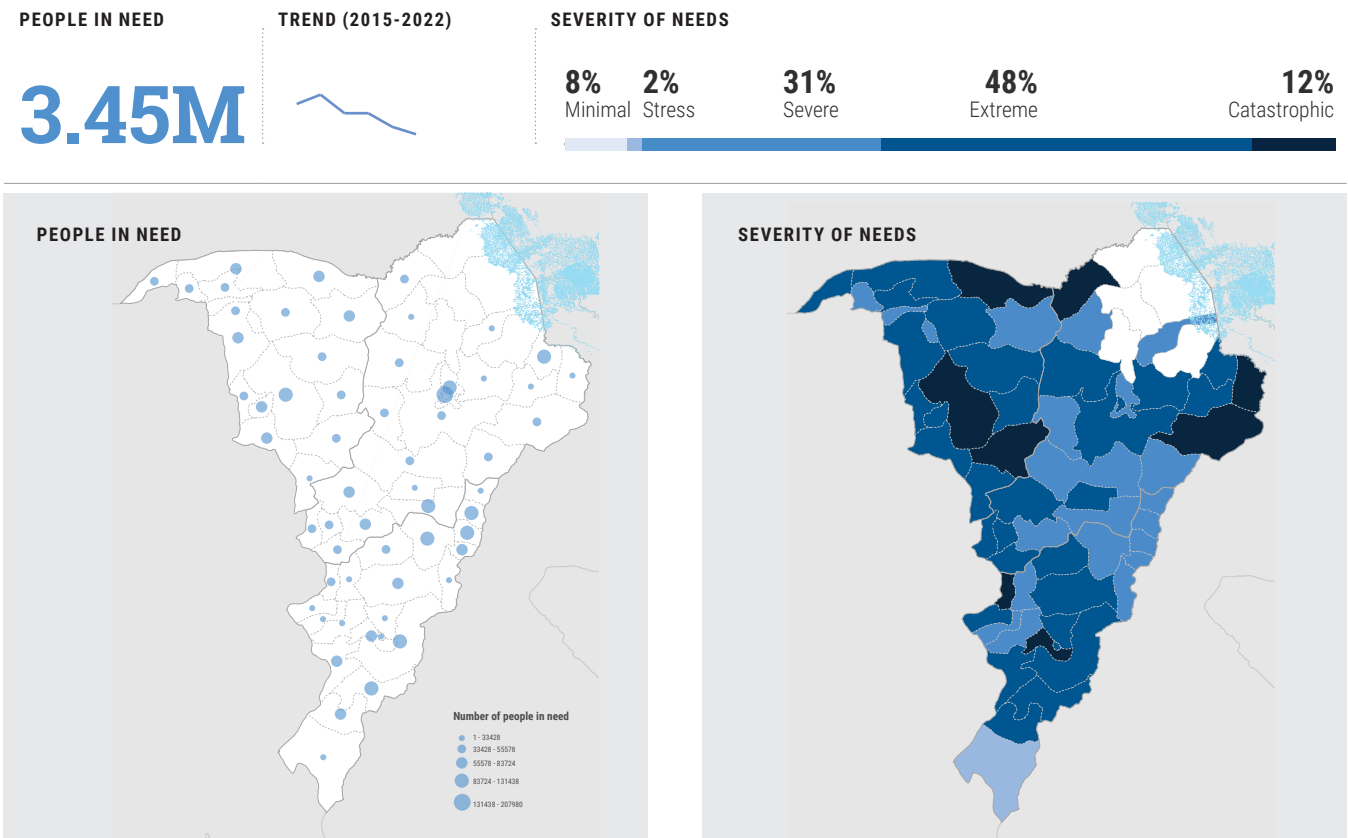
Photo: OCHA/ Manal Massalha



3.1 CCCM

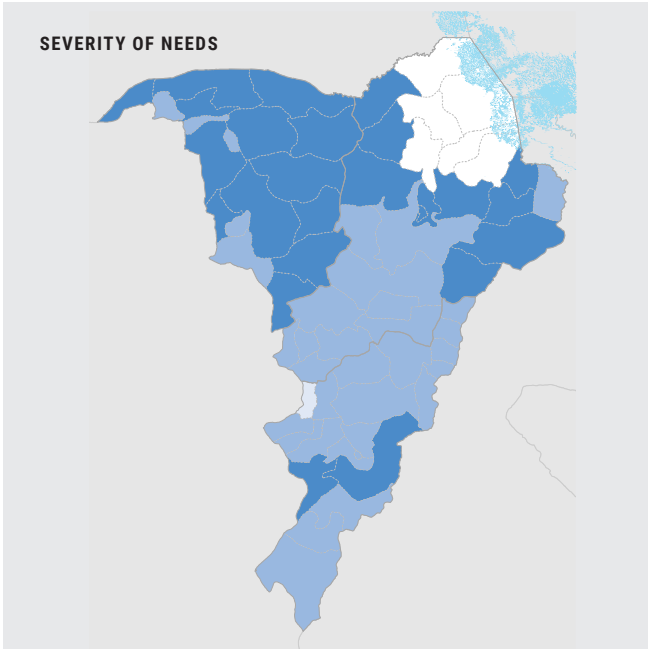
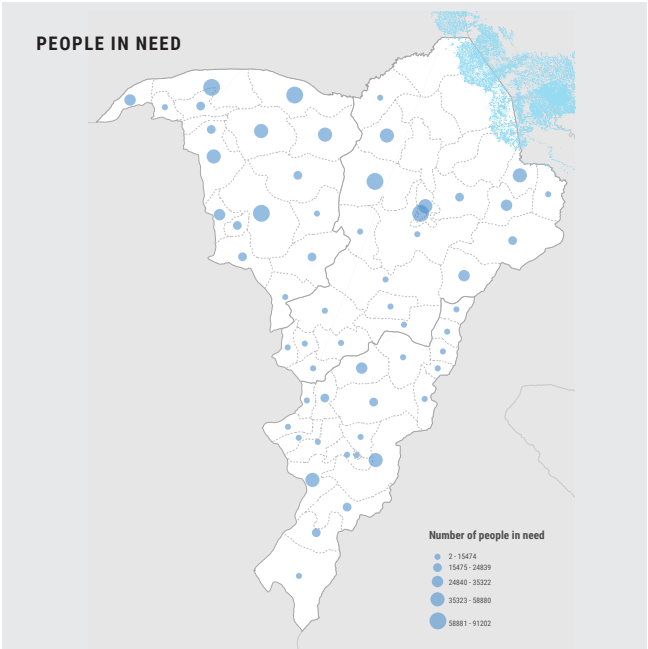
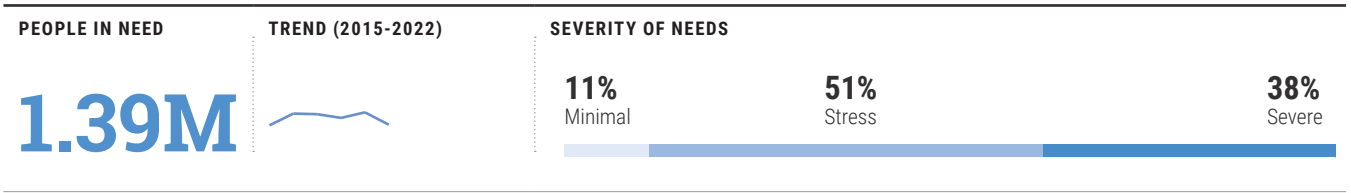


3.2 Early Recovery and Livelihoods

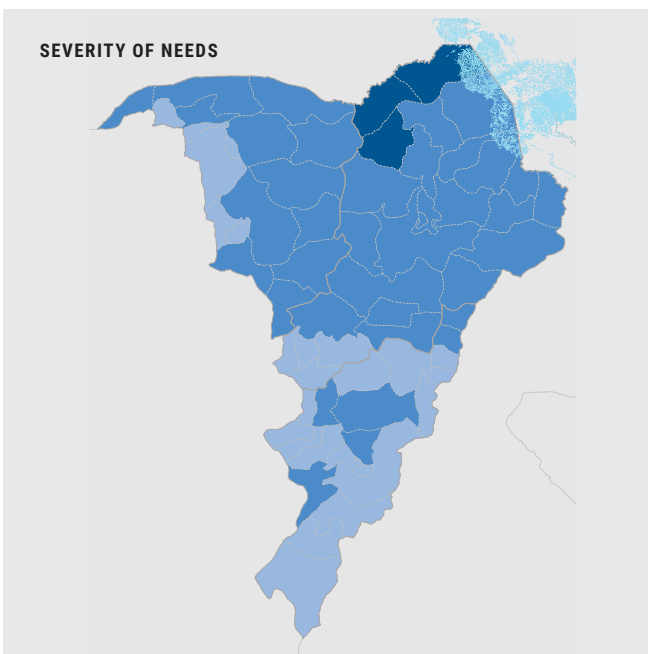
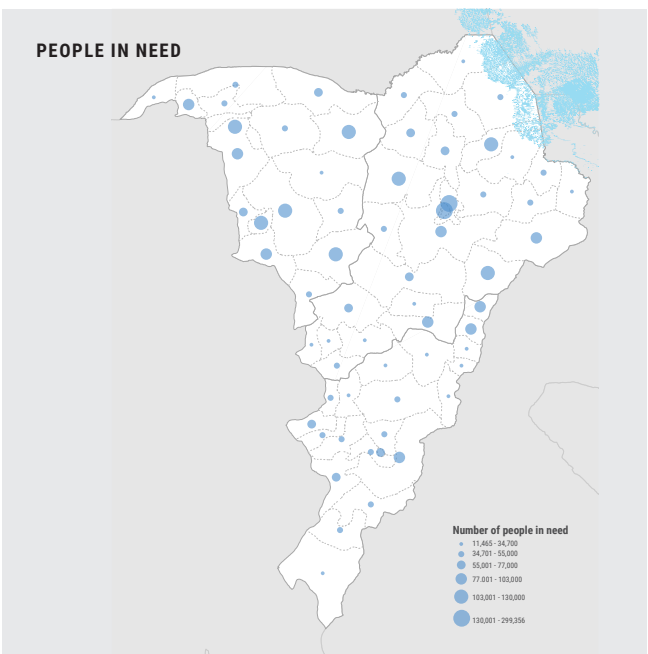
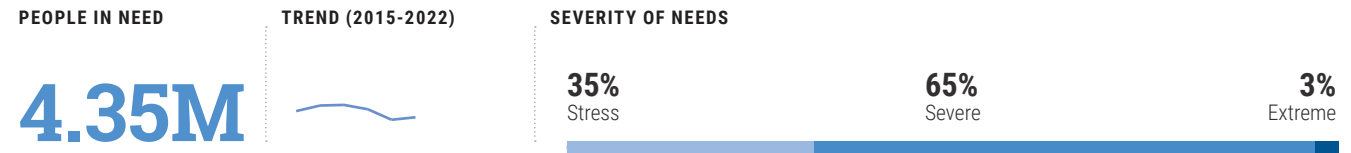




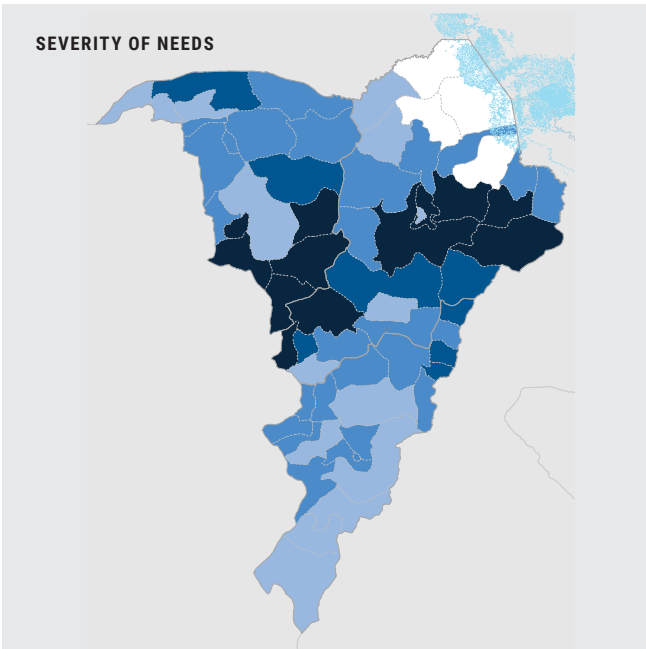
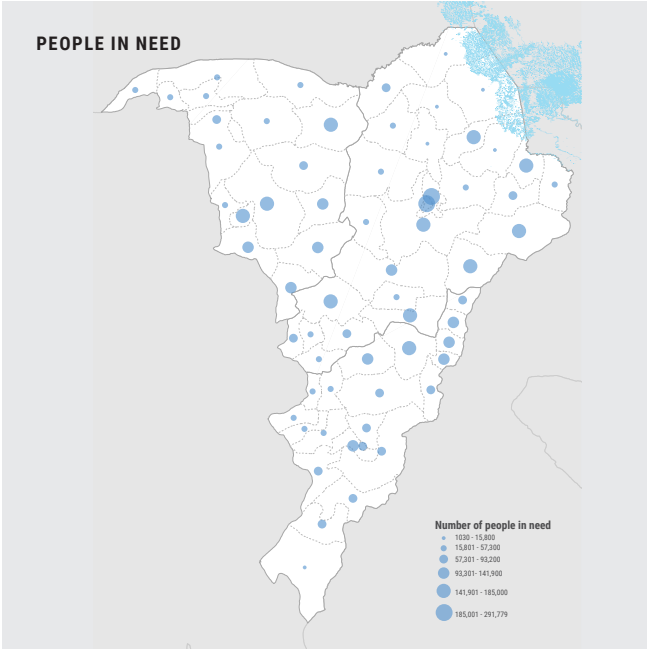
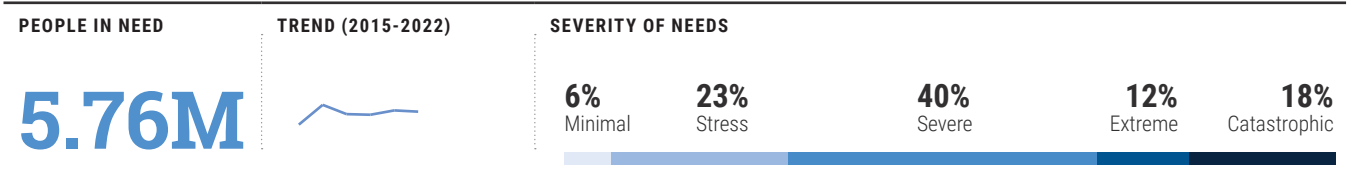
### 3.3 Education



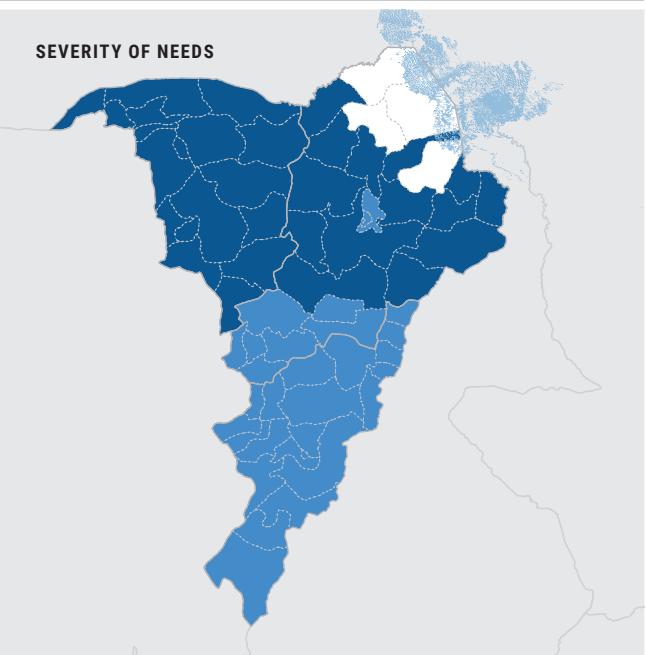
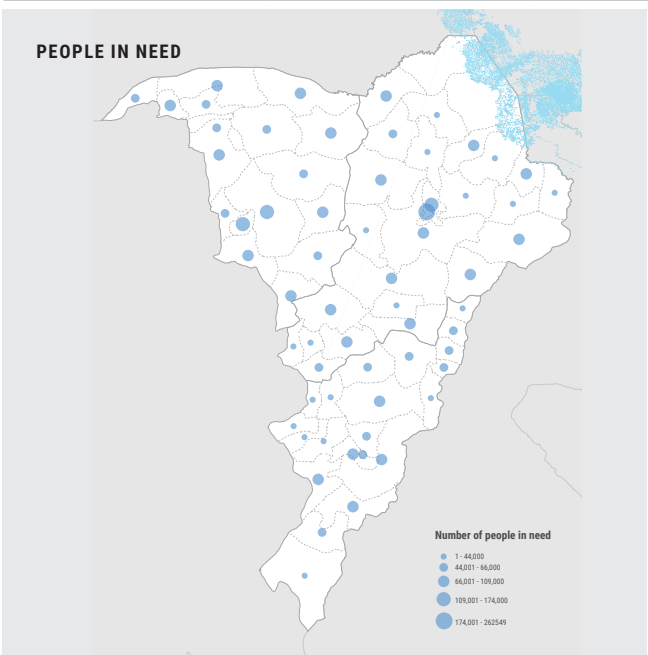
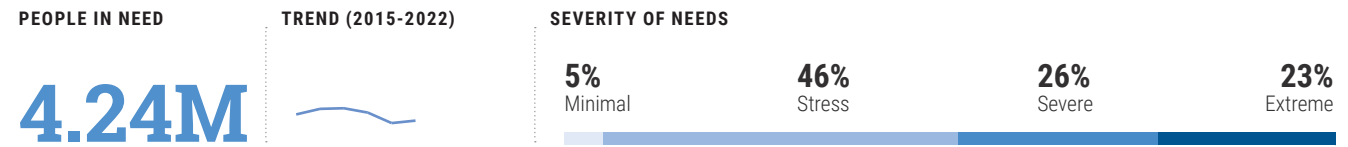
### 3.4 Food Security



3.5 Health

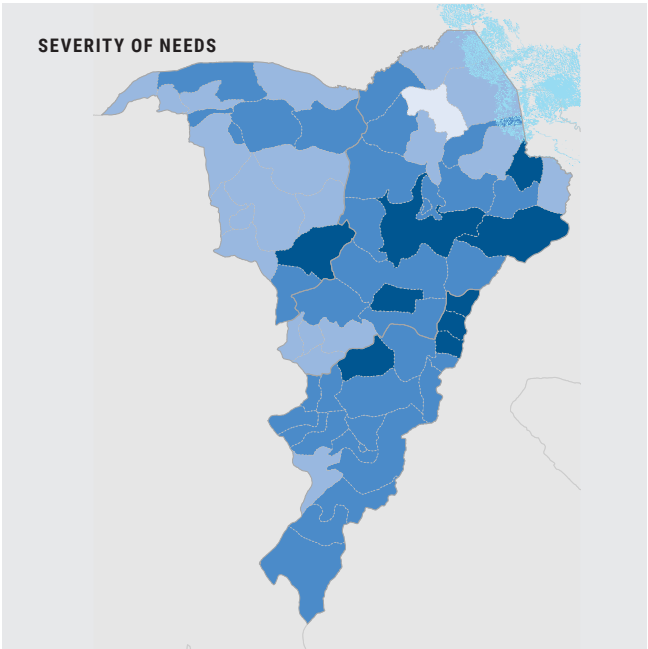
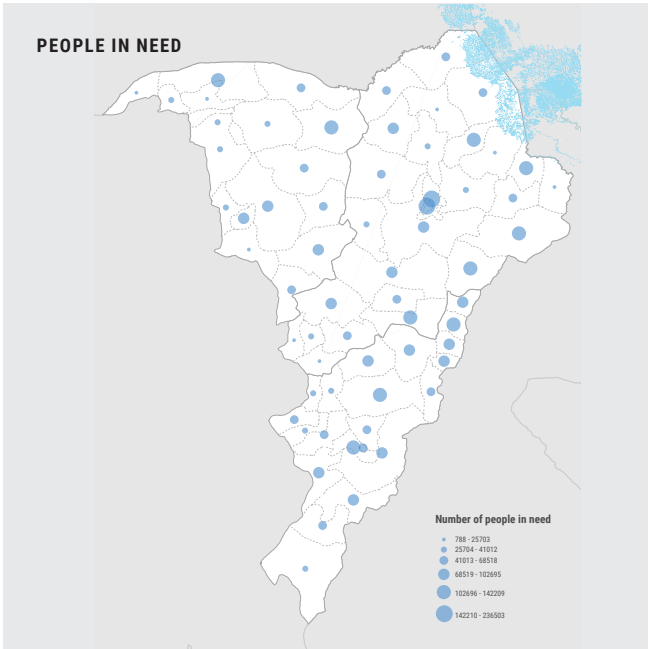
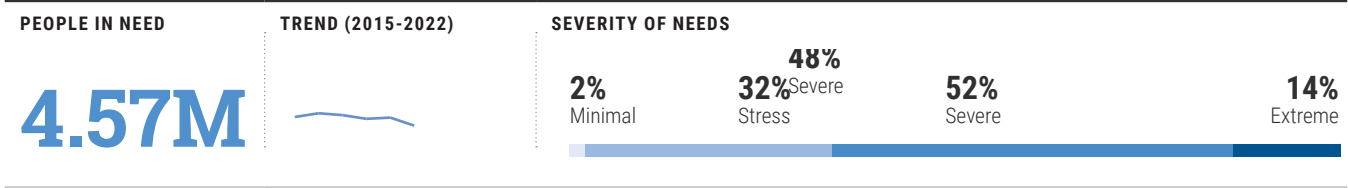


3.6 Nutrition

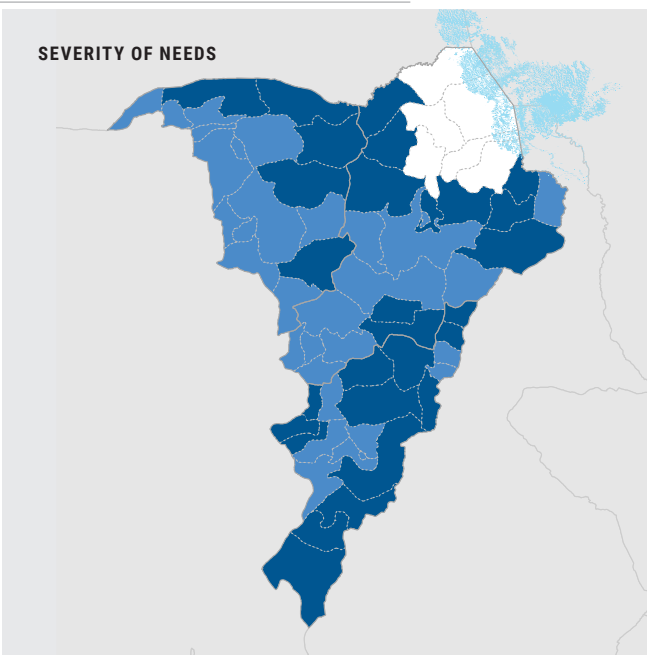
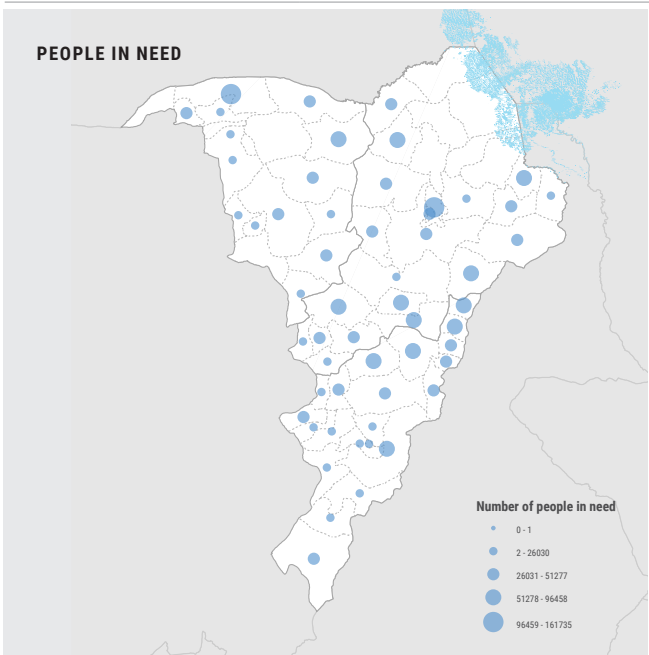
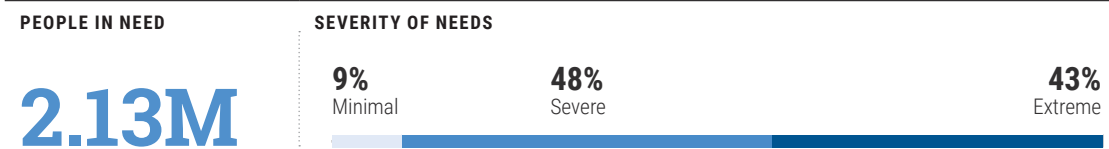




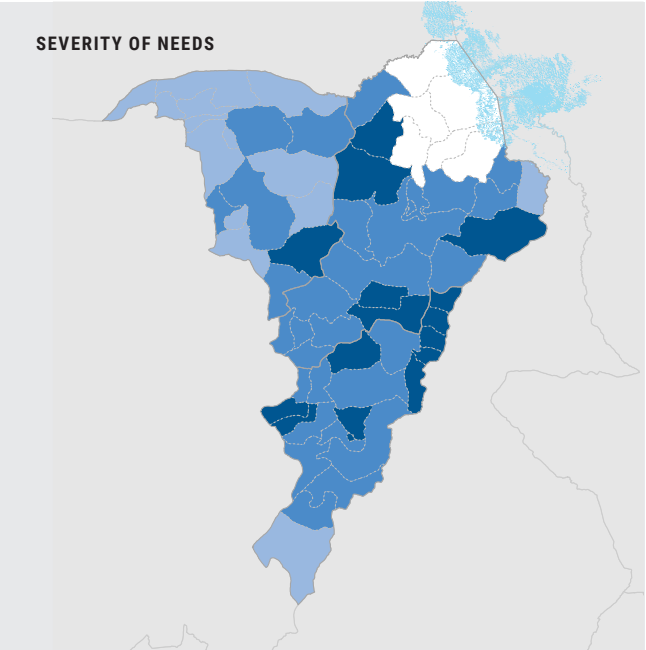
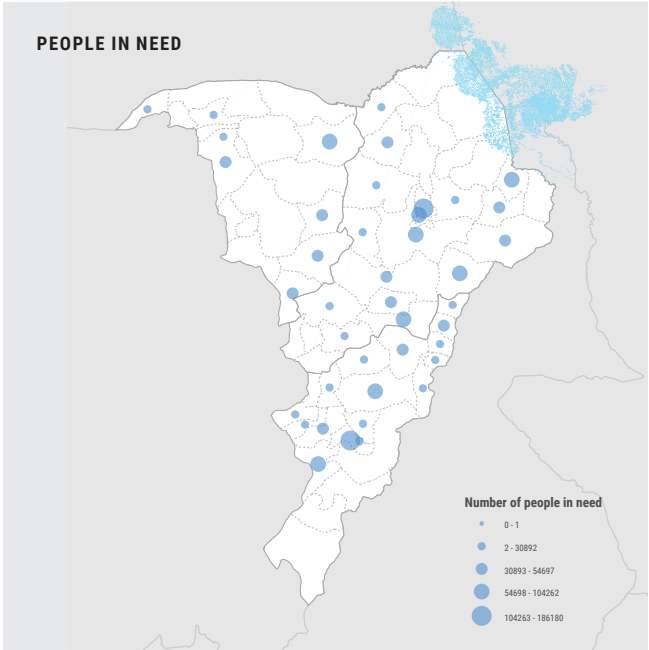
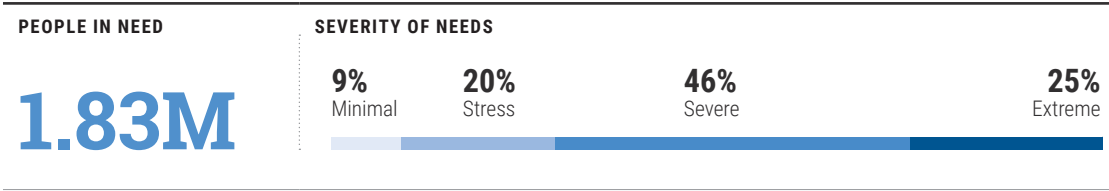
### 3.7 Protection



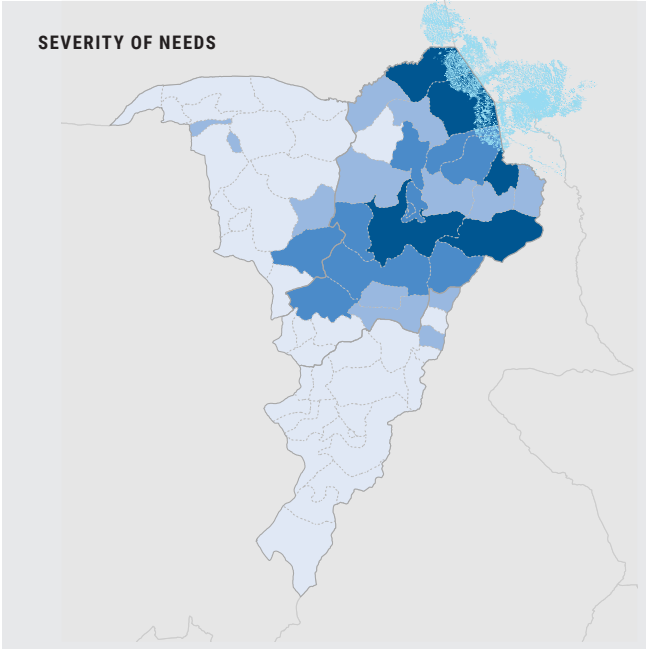
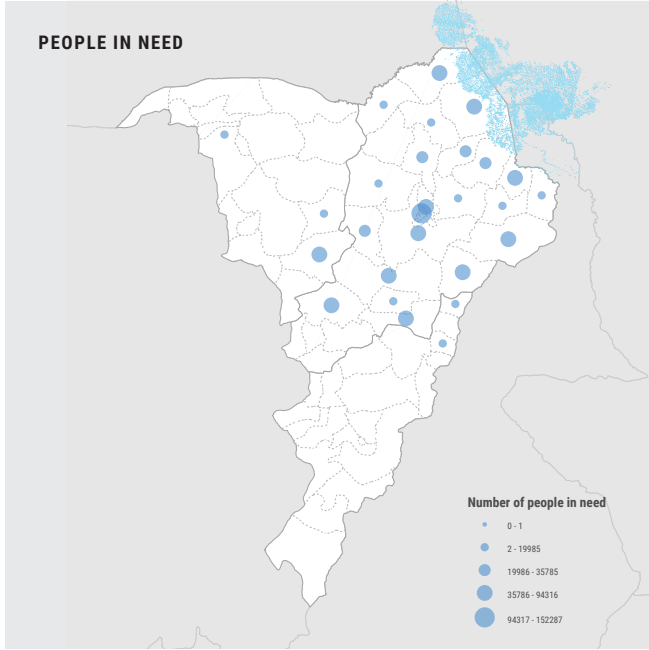
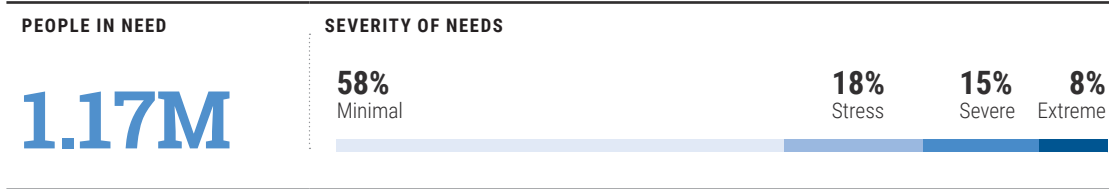
#### 3.7.1 Child Protection



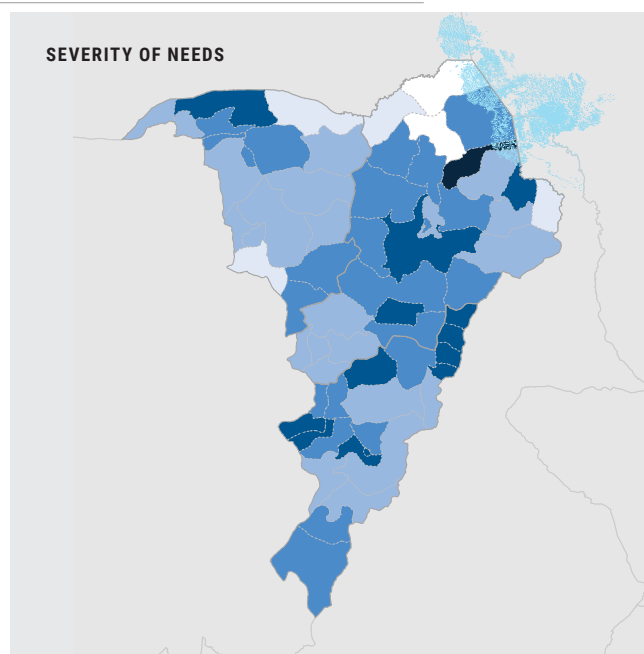
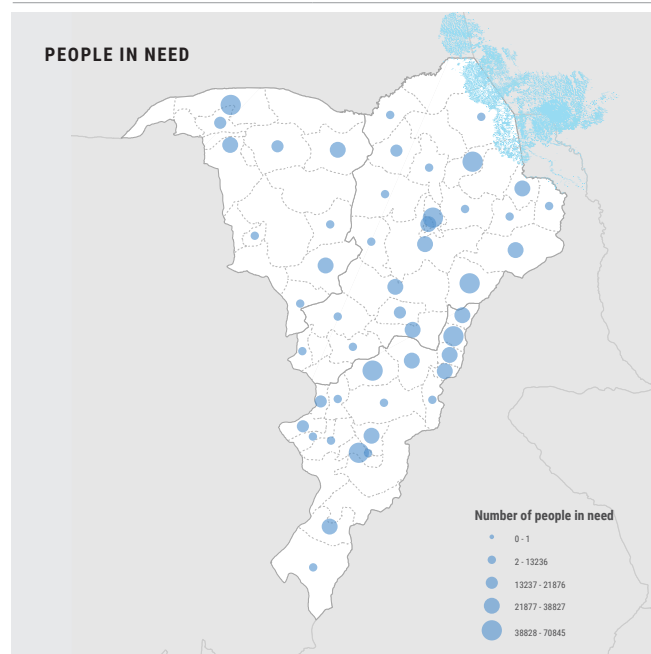
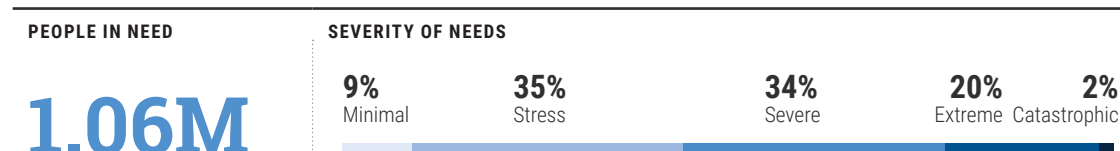
3.7.2 GBV



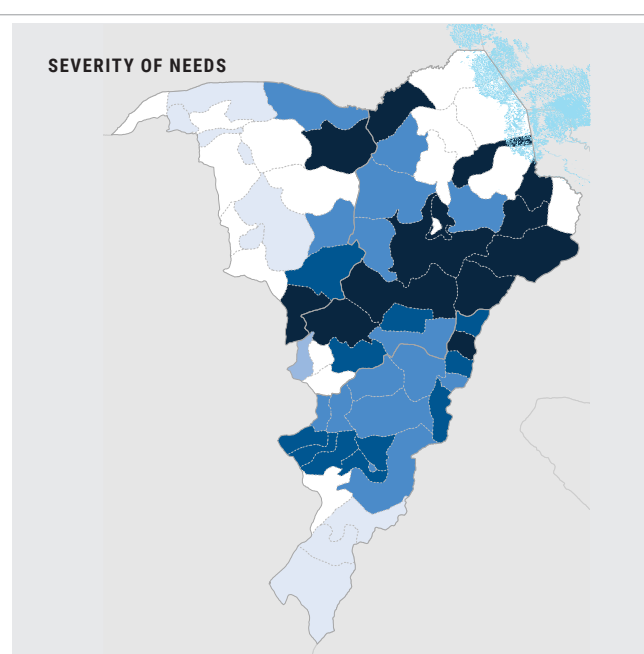
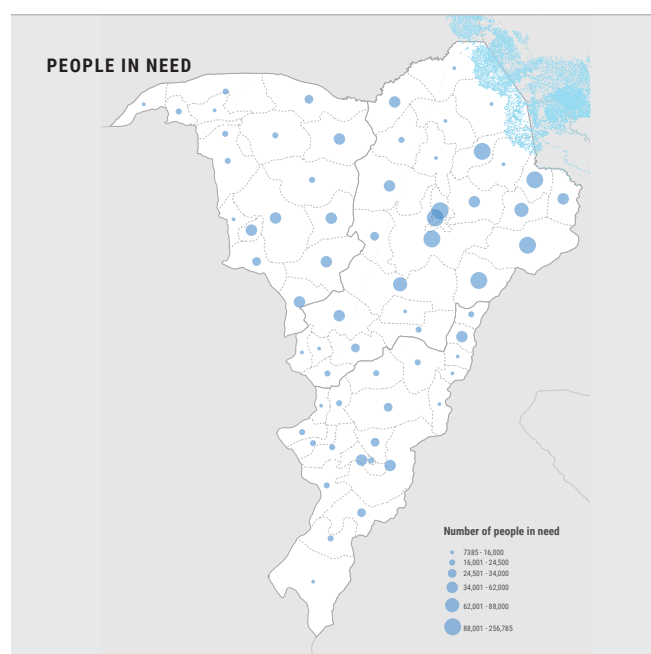
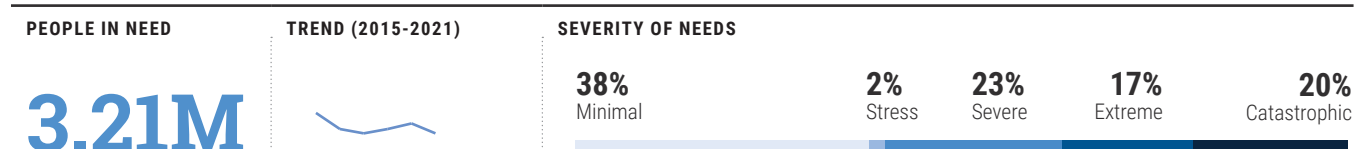
3.7.3 Mine Action



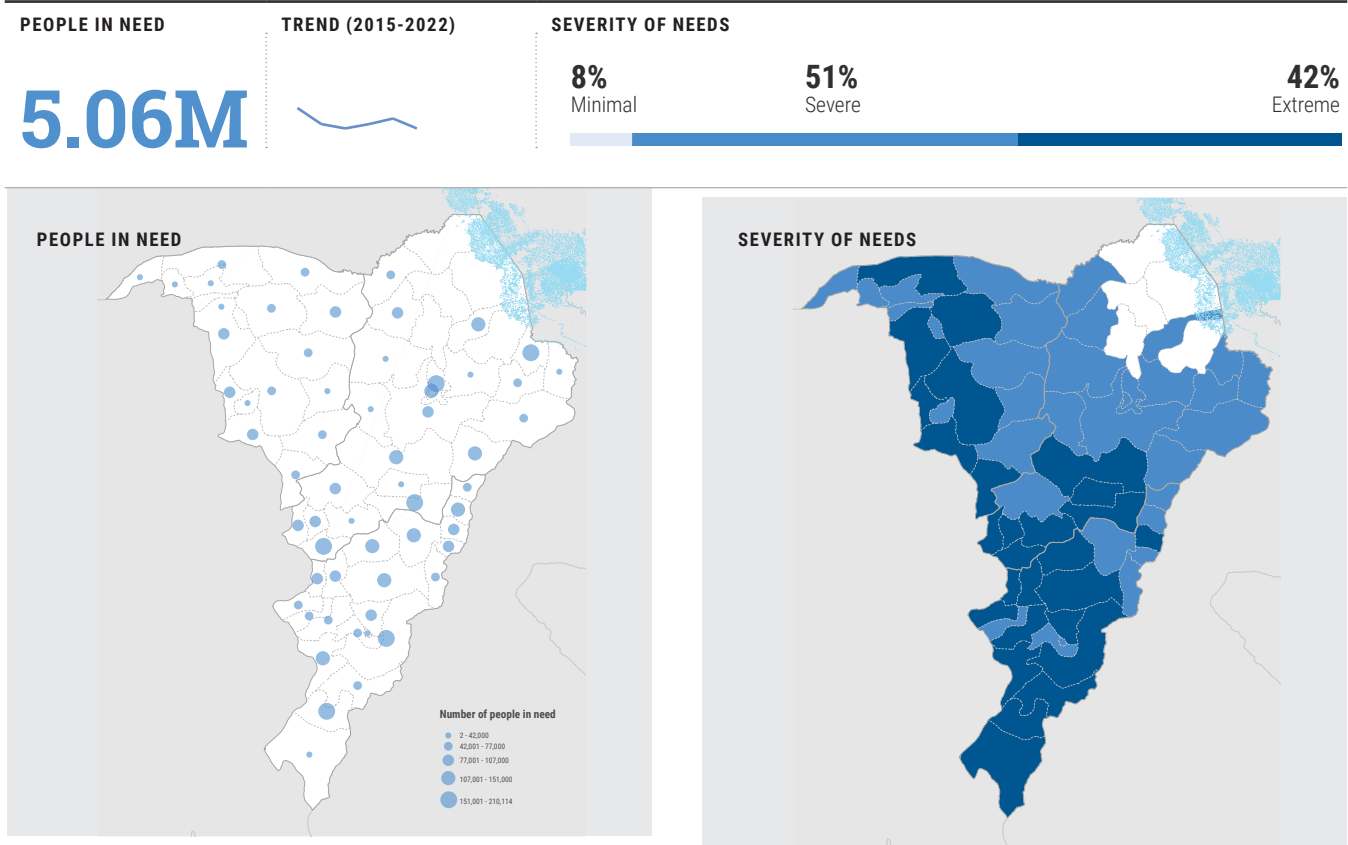
### 3.7.4 Housing, Land and Property



### 3.8 Shelter and NFI



3.9 WASH



3.1

Camp Coordination and Camp Management



PEOPLE IN NEED	WOMEN	CHILDREN
2.25M	24%	57%

Affected people

In 2023, the Camp Coordination and Camp Management (CCCM) Sector will provide temporary settlement solutions to 1,154,840 internally displaced persons (IDPs) and 237,976 returnees across the BAY states. In 2022, the sector had assessed that nearly 2.25 million IDPs in 236 areas were in critical need of targeted CCCM services.

In 2023, the sector will continue to coordinate and manage 71 formal camps, 136 camp-like settings or informal camps, 6 reception centres and 23 communities hosting IDPs or returnees. Over half (54 per cent) of the IDP population across the BAY states will continue to be served – but this still leaves 46 per cent of IDPs and other population groups without much-needed assistance.

Across the BAY states 42.6 per cent of IDPs (857,820) live in 276 IDP sites (camps, collective centres and camp-like settings) and around 57 per cent (1,154,840) are taking shelter across 1,308 host community locations, according to the IOM’s DTM Round 41.

In Borno State, an estimated 857,820 IDPs are living in camps and camp-like settings. Over 17.4 per cent of IDPs in Adamawa State, most of whom are from the state’s northern LGAs or from neighbouring Borno State, are living in host communities; 71 per cent are living in camps and camp-like settings. Yobe has some 17,602 (11.6 per cent) IDPs living in camps and camp-like settings.

As in 2022, major gaps in CCCM structures in formal and informal displacement sites continue to impact

the living standards of all four population groups in the BAY states.

The most vulnerable people within the four population groups will continue to be prioritized, making up 80 per cent of the IDP and returnee caseload. This includes women and children, including female- and/or child-headed households, the elderly and persons with disabilities. In 2023, people with specific needs remain particularly affected by the crisis and have limited access to (specialized) services. Some 55.3 per cent (1,575,741) of the IDP population are women and children, 4 per cent (84,706) elderly and 23 per cent (463,606) children under the age of five.

Analysis of humanitarian needs

IDPs residing in camps and host community settlements continue to experience limited access to basic services, inadequate shelter and crowded living conditions, as well as significant protection risks.

In 2022, shelters were destroyed by heavy rains, floods, strong winds and outbreaks of fire. There remains a high risk of flooding during the rainy season – 122 camps in Borno State (hosting 66,227 families) are situated in flood-prone areas. Some 39 per cent of the IDPs in these locations are still living in self-made shelters and are without proper site facilities such as drainage systems, and WASH and health facilities. Only 37 per cent of assessed camps (276 sites) currently receive site support from a humanitarian partner. In addition, returnees continue to face insecurity, risks from unexploded ordnance (UXO) and humanitarian needs as a result of limited access to services and



livelihood opportunities upon return to their villages and communities of origin.

Without CCCM structures in place, people in extremely- and hard-to-reach areas will continue to have limited access to CCCM services.

Displaced populations, both in- and out-of-camp settings, have limited options for durable solutions. The integration or relocation of displaced people is challenging due to the lack of secure tenure of housing, land and property issues, occupied or destroyed houses, ongoing economic challenges and limited livelihood options, which further erode coping capacities.

About 35,000 households are without shelter and about 360,000 live in makeshift shelters. Inadequate access to basic non-food items, such as mosquito nets, increase the risk of contracting malaria. Likewise, access to land or other livelihood opportunities continues to be highly constrained by insecurity.

Overcrowding in many of the camps or camp-like settings severely affects living conditions. Around 501,613 IDPs – more than half of the IDPs living in camps – reside in highly congested conditions. One in four camps are highly congested, with per capita space of less than 15 sqm/person, less than half the recommended minimum standard of 35 sqm. On average, the ratio of communal toilets is

one per 100 people. This is five times higher than the recommended ratio of 1:20 people, as per SPHERE standards.

### Projection of sectoral needs

The majority of displaced people are expected to remain in displacement and will continue to need CCCM services in 2023. In addition, involuntary relocations and resettlements will trigger additional secondary displacement across a number of LGAs, particularly in Borno State.

Should a significant proportion of the caseload shift to other locations – for example, to host communities – the sector will need to change the way it provides assistance to ensure that displaced populations continue to receive support. Deployment modalities, including in terms of protection, will be substantially the same as the delivery to host populations.

Projected arrivals from extremely- and hard-to-reach areas will also require support from the sector, as they will continue to arrive in reception centres and will remain in need of CCCM services. As in previous years, projections are based on IOM's DTM and site tracker assessments, trend analysis for new arrivals and population movements, and CCCM profiling information in sites.

### Projected needs

	LOCATION	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES
2023	BAY	2,250,636	1,154,840	857,820	237,976
2023	Borno	1,664,798	820,346	820,062	94,657
2023	Adamawa	220,886	200,730	20,156	101,219
2023	Yobe	151,366	133,764	17,602	42,100

## Monitoring data

As in 2022, the CCCM Sector will regularly monitor the situation and scale up CCCM site facilitation responses in displacement areas. 4W and other tools, including site trackers and situation reports will help

strengthen the analysis of the status of CCCM in the BAY states. In addition, the sector will maintain a workplan to guide the implementation of the response as it evolves throughout the year.

## Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	# of information products generated and shared	CCCM	4W, Site tracker	Monthly
02	# of population in sites requiring appropriate site management services	CCCM	Site tracker	Monthly
03	# of field monitoring visits undertaken and technical recommendations provided to partners	CCCM	Field monitoring visits	Bi-monthly
04	% of IDPs in need of improved living conditions.	CCCM	DTM, SITE TRACKER	Monthly
05	# of coordination meetings held with partners	CCCM	Meeting minutes	Monthly
06	# of partners benefiting from awareness-raising and capacity building activities on thematic issues around CCCM, including AAP	CCCM	Reports	Quarterly
07	# of people in sites requiring access to functioning complaints and feedback mechanisms (CFRM); IDPs are aware of an existing CFRM	CCCM	Site tracker	Quarterly

**BAMA, BORNO STATE, NIGERIA**

A child walks past makeshift shelters in the Government Senior Science Secondary School (GSSSS) Camp for internally displaced persons in Bama, Borno State, north-east Nigeria. Due to severe camp congestion and overstretched resources, thousands of people lack safe and dignified shelter in the camp.

Photo: OCHA/Christina Powell



## 3.2 Early Recovery and Livelihoods



PEOPLE IN NEED	WOMEN	CHILDREN
3.45M	25%	52%

### Affected people

There are 3,448,225 people in need of Early Recovery and Livelihoods (ERL) interventions across the BAY states. These include 503,496 IDPs, 2,114,492 people in host communities and 830,236 returnees who are lacking livelihoods and access to basic services. Women and girls are impacted disproportionately by the crisis, with many living under more severe conditions than men and male-headed households.

### Analysis of humanitarian needs

Ongoing conflict has continued to drive needs across the BAY states, resulting in loss of livelihoods and access to basic services. According to the 2022 MSNA:

- 46 per cent of households adopt harmful coping strategies due to a lack of income. Around 29 per cent rely on external assistance and family support, and 47 per cent rely on casual labour as their main source of income, which means that many do not have a steady income. Some 30 per cent live on a monthly income of less than N35,000, below the level of the minimum expenditure basket (MEB) and the survival minimum expenditure basket (SMEB).
- 45 per cent have no livelihood assets; 24 per cent consume seed stocks prepositioned for the following season.
- 53 per cent do not have access to a functional market.
- In terms of security, 74 per cent do not have a police station nearby and 89 per cent do not have access to community-led security initiatives.
- 49 per cent do not have access to secondary schools and 95 per cent do not have access to

waste management services. Around 59 per cent of host community members and returnees do not have a local government authority building within reach.

### Projection of sectoral needs

There is a growing need to scale up livelihood opportunities and improve access to basic services in order to help boost recovery and resilience, not only in areas of returns but also in host communities where many IDPs have resettled. Resilience will be significantly impacted by the recent camp closures that affected some 139,000 IDPs, particularly in terms of access to livelihoods and basic services. Moreover, IDPs are often relocated to host communities where resources are scarce, adding pressure to communities that are already under strain. This also impacts the integration of returnees and their resumption of livelihood activities, increasing tensions between population groups and forcing many to adopt negative coping mechanisms. These issues are exacerbated by low incomes against a backdrop of extremely high inflation and other macroeconomic challenges.

As for returnees, the majority are from female-headed households in which women and children are exposed to various forms of protection concerns and to security and social risks in the host communities where they settle. This is exacerbated by the fact that these movements are informal and, as such, returnees and IDPs are not officially registered and recognized. This has made it challenging for partners to reach them and made it more difficult to access referrals for livelihood interventions because of poor documentation. These

people need early recovery and livelihood activities, with particular attention to GBV.

Without adequate support, the consequences of the widespread flooding in 2022 – shortages of food, cash, savings and shelter – will continue to impact affected people.

## Projected needs

	PEOPLE IN NEED	OUT-OF-CAMP IDPS	RETURNEES	HOST COMMUNITY
Jan-March 2023	1,567,832	284,359	306,743	687,345
April-June 2023	862,056	125,874	201,312	528,623
July-September 2023	718,904	57,987	175,983	489,021
October-December 2023	299,433	35,276	146,198	409,503

## Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of households adopting negative/harmful coping strategies due to lack of income or resources	ERL	MSNA, 5W, specific surveys and assessments	Yearly, monthly, ad hoc
02	% of household with no livelihood assets	ERL	MSNA, 5W, specific surveys and assessments	Yearly, monthly, ad hoc
03	% of households without access to functional basic public facilities and infrastructure	ERL	MSNA, 5W, specific surveys and assessments	Yearly, monthly, ad hoc



## 3.3 Education



PEOPLE IN NEED	WOMEN	CHILDREN
1.39M	0.5%	99%

### Affected people

Persistent insecurity and continued displacement have created barriers to accessing both formal and non-formal education services, leaving about 1.3 million people in need of education services/assistance in 2023. An estimated 959,642 school-age children have limited access to learning. Around 42 per cent of displaced children do not attend school (DTM 2022). The conflict, along with cultural norms and financial hardship, has a disproportionate impact on school-aged girls. They are among the most vulnerable groups and are at risk of child marriage and dropping out of school.

Children with disabilities are also disadvantaged. Although the majority (67 per cent) of non-specialized schools have at least one child with special needs, only 15 per cent reported having additional provisions for their needs (JENA 2021).

According to UNICEF, some 2,295 teachers have been killed across the BAY states since the beginning of the conflict and many have been displaced. This has led to a shortage in the supply of qualified teachers. According to JENA 2021, the average pupil to teacher ratio across the BAY states is 68 pupils to 1 teacher. Yobe has the highest (92:1), followed by Borno (66:1) and Adamawa (41:1).<sup>108</sup>

JENA found that the average number of students per classroom is 124 and only 60 per cent of teachers have some sort of qualification. In Borno State, for example, there is one classroom per 122 students. In Yobe the ratio is 1:177, and Adamawa 1:66. Infrastructure for WASH and disabled access is severely lacking

as well. Only 46 per cent of schools have access to adequate and safe drinking water. Most schools have no functioning handwashing facilities, or water or soap. There is an average of 264 students per latrine. JENA also found that only 6 per cent of schools in the BAY states have adapted their premises to allow access for children with physical disabilities.

### Analysis of humanitarian needs

The crisis has deprived generations of children of their right to education. Access to education, especially for displaced children, remains a significant unmet need. Schools in host communities and areas of return are left with limited or no capacity to enrol additional students. According to JENA's assessment from 2021, 31 per cent of schools reported they were unable to enrol at least one child in the 2020/2021 academic year. IOM observed that in camps and camp-like settings, no children were attending school in 6 per cent of sites, and less than a quarter of children were attending in 25 per cent of schools.<sup>109</sup>

In 2020, UNICEF estimated some 1,400 schools have been damaged by conflict across the BAY states, the majority of which remain unrehabilitated or lacking sufficient learning materials.<sup>110</sup> In Adamawa State, only 30 per cent of schools have access to adequate learning materials, in Borno, 26 per cent and in Yobe, 25 per cent. The lack of school furniture also discourages children from coming to school. Only 47 per cent of schools in Borno have adequate furniture, 32 per cent in Yobe and 26 per cent in Adamawa. The inability to afford educational materials is reported as the main impediment to school attendance for both boys and girls. Across the BAY states, the lack

of gender-segregated school infrastructure, latrines and other school WASH facilities is also a major deterrent. Only 29 per cent of schools in the BAY states have teachers with the minimum level of teaching qualifications; 36 per cent of schools have half or less of their teacher workforce with the minimum required teaching qualification (JENA, 2021).

Displacements and relocations, along with severe flooding and other natural disasters, have meant that children have missed out on school or fallen behind in their studies. Poverty is also a factor, with some parents sending their children out hawking or to engage in farming activities (boys and girls respectively) during school hours. Other contributing factors include cultural norms and religious practices. Catch-up or bridging programmes, such as remote or radio learning, are essential. Increasing access to inclusive quality education, reducing learning loss, enhancing teacher well-being and keeping schools safe from attack remain the priorities, along with strengthening the education system.

### **Projection of sectoral needs**

In 2022, the volatile humanitarian situation is projected to lead to an increase in unmet needs for children and youth, their families, teachers and communities. Insecurity, internal displacement and camp closures have deepened existing vulnerabilities

and depleted the coping mechanisms of affected populations. Other issues such as communal clashes and flooding have disrupted learning as schools were used for non-educational purposes. In Adamawa State, following severe flooding during the 2022 rainy season, 120 schools were used as shelters for affected communities. As a result, an estimated 40,000 students were unable to resume the new academic year.

Windstorms and flooding are a recurrent issue, and can be expected in 2023, once again impacting access to some schools. In JENA 2021, when children were asked about the specific risks they faced when coming to school, 20 per cent referred to "crossing rivers/flooding". Inflation and the cost-of-living crisis, and the consequent reduction in purchasing power, are likely to have a significant impact on teachers and parents. This is especially relevant as JENA 2021 revealed that financial factors are the prime cause of teacher absenteeism in about 50 per cent of the assessed schools, particularly low salaries (35 per cent) or non-payment of salaries (14 per cent). Most parents highlighted the costs of education as a significant barrier.

## Projected needs

	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
January-December 2023	1,385,082	108,580	113,325	90,530	1,072,647

## Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of school-aged children that are not enrolled in school.	Education	IOM Needs Monitoring, EMIS – ASC, MSNA	Annually
02	Pupil-Teacher Ratio	Education	EMIS – ASC, IOM Needs Monitoring	Annually
03	% of school-aged children who have suffered attacks in or on their way to school in the last 12 months	Education	IOM Needs Monitoring, EMIS – ASC, MSNA	Annually
04	Enrolment rates (disaggregated by sex)	Education	EMIS, JENA	Annually
05	Number of safe, protective and equipped learning spaces established and functional with adequate sex-disaggregated WASH facilities	Education	EiEWG 5Ws	Monthly



**MUNA CAMP, JERE, BORNO STATE, NIGERIA**

Primary School in Muna Camp, Jere, Borno State, February 2023

Photo: OCHA/Manal Massalha

## 3.4 Food Security



PEOPLE IN NEED

WOMEN

CHILDREN

**4.35M**   **22%**   **59%**

### Affected people

Since 2020, the food security situation has continued to deteriorate, with the number of people in need reaching over 4 million people, similar to the peak in 2016/17. In 2022, of the 4.1 million people in need of emergency food assistance, humanitarian actors were able to reach only about 2.1 million. IDPs in camps and new arrivals, especially those coming from inaccessible areas, are more affected as they have limited means to provide for their families. Food insecurity forces the most vulnerable people to adopt negative coping mechanisms. There are reports of survival sex among women and girls, child labour and begging. The violent conflict has limited households' ability to carry out their livelihood activities, including agriculture and market enterprises, thereby limiting their purchasing power. Recent floods, which washed away crops and pasture, has further undermined the livelihoods of many farmers. In addition, soaring global food and crude oil prices, coupled with the above-average staple food prices, have limited access to food from local markets. The conflict has also restricted access to energy, which creates protection risks for women, girls and men who have to venture out to collect firewood for cooking and for sale. Food shortages have contributed to gender-based violence (GBV) such as intimate-partner violence and has forced some families to resort to marrying off their daughters at an early age (between 13 and 15) as a coping mechanism.

### Analysis of humanitarian needs

As a result of the conflict, inflation, and climate-related challenges such as flooding, 4.4 million people living in Borno, Adamawa and Yobe States are projected to be

food insecure in the lean season. Of these, 31 per cent are girls, 27 per cent are boys, 22 per cent are women and 20 per cent are men. In terms of population groups, the majority (69 per cent) are host community members, followed by IDPs (18 per cent) and returnees (13 per cent).

Despite the continued conflict and ongoing emergency food assistance needs, there are opportunities for resilience support, including for populations in garrison towns. However, access to inputs such as fertilizer remains a challenge (fertilizer prices are over 200 per cent higher than in 2021). The key sectoral needs include sustaining emergency food and nutrition assistance for populations in camp settings, particularly for new arrivals from hard-to-reach and extremely hard-to-reach areas. The need for food assistance and cooking fuel becomes more critical during the lean season when vulnerable host communities also run out of food stocks.

Scaling up agricultural livelihoods support for resilience is essential. Various reports, including those in garrison towns, continue to indicate that people are increasingly accessing land for production. Tailored investment in livelihood recovery and resilience can mitigate the cyclic need for scaling up relief assistance during the lean season. Women typically engage in agricultural livelihood activities such as micro gardening, small ruminant rearing and poultry keeping, which help to meet household nutritional needs. Men are more often involved in crop farming and livestock rearing.

## Projection of sectoral needs

In 2022, attacks were reported in several areas of the north-east, including Dikwa and Abadam in Borno, and Geidam and Gujba in Yobe states, driving further displacement. Due to the ongoing conflict, inflation and severe flooding that affected harvests, there is a need to sustain emergency food assistance, alongside resilience activities among vulnerable households. In areas where security and land access are relatively stable, recovery and sustainable livelihood activities

will need to be established. Whenever possible, emergency food assistance should be deployed in tandem with livelihood activities to transition selected households out of relief.

## Projected needs

	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
January-December 2023	4,126,583	372,339	300,317	571,136	2,882,791

## Monitoring data

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Number of people in CH Phases 3, 4 and 5	Food Security Sector (FSS)	CH Analysis Results October 2020, March 2021, October 2021	Bi-annually
02	Food Security and Nutrition Monitoring of Inaccessible Areas Arrival Population (Also known as the Famine Monitoring System for the Inaccessible Areas)	FSS/Nutrition/WASH/Health	Primary data collected from new arrivals	Monthly
03	Monthly key food security indicators (FCS and coping strategies)	mVAM	WFP	Monthly
04	Food Price Monitoring	Food Security Sector	Various Partners	Monthly
05	Household access to agro-inputs	Food Security Sector (FSS)	FAO	Quarterly
06	Livestock body condition scores	Food Security Sector (FSS)	FAO	Quarterly
07	Terms of trade among herders	Food Security Sector (FSS)	FAO	Quarterly
08	Household Economy Analysis (HEA)	Food Security Sector (FSS)	Save the Children	Bi-annually



Aminu Adamu, mother of two, was sleeping when the insurgents attacked her village in Bama. She ran with others for 6 hours before they got a car that took them to Elminskin camp. WFP has supported her with monthly food rations as well as nutrition supplements for her youngest child, Muhammed for three years. WFP provides nutrition support to mothers and pregnant women, educating them on best practices for raising healthy children as well as providing nutritious supplements to help their children grow healthier.

Photo: UNOCHA/Damilola Onafuwa



## 3.5 Health



PEOPLE IN NEED

WOMEN

CHILDREN

**5.76M 10% 82%**

### Affected people

Conflict-affected people across the BAY states continue to face immeasurable difficulties accessing health-care services. This is the result of insecurity, limited human resources, accessibility constraints, flooding, high medical costs and IDP relocations, among others. Displaced people in camps have limited or no access to integrated primary health care services, especially those in Damboa, Dikwa, Ngala, Bama, Gwoza and Monguno LGAs. Over 842,000 IDPs are dependent upon only 45 functioning health facilities, which is equivalent to around one per 18,700 people – far short of the standard of one health facility per 10,000 people. With the limited number of trained midwives and skilled birth attendants and obstetricians for people across the BAY states, women face enormous barriers to accessing reproductive health-care services. Access to health services is also hampered by high medical costs that are unaffordable to vulnerable groups.

Of the 5.76 million people in need of health-care services, 2.01 million are IDPs, 1.98 million are returnees and over 4 million are people living in host communities. Some 36 per cent are children under five years of age, the most vulnerable population category; 7.5 per cent are women, 24 per cent are girls and 5 per cent are older persons, who are prone to different neglected tropical diseases (NTDs).

Gender-based violence is a key issue in the BAY states, especially for female IDPs who are frequently exposed to sexual violence, forced prostitution and child marriage. IDPs who have been relocated due to recent camp closures often lack guaranteed means

of livelihood or security, which can contribute to further GBV.

Cholera affected more than 15,000 people in the BAY states in 2022. This was exacerbated by widespread flooding across over 27 LGAs. Women and children are the most vulnerable to disease outbreaks, especially cholera. As a persistent health concern in the region, cholera will be a critical issue to prepare for and mitigate in 2023.

### Analysis of humanitarian needs

Key challenges facing the Health Sector include the high risk of epidemic outbreaks (especially cholera, meningitis, measles and yellow fever), limited or no access to secondary health-care and referral services in remote areas, the unpredictable security situation hampering movements of health workers, the difficulties of maintaining stocks of drugs and other medical supplies, and continuous population movements (displacements and influx of returnees and/or refugees). These all hinder the implementation of health programming.

Indicators considered in determining the severity and ranking of LGAs across the BAY states include:

- Burden of diseases (incidence of diseases such as cholera, meningitis, measles, yellow fever, monkey pox)
- Availability of functional health facilities
- Number of functioning health facilities with basic emergency obstetric care
- Percentage of immunization coverage for vaccine preventable diseases per LGA

- Number of functional health posts per 10,000 people
- Case-fatality rate for cholera and other epidemic outbreaks
- Accessibility to health services and distance to available health facilities
- Multidimensional poverty index of the BAY states (average of 73%)
- Percentage of deliveries attended by a skilled birth attendant

Of the IDP population (both in and out of camps), the sector considers all children and older persons as people in need of humanitarian health assistance, as well as 30 per cent of men and women. This also applies to returnees. Among host communities, all children under five were considered as people in need, as well as 20 per cent of women/girls of reproductive age, and everyone over the age of 60. LGAs with disease outbreaks such as cholera take precedence during the estimation, following a thorough consideration of trends in cases over the last three years.

## Projection of sectoral needs

Without adequate funding, the public health situation in the BAY states will deteriorate further, leading to an increase in morbidity and mortality. Affected people remain at significant risk of epidemic-prone diseases like cholera, measles and viral haemorrhagic fevers due to limited access to essential health care, seasonal patterns of extreme weather events, lack of access to potable water and sanitation infrastructure, and vulnerabilities caused by continuous displacement. Populations living in hard-to-reach or conflict-prone areas without any humanitarian and health support are a serious concern. The quality of health care in these areas is unclear due to insecurity and lack of standardized health-care packages. Establishing a robust monitoring mechanism and enhanced technical capacity for health-care providers is a critical challenge.

## Projected needs

STATE	DATE	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
Borno State		2,496,500	594,769	594,563	590,698	716,469
Adamawa State		1,707,644	145,534	14,614	631,649	915,847
Yobe State		1,553,339	96,982	12,762	262,719	1,180,876

## Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Number of out-patients reached (male and female) in health facilities supported by health partners.	Health Sector	5W	Monthly
02	Number of persons reached (male and female) through mobile medical activities.	Health Sector	5W	Monthly
03	Number of people reached (male and female) by health partners providing an essential life-saving package of health services within IDP camps.	Health Sector	5W	Monthly



#	INDICATORS	SECTORS	SOURCE	FREQUENCY
04	Number of health facilities providing sexual and reproductive health-care service including family planning.	Health Sector	5W	Monthly
05	Number of health facilities providing an essential life-saving package of health services.	Health Sector	5W	Monthly
06	Percentage of outbreak alerts investigated within 48 hours.	Health Sector	EWARS/IDSR	Monthly
07	Percentage of health facilities supported by sector partners submitting weekly surveillance reports on time.	Health Sector	EWARS/IDSR	Monthly
08	Number of outbreaks responded to and contained.	Health Sector	EWARS/IDSR/Sitreps	Monthly
09	Number of preparedness and prevention meetings held.	Health Sector	Meeting minutes	Monthly
10	Number of health facilities with referral mechanism to higher level of care and which receive feedback from the referral point.	Health Sector	5W	Monthly
11	Number of health facilities providing clinical management of rape (CMR) and/or MHPSS.	Health Sector	5W	Monthly

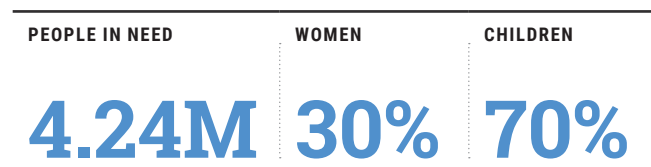


#### YOBE, NIGERIA

A stabilization nurse administering medications during a ward round at Gujba Stabilisation Center, Yobe.

Photo: IRC

## 3.6 Nutrition



### Overview of the affected people

The BAY states are experiencing a continued deterioration in the nutrition situation for the fourth consecutive year (2019-2022). The prevalence of acute malnutrition among children under five in Borno increased from 11.8 per cent in 2021 to 12.3 per cent in 2022. In Adamawa, it increased from 6.1 per cent to 7.2 per cent during the same period.<sup>111</sup> In Yobe, while the prevalence of acute malnutrition (10.6 per cent) in 2022 decreased compared to 2021 (14.1 per cent), it remained above the acceptable threshold. The drivers of malnutrition have impacted the nutritional status of entire households, including men and other caregivers, but children under five and pregnant and lactating women (PLW) are the most deeply affected. For 2023, an estimated 2 million children under five and over 1 million PLW are likely to be affected by the combined impacts of food insecurity, disease, malnutrition and excess mortality.

### Analysis of humanitarian needs

The protracted conflict and other shocks have deepened the humanitarian crisis, resulting in displacements to overcrowded camps and informal settlements, and a significant increase in the burden of acute malnutrition. According to the IPC acute malnutrition analysis, 30 (19 in Borno, 2 in Adamawa, 9 in Yobe) out of the 63 LGAs that were analysed have serious or critical acute malnutrition levels (IPC Acute Malnutrition Phase 3 or above).<sup>112</sup> In addition, trend analysis of admission data between January to September 2022 from nutrition facilities across the BAY states indicates that the number of severely malnourished children under five with and without medical complications increased, on average, by 24 per cent and 15 per cent respectively, compared to

the same period in 2021.<sup>113</sup> Other major contributing factors include: suboptimal infant and young child feeding (IYCF) practices, low vaccination and supplementation coverage, cholera and measles outbreaks, and food insecurity.

Compared to other groups, PLW and children engage less in agricultural production and income-generating activities and therefore often depend on other household members to access food. They are also more susceptible to diseases like malaria, measles and diarrhoea, and are seldom the final decision makers regarding health care. They have fewer coping mechanisms and are more prone to deterioration in nutritional status. Even though the household food basket is expected to cover the nutritional needs of the entire household, additional rations are required to meet the unique nutritional needs of children and PLW, especially micronutrients.

### Projection of sectoral needs

The prevalence of acute malnutrition in the BAY states follows a seasonal trend, with a peak during the lean season (May – September). In 2023, it is projected that 2.0 million children under five will be acutely malnourished, including 696,622 severely malnourished, an 18 per cent increase in the burden of acute malnutrition compared to 2022. This is attributed to the continued decline in agricultural production and trade due to conflict, persistent increase in market prices of food and other commodities,<sup>114</sup> poor IYCF practices, poor coverage of improved water, sanitation and hygiene facilities, inaccessibility, heavy rains that trigger severe flooding across the BAY states, and cholera and measles outbreaks.



## Projected needs

PERIOD	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
Quarter 1	848,718	67,923	56,134	103,260	621,401
Quarter 2	1,060,898	84,904	70,168	129,075	776,751
Quarter 3	1,485,256	118,866	98,235	180,705	1,087,450
Quarter 4	848,718	67,923	56,134	103,260	621,401

## Monitoring Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Prevalence of GAM based on weight for height Z-score (WHZ) and/or mid-upper arm circumference (MUAC) and/or bilateral pitting oedema among children 0-59 months	Nutrition	NFSS, SMART Surveys, Sentinel Surveillance	Biannual
02	Proportion of infants 0-5 months of age who are fed exclusively with breast milk	Nutrition	NFSS, SMART Surveys, KAP surveys	Biannual
03	Proportion of children 6-23 months of age who receive foods from four or more food groups	Nutrition	NFSS, SMART Surveys, KAP surveys	Biannual
04	Number of pregnant and care-givers of children 0-23 months who have received skilled IYCF counselling	Nutrition	5W	Monthly
05	Number of children with SAM admitted in outpatient therapeutic programme/inpatient care	Nutrition	5W	Monthly
06	Number of children with MAM admitted in targeted supplementary feeding programme (TSFP)	Nutrition	5W	Monthly
07	Number of children 6-23 months reached with Blanket Supplementary Feeding Programme (BSFP)	Nutrition	5W	Monthly
08	Number of PLW reached with Blanket Supplementary Feeding Programme (BSFP)	Nutrition	5W	Monthly
09	Number of PLW with moderate acute malnutrition admitted in TSFP	Nutrition	5W	Monthly

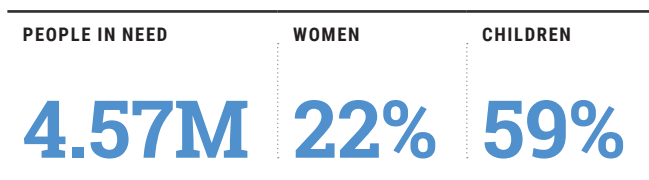


**FARIYA CAMP, BORNO STATE, NIGERIA**

A mother to child mid-upper arm circumference (MUAC) screening at Fariya Camp in Maiduguri.

Photo: Action Against Hunger

## 3.7 Protection



### Affected people

More than 1 million people, particularly those in Abadam, Guzamala, Kukawa and Marte LGAs, reside in areas actively contested or under NSAG control and cannot be reached by protection partners. Gubio and Nganzai LGAs are also hard-to-reach areas. People coming out of these areas are assessed as having high levels of protection needs. Additionally, people formerly associated with NSAGs face the risk of exclusion from assistance in reintegration areas.

NSAG violence against civilians, including abductions and mass killings in Damboa, Dikwa, Jere, Mafa and Marte LGAs, was uncommonly high in 2022. This is largely due to heightened NSAG suspicion of civilians collaborating with government forces.

The 2 million IDPs across the BAY states are highly vulnerable. They face severe levels of protection concerns in Geidam, Gujba and Gulani LGAs in Yobe State, extreme levels in Madagali, Maiha, Michika and Mubi North LGAs in Adamawa State, and catastrophic levels in Chibok, Dikwa, Mobbar, Monguno and Ngala LGAs in Borno State.

About 150,000 IDPs have been affected by the closure of nine IDP camps in Maiduguri and government-led 'returns' or relocations to Bama, Gwoza, Jere, Konduga, Kukawa, Mafa, Marte, Mobbar, Monguno and Ngala LGAs, as their basic needs cannot be provided for. High levels of insecurity, limited freedom of movement and livelihood opportunities, and low levels of government and humanitarian services in over-congested camps are some of the challenges they face. The unsustainable conditions in the relocation areas have

led to secondary or multiple displacement and new humanitarian needs.

Refugees were also returned involuntarily to Abadam, Bama and Gwoza LGAs. They suffer from a lack of services and severe insecurity with regular NSAG attacks. Displaced and non-displaced populations in Bama, Gwoza, Jere, Konduga, Mafa and Maiduguri LGAs have been attacked by NSAGs while going about their daily activities, including farming, collecting firewood and scrap metal, and herding.

In the absence of government and humanitarian support, host communities across the BAY states struggle to accommodate refugee returnees and relocated IDPs. They themselves have suffered catastrophic levels of protection incidents in Dikwa and Monguno LGAs in Borno, and Hong and Madagali LGAs in Adamawa. Peaceful co-existence has been compromised in some communities, including in Bama and Monguno LGAs. Populations across the BAY states have also been at increased risk of people-trafficking both internally and internationally.

### Analysis of humanitarian needs

The Protection Sector estimates that 4,572,018 people are in need (PiN) and require protection interventions in 2023, compared to 4.3 million in 2022. Of these, 409,030 are IDPs in camps, 516,956 are IDPs outside of camps, 973,163 are returnees and 2,672,879 are host community members. Protection needs vary. Of the 4.6 million PiN, 1,432,169 are girls, 1,253,701 boys, 1,001,345 women and 884,803 men.

The slight increase in the number of people in need in 2023 is due to the following factors: secondary displacement of IDPs following the government-led 'returns' or relocations to unsafe areas with little or no opportunity for self-sufficiency (freedom of movement, livelihoods, services, etc.); ongoing conflict and violence; the influx of new arrivals from NSAG-contested or -controlled areas, and the reintegration of individuals associated with NSAGs; protection incidents and psychosocial distress; the return of refugees from neighbouring countries; the ongoing global economic crisis and the enhanced levels of vulnerability; the adoption of negative coping mechanisms; and the deterioration in social cohesion.

### Projection of sectoral needs

The Protection Sector projects an increase in general protection, child protection, GBV and housing, land and property (HLP) needs in 2023, with a continuation of high mine action needs due to ongoing contamination and the need to address the medium-term effects for the injured. The contributing factors are:

**Camp closures and government-led population movements:** The Borno State Government (BSG) announced the closure of all camps in Maiduguri and the LGAs. If implemented, this will likely increase existing high levels of basic needs and exacerbate protection risks for IDPs and returnees. It will also put severe pressure on host communities to absorb displaced or re-turned populations. The lack of facilitated returns under the Tripartite Agreement between UNHCR and the Governments of Niger and Nigeria will lead to an increase in unsupported spontaneous returns, thereby exacerbating HLP issues and secondary displacement. Enforced returns from both Niger and Cameroon are likely to continue into areas that are unsafe and unfit for return.

**Administrative and bureaucratic impediments:** BSG restrictions on humanitarian interventions and a lack of clarity around government regulations, especially in 'return' or relocation areas, may prevent humanitarian actors from accessing locations and assessing needs, potentially leading to the exclusion or denial of

assistance to certain populations, which would further increase protection needs.

**Ongoing fighting, insecurity and influx of people from hard-to-reach and extremely-hard-to areas:** With the ongoing military operations against NSAGs, more people are likely to flee these areas, leading to an increase in population displacement and humanitarian needs, including for children associated with armed forces and armed groups (CAAG) and unaccompanied and separated children, as well as persons affected by unexploded ordnances (UXO). The conflict near the Cameroon border and limited economic opportunities in Adamawa State will likely lead to new displacement and refugee arrivals. Ongoing NSAG activities will continue in Yobe State and protection concerns related to attacks, abductions and trafficking, including in the Nigeria-Niger border region, will persist.

**Disarmament, Demobilization, Reintegration and Resettlement programming:** The integration of individuals released from rehabilitation centres in Maiduguri poses a number of protection risks, including child protection and GBV concerns, as many have returned to IDP camps without adequate community reintegration support; many are also at risk of re-recruitment.

**Global and national shocks, increasing overall population vulnerabilities:** The war in Ukraine has exacerbated the global food crisis, and is likely to lead to a further deterioration in emergency levels of food insecurity in Nigeria. There is uncertainty around the upcoming national elections, with fears of electoral violence and political instability, which is likely to contribute to socioeconomic shocks and force populations who can no longer meet their basic needs to re-sort to negative coping mechanisms. Severe flooding is likely to reoccur in 2023, stripping populations of their land or property and exposing them to protection risks.

## Projected needs

	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
January 2023	4,572,018	409,030	516,946	973,163	2,672,879
June 2023	4,572,018	409,030	516,946	973,163	2,672,879
December 2023	4,888,106	670,463	310,168	1076,552	2,830,923

## Monitoring Indicators

The Protection Sector and areas of responsibility (AoRs) have strategies that form the basis for their interventions. Mid-year and annual reviews of workplans will be used to measure progress, adapt strategies, and adopt corrective measures and innovations throughout the implementation. Regular data will be tracked against 5Ws, the Sector's Protection Monitoring System (PMS) partner reporting, CPIMS+, GBVIMS+, UNMAS Incident Tracking Matrix, HLP assessments and assessments undertaken by external actors, such as IOM's DTM. All indicators will be monitored by using the standardized sex-, age- and disability-disaggregated methodology.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of households that have experienced movement restrictions in the past 30 days	Protection – General protection	PMS (forthcoming) – disaggregated by affected population group	Monthly
02	% of households that have suffered protection incident affecting household members in the past 3 months	Protection – General protection	PMS (forthcoming) – disaggregated by type of incidents and affected population group	Monthly
03	% of households reporting at least one member missing or abducted	Protection – General protection	PMS (forthcoming) – disaggregated by affected population group	Monthly
04	% of households reporting activity during which a security incident took place	Protection – General protection	PMS (forthcoming) – disaggregated by activity and affected population group	Monthly
05	% of households reporting one or several members experiencing signs of psychological distress	Protection – General protection	PMS (forthcoming) – disaggregated by affected population group	Monthly
06	% of households with at least one member without an ID document	Protection – General protection	PMS (forthcoming) – disaggregated by affected population group	Monthly



#	INDICATORS	SECTORS	SOURCE	FREQUENCY
07	% of households reporting peaceful co-existence among IDPs, and with host community and returnees	Protection – General protection	PMS (forthcoming) – disaggregated by affected population group	Monthly
08	% of households reporting they were unable to access protection services when they needed them	Protection – General protection	PMS (forthcoming) – disaggregated by affected population group	Monthly



#### LOCATION, NIGERIA

A woman carries firewood in Mokholi, Adamawa State, near a new housing site for a durable solutions project.

Photo: OCHA/Christina Powell.

## Child Protection AoR

PEOPLE IN NEED	WOMEN	CHILDREN
<b>2.13M</b>	<b>22%</b>	<b>59%</b>

### Affected people

Approximately 2.1 million people need child protection services due to the absence of child protection systems and community-based safety networks. The AoR aims to reach 1.5 million people in need (1,050,000 children, 53 per cent girls; 450,000 caregivers, 53 per cent women). Thirteen years of conflict has deprived children of a normal childhood, exposing them to violence, abuse, neglect, exploitation and recruitment into NSAGs. The most vulnerable include children in IDP camps, secondary displaced children from closed camps, returnee children, children associated with armed groups (CAAG), unaccompanied/separated children, and children with disabilities. Girls are exposed to grave violations of children's rights such as limited access to education, child marriage, sexual and gender-based violence, emotional and physical violence, and trafficking. Boys face the risk of forced recruitment, abduction and re-recruitment by NSAGs and trafficking. Many parents and caretakers have been exposed to stress and violence and are also in need of child protection services. The Child Protection AoR will prioritize the 13 LGAs in Adamawa, 21 in Borno and 14 in Yobe with the highest child protection needs.

## Analysis of humanitarian needs

Child protection needs have increased in 2023 due to the sustained military operations and the high influx of people, inflation, high poverty rates and the relocation of IDPs. The priority needs are for case management services for victims of abuse, neglect and violence, family tracing and reunification; alternative community care, mental health and psychosocial support (MHPSS); socioeconomic reintegration of former CAAG and other vulnerable children; raising awareness of the harmful impacts of child marriage, trafficking and social norms affecting children's rights. To address the latter, the AoR will strive to promote cross-sectoral collaboration and systems to strengthen support and localization.

### Projection of sectoral needs

Child protection needs are projected to increase due to the volatile security situation, camp closures, potential electoral violence, the prolonged impact of the Ukraine war and limited funding. With the sustained operations of government forces against NSAGs, the influx of people from extremely-hard-to-reach areas will increase, as will the number of CAAG and unaccompanied and separated children in need of child protection services. The forecasted needs for MHPSS, case management and family tracing are projected to increase, putting additional pressure on an already under-funded AoR.

### Projected needs

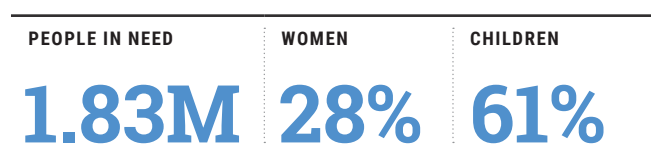
DATE	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
January 2023	2,134,503	208,641	254,999	560,127	1,110,736
June 2022	2,241,228	219,073	267,749	588,133	1,166,273
December 2023	2,353,290	230,027	281,136	617,540	1,224,587

## Monitoring Indicators

The Child Protection AoR has a strategy for prevention and response services for child protection concerns in both humanitarian and development settings that will support and guide the response pillars. Mid-year and annual reviews of workplans will be used to measure progress, adapt strategies and adopt corrective measures and innovations throughout the response. Regular data on progress will be tracked and collected through the 5W matrix, partner reports and the child protection information management system (CPIMs+). A localization dashboard is under development and will track progress against five pillars of localization.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HHs with children missing or not currently living in the household	Protection – CP AoR	DTM, PMS (forthcoming)	Annual
02	% of girls and boys without access to core child protection services	Protection – CP AoR	DTM, PMS (forthcoming)	Quarterly
03	% of HHs with one or several children that report experiencing signs of psychological distress	Protection – CP AoR	DTM, PMS (forthcoming)	Annual
04	% of children born in displacement without Birth Registration certificates	Protection – CP AoR	DTM, PMS (forthcoming)	Bi-annual
05	% of community-based child protection committees equipped with adequate skills to offer quality child protection services	Protection – CP AoR	DTM, PMS (forthcoming)	Quarterly

## Gender-Based Violence AoR



### Affected people

An estimated 1,829,002 million individuals (32 per cent IDPs, 25 per cent returnees, 43 per cent host communities) need GBV interventions across the BAY states. Borno State has the bulk (48 per cent) of those in need, followed by Adamawa at 34 per cent and 18 per cent in Yobe. Eleven LGAs spread across the BAY states that are hosting IDPs were identified as having the highest severity of needs: Girei, Madagali, Maiha, Michika, Mubi North, Mubi South, Numan, Yola North, Bama, Chibok and Magumeri. A similar number of host community LGAs were also identified to be in dire need of GBV response services including MHPSS, livelihoods support, access to justice and safe-house shelter, which are lacking or minimal. These include Gombi, Lamurde, Maiha, Michika, Mubi North, Mubi South, Numan, Askira/Uba, Gubio and Gujba. Five LGAs have significant numbers of returnees: Askira/Uba, Chibok, Gubio, Konduga and Mafa. It is worth noting that incidences of GBV, especially intimate-partner violence (IPV) including sexual violence, continue to be reported across the BAY states, with women and girls disproportionately affected. Trend analysis from the 2022 Gender-Based Violence Information Management System (GBVIMS) report (January-June) highlighted that 99 per cent of the reported incidents of GBV affected women and girls. IPV was reported by 65 per cent of survivors who sought help at various service points. In terms of prevalence across the states, Borno had the highest percentage of reported incidents (83 per cent) followed by Adamawa (13 per cent), and Yobe (4 per cent).

### Analysis of humanitarian needs

There continues to be a glaring gap in the provision of GBV response services in several LGAs across the BAY states, especially in hard-to-reach locations. In Yobe State, for example, access to health and legal services for GBV survivors is a challenge as there is only one

functional Sexual Assault and Referral Centre, located in Damaturu town. There is also a lack of safe spaces for women and girls across a number of LGAs. The increasing influx of new arrivals in some locations (Bama, Gwoza, Ngala and Dikwa) due to the Borno State Government-led camp closures in Maiduguri, the mass exodus from extremely-hard-to-reach locations all continue to strain the already overstretched resources for GBV response, as well as heightening GBV risks for women and girls in some locations. MHPSS as well as livelihood opportunities are lacking or inadequate in several hard-to-reach locations. The absence of civil authorities, especially court sessions, in several LGAs outside Maiduguri continues to hinder access to justice and other legal services for affected people including survivors of GBV. The GBV AoR will seek to address the highlighted needs by scaling up GBV response services including MHPSS in these locations.

### Projection of needs

The risks of GBV for women and girls in the BAY states are likely to increase in 2023 considering the protracted and ongoing nature of the conflict. The increasing influx of new arrivals in some locations (Bama, Gwoza, Ngala and Dikwa) due to camp closures in Maiduguri and the mass exodus from inaccessible locations are expected to continue putting more women and girls at heightened risk of GBV. The GBV AoR will continue to engage with, and provide income-generating activities for, men and boys. Providing male support groups, with a focus on promoting positive masculinity, will be prioritized as a form of GBV prevention. To strengthen multisectoral response, law enforcement entities will be trained or have refresher training on GBV and PSEA among other topics. The need to maintain and establish more multipurpose support centres to address protection, psychosocial and livelihood needs for women and girls will be prioritized.

### Monitoring

The use of 5W reporting templates and service-mapping frameworks will form the basis for the monitoring and evaluation of the ongoing response interventions. Other tools will include trend analysis

from the GBVIMS. The AoR will also work closely with the other Protection AoRs and OCHA to undertake quarterly protection monitoring analysis and joint GBV safety audits and reports.

## Projected needs

DATE	PEOPLE IN NEED	IDP OUT OF CAMP	IDP IN CAMP	RETURNEES	HOST COMMUNITY
January 2023	1,920,452	227,252	323,828	754,075	791,903
June 2022	2,016,475	215,890	307,636	799,319	791,903
December 2023	2,117,298	205,095	292,254	839,285	791,903

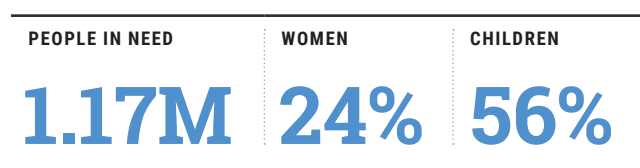
## Monitoring Indicators

The use of 5W reporting templates and service-mapping frameworks will form a basis for the monitoring and evaluation of the ongoing response interventions. Other tools to be used will include trend analysis from the GBVIMS. The AoR will also work closely with the other Protection AoRs and OCHA to undertake quarterly protection monitoring analysis and joint GBV safety audits and reports, respectively.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Number of women and girls provided with GBV case management and specialized GBV-related services	Protection – GBV AoR	MSNA	Annual
02	Number of women and girls of reproductive age without access to dignity kits	Protection – GBV AoR	MSNA	Annual
03	Number of women and girls who have access to safe socioeconomic/livelihood/income-generation opportunities	Protection – GBV AoR	MSNA	Annual
04	% of women and girls with safe/easy access to essential services (incl. less than one hour's distance from village)	Protection – GBV AoR	MSNA	Annual
05	Number of women and girls, men and boys reached through GBV sensitization and community awareness activities	Protection – GBV AoR	MSNA	Annual
06	Number of relevant institutions/facilities (state services and humanitarian partners) that demonstrate increased capacity on GBV prevention and response	Protection – GBV AoR	MSNA	Annual
07	Number of front-line responders who demonstrate awareness of services for GBV/TIP/ WAFAG/early and child marriage and ability to make safe referrals to appropriate assistance	Protection – GBV AoR	MSNA	Annual



## Mine Action AoR



### Affected people

About 1.2 million IDPs, returnees and host community members are affected by the indiscriminate use of explosive ordnances (EOs) – predominantly improvised explosive devices (IEDs) – which result in deaths and injuries, and impact access to basic services and socioeconomic activities. The most affected population groups comprise of girls (28 per cent), women (22 per cent), boys (28 per cent) men (18 per cent), elderly men (2 per cent), elderly women (2

per cent) and people with disabilities (0.1 per cent) in the LGAs of Konduga, Gwoza, Damboa and Bama.

### Analysis of humanitarian needs

Mine action needs remain high, with the most significant needs in Borno State (1,066,967 people) due to the intense fighting there. This is followed by Yobe State (96,599) and Adamawa State (10,111). Priority interventions are risk education and victim assistance for people with disabilities, predominantly targeting host community members (59 per cent), followed by returnees (27 per cent) and IDPs (14 per cent). As compared to 2022, mine action needs have shifted towards host communities (previously only 26 per cent) as a result of the camp closures. While still relatively high, mine action needs are not projected to increase.

### Projected needs

DATE	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNI-TY
January 2023	1,173,677	84,253	84,252	316,857	688,315
June 2022	1,083,492	77,940	77,939	292,507	635,106
December 2023	993,307	71,627	71,626	268,157	581,897

### Monitoring data

The Mine Action AoR has a strategy that forms the basis for its interventions. Mid-year and annual reviews of workplans will be held to measure progress, adopt corrective measures and adapt approaches throughout the implementation. Regular data will be tracked against 5Ws, the Protection Sector's PMS, partner reporting, information management system for mine action (IMSMA) databases, the UN Mine Action Service (UNMAS) risk education tracking matrix,

the non-technical surveys information matrix, the EO contamination matrix and the EO incident tracking matrix. To check and ensure quality service delivery, the Mine Action AoR will conduct knowledge, attitudes, practices and behaviours (KAPB) surveys and carry out quality assurance and pre- and post-tests for EO risk education sessions. Where there is a need for more data to inform programme decision-making, the Mine Action AoR will utilize assessments undertaken by external actors, such as IOM's DTM.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	# of civilian casualties reported (killed + injured) per LGA in the last year.	Protection –	UNMAS Nigeria Incident Tracking Matrix	Weekly
02	# of explosive ordnance or contamination incidents per LGA in the last year.	Protection – Mine Action AoR	UNMAS Nigeria Incident Tracking Matrix	Weekly

## Housing-Land-and-Property AoR

PEOPLE IN NEED	WOMEN	CHILDREN
1.06M	22%	59%

### Affected people

About 1,055,810 million displaced persons are not able to fully enjoy their housing-land-and-property (HLP) rights. This includes IDPs (27 per cent), returnees (27.2 per cent) and host community members (45.8 per cent). The most affected areas are Bama, Chibok, Monguno and Ngala LGAs in Borno State and Gombi, Madagali, Michika, Mubi North, Mubi South, Numan, Yola North and Yola South LGAs in Adamawa State. HLP issues include lack of equitable access to basic HLP rights, limited access to land for both shelter and livelihoods, forced evictions, and access to justice, legal aid services and other social services. Women are particularly affected by cultural and social norms and practices that limit their access to HLP rights, with many prohibited from owning and inheriting HLP or enjoying land tenure rights.

### Projected needs

DATE	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
January 2023	1,055,810	157,223	128,074	286,774	483,739
June 2022	1,188,324	209,379	93,212	336,157	549,576
December 2023	1,331,690	245,434	67,840	394,043	624,373

### Monitoring data

The HLP AoR will regularly monitor the evolving protection situation using the 5Ws, the Protection

## Analysis of humanitarian needs

Of the estimated 1,055,810 people in need of HLP assistance, the majority are women and girls (58 per cent), with the largest case-loads in Borno State, followed by Adamawa and Yobe states. This is an increase from the number of people in need of HLP assistance in 2022, which was 0.9 million. The factors behind this increase include a rise in inflation, severe food shortages, flooding, cholera and monkey pox outbreaks, coupled with the lingering effects of the COVID-19 pandemic and a decline in funding. HLP interventions include cash-for-rent, rent subsidies, eviction monitoring, tenant-landlord dispute resolutions, dialogue and other eviction responses.

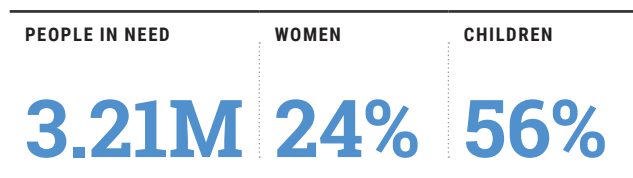
### Projection of sectoral needs

HLP needs will increase significantly in 2023 due to formal camp closures and 'returns' or relocations of displaced populations whose HLP has been destroyed or occupied. These are likely to lead to an increase in HLP disputes. Severe flooding due to climate change is also anticipated to have a significant impact on access to HLP.

Sector's PMS, partner reporting, HLP assessments and other external actors' assessments such as IOM's DTM.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of households with HLP issues	Protection – HLP AoR	PMS (forthcoming)	Monthly
02	# of HHs/communities facing the challenge of lack of or limited access to land	Protection – HLP AoR	PMS (forthcoming)	Quarterly

## 3.8 Shelter and Non-Food Items



### Affected people

The sector covers different categories of affected populations living in inadequate shelters, including people living outside or in makeshift, shared or partially damaged shelters. As well as IDPs, it includes projected populations arriving from inaccessible areas and communities hosting both IDPs and returnees.

### Shelter

The conflict and destruction of homes and infrastructure, displacement and weather-related damage have led to significant shelter needs, with millions living in inadequate shelter conditions across the BAY states. It is estimated that 613,142 households – or 3,065,710 individuals – do not have acceptable living conditions and will require shelter and non-food related assistance. Of these, 1,516,250 live in camps/camp-like setting, 1,194,680 are out-of-camp IDPs, 463,522 returnees and 38,320 host community members. The most vulnerable are women and children who need basic life-saving shelter and non-food items assistance to improve their living conditions and protect themselves against harsh weather. It is estimated that 98,103 female-headed households will need assistance.

IDPs often live in inadequate, temporary shelters such as makeshift or emergency shelters, or unfinished buildings, which provide limited protection against the elements and require frequent repair. In camp/camp-like settings, for example, there are 17,501 IDP households with no shelter, living out in the open with no roof over their head, and 137,184 living in makeshift and shared shelters. In host communities,

17,251 households are with no shelter and 220,360 households in makeshift shelters.<sup>115</sup>

Poor shelter conditions, overcrowding and limited access to assistance in all these sites not only affect people's living conditions but increase protection and public health risks. Access to land to construct shelter for vulnerable people in host communities is also a concern. In many of the LGAs, most of the suitable land is outside of the military trenches.

### Non-food items

NFIs continue to be the third-most reported need among affected populations in north-east Nigeria, both in host communities and camp and camp-like settings where there is little systematic provision of NFIs due to the lack of prepositioned items in key receiving areas. The most commonly requested NFIs are hygiene kits, including menstrual hygiene products, kitchen items, detergent, soap, jerry cans, buckets, mosquito nets, sleeping mats and Aqua tabs. This is the same for IDPs in camps and host communities.

### Analysis of humanitarian needs

Two million displaced people require shelter and NFI assistance. Among them, 860,601 are women and children with inadequate levels of privacy.

### Shelter

Many IDPs will continue to reside in makeshift/informal camps in urban and peri-urban areas, either in rented facilities or collective shelters (such as

schools, government buildings, community centres or unfinished buildings).

There is a need for effective transitional solutions for IDPs and returnees, and community training on building techniques and livelihood opportunities. This includes promoting self-reliance and resilience while ensuring access to land in their chosen destination and advocating for HLP rights. Future interventions should include greater protection from climate extremes and the rehabilitation of unfinished or damaged buildings to ensure that they are made safe. There is also simply a need to replace deteriorating materials that have been used temporarily to provide privacy, dignity and security.

The situation is also challenging within host communities, where local resilience capacities are being stretched beyond their limit amid growing competition for resources. The transitional needs of returnees, though shaped by very different dynamics, need to be considered. Adamawa and southern Borno host the highest number of returnees lacking transitional shelter support, with 149,064 people either in partially damaged or in self-made shelters.

General wear and tear mean that shelters need to be repaired and materials replaced on a regular basis. In addition, materials need to be prepositioned as a contingency for both new arrivals and extreme weather conditions. NFIs should be provided as per baseline assessments and/or replenished through in-kind and cash/voucher interventions due to the short lifespan

of shelter-related NFIs and the continuous movement of populations. According to shelter assessments in return areas, 21 per cent of assessed returnees are living in partially damaged or self-made shelters.

### Non-food items

There is a continuing need for essential NFIs, a prerequisite for a minimum standard of living. Despite NFI distributions by sector partners, 87 per cent of the overall affected population – as captured in the DTM round 41 and site tracker – need either complete kits or loose items. The most significant gaps are blanket/mats (for 241,144 households), followed by kitchen sets (85,053 households) and mosquito nets (51,861 households).

### Projected Needs

As shown in the table, the sector projects that recently returned IDPs and vulnerable returnees living in inadequate shelters will continue to require shelter and NFI support.

### Monitoring data

As in 2022, the CCCM Sector will regularly monitor the situation and scale up CCCM site facilitation responses in displacement areas. 4W and other tools, including site trackers and situation reports will help strengthen the analysis of the status of CCCM across the BAY states. In addition, the sector will maintain a workplan to guide the implementation of the response as it evolves throughout the year.

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	# of IDPs at risk of exposure to harmful elements due to lack of adequate shelter solutions	Shelter/NFI	DTM/Site Tracker	Monthly
02	# of returnees in completely destroyed shelters	Shelter/NFI	DTM	Quarterly
03	# of IDPs in camps and host communities living without adequate shelter and NFI solutions	Shelter/NFI	DTM/Site Tracker	Monthly
04	# of displacement-affected people receiving emergency shelter and NFI assistance in kind or disaggregated per gender and age	Shelter/NFI	DTM/Site Tracker	Monthly
05	# of returnees in partially destroyed shelters	Shelter/NFI	DTM	Quarterly



#	INDICATORS	SECTORS	SOURCE	FREQUENCY
06	# of host community living without adequate shelter solutions	Shelter/NFI	DTM	Quarterly
07	# of IDPs projected to come from inaccessible areas and require adequate shelter	Shelter/NFI	OCHA/DTM	Quarterly
07	# of partners benefiting from technical capacity building activities concerning thematic issues around shelter/NFIs including AAP	Shelter/NFI	Reports	Quarterly

#### DIKWA, BORNO STATE, NIGERIA

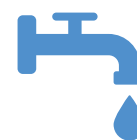
"Aiso, 30, stands with her baby Mohammed outside her new home in Dikwa, Borno State. Prior to receiving this home as part of a Mercy Corps shelter programme she was living with her husband and four children in a makeshift shelter.

Photo: OCHA/Christina Powell





## 3.9 Water, Sanitation and Hygiene



PEOPLE IN NEED

WOMAN

CHILDREN

**5.06M 22% 59%**

### Affected people

According to the MSNA and WASH Sector data, a total of 5.1 million people (59 per cent children, 22 per cent women and 19 per cent men) require WASH services across the BAY states, compared to 3 million people the previous year. Of these, 1.13 million are IDPs, 1.21 million are returnees and 2.77 million are host community members. While, generally, the needs of IDPs have been higher than those of host community members, most disease outbreaks, especially cholera, have occurred in host communities where a lack of water and sanitation have been more prevalent.

In 2022, heavy flooding resulted in displacement and high rates of acute watery diarrhoea, severely impacting access to safe water, dignified sanitation and hygiene awareness. This has led to negative coping mechanisms, including drinking water from unsafe sources, increased open defecation and poor personal and household hygiene. During the flooding, the situation in over-congested camps deteriorated significantly, limiting access to safe sanitation.

The cost-of-living crisis and inflation have limited households' ability to procure soap and other non-food items, leaving vulnerable populations, especially the elderly and children under five at high risk of diseases. Access to menstrual items is still lacking in over 90 per cent of households, according to the MSNA. Menstrual hygiene disposal has been a continuous challenge and sector partners are advocating for re-usable sanitary towels for women and girls.

### Analysis of humanitarian needs

While WASH needs vary across the BAY states, there are three main issues:

**Access to safe water:** Various locations in the BAY states still have acute water shortages due to the long walking distances to the nearest water point, lack of protected water sources and a shortage of jerrycans for fetching and storing water. Water cart vendors are the only means of access to water in some areas. In Damboa, Monguno and Dikwa, for example, people still rely on water trucking. During the dry season, the need for water is more acute, which, in turn, means that communities have to resort to unsafe water sources. This, coupled with the lack of soap, buckets and other items due to the increase in the cost-of-living, leads to further needs and impacts on well-being. Returnees also face difficulties accessing safe water. Long queuing times and distances have affected larger families, who are unable to meet the daily demand of 15 litres per person per day.

**Access to dignified sanitation:** Rampant open defecation, which is often prevalent in areas with high levels of returns and IDP caseloads, has led to concerns about the spread of diarrheal diseases. Housing, Land and Property (HLP) issues have further limited the possibility of building emergency sanitation due to the lack of space for the construction of household and emergency latrines and showers.

**Access to hygiene items and hygiene promotion:** Over 65 per cent of affected populations reported a lack of adequate soap for personal and household use. Hand washing prevalence is low: only 45 per cent wash their hands at critical times. Most of those with a knowledge of handwashing and personal hygiene

practices report the lack of essential non-food items and sufficient water as a major barrier. There is also a need to sensitize communities on the use of gender-segregated latrines; this was identified as a gap during the needs assessment. This is partly a result of poor access, which has led to indiscriminate use of latrines and showers, and the disregard for gender markings.

### Projection of sectoral needs

In 2023, WASH needs are projected to increase for a variety of reasons, including continued displacement, flooding and the increased cost-of-living. Further disease outbreaks during the rainy season, especially

for acute watery diarrhoea and cholera, will increase WASH needs among affected communities. Various locations in the BAY states still have acute water shortages and rely on water trucking, as seen in Damboa, Monguno and Dikwa. The dry season will increase the need for water, which, in turn, will force communities to resort to unsafe water sources. The needs among 2.9 million children, 1.1 million women and 985,000 men will continue to rise due to population growth and increased population movements to locations with minimal services, which place further strain on scant resources.

### Projected needs

DATE	PEOPLE IN NEED	OUT-OF-CAMP IDPS	IN-CAMP IDPS	RETURNEES	HOST COMMUNITY
January 2023	5,112,926	648,915	482,200	1,208,516	2,773,295
July 2023	6,135,511	778,698	578,640	1,245,219	327,954
October 2023	6,442,287	817,633	607,571	1,522,730	3,494,351

### Monitoring data

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of people with access to at least 15 litres of safe water for drinking, cooking and personal use.	WASH	WASH assessments 4Ws Response Dashboard	Weekly, Monthly
02	% of people accessing and using a functional latrine	WASH	WASH assessments 4Ws Response Dashboard	Weekly, Monthly
03	% of beneficiary households with access to handwashing facilities with soap and water.	WASH	WASH assessments 4Ws Response Dashboard	Weekly, Monthly
04	% of people with diarrhoea in the last two weeks	WASH/Health	AWD data - Health EWARNs data	Weekly, Monthly

## 3.10 Logistics



### Affected people

The sector supports relief efforts by coordinating logistics and providing access to logistics services. The sector serves humanitarian organizations operating in the north-east, including international and local NGOs, UN agencies and government bodies.

In 2023, six common storage spaces will be maintained in Banki, Bama, Damasak, Dikwa, Monguno and Ngala, providing 5,240 m<sup>2</sup> of storage space. New storage may be required at other locations depending on the needs of partners.

#### Common storage available space

LGA	SPACE
Monguno	1,600m <sup>2</sup>
Ngala	960m <sup>2</sup>
Dikwa	960m <sup>2</sup>
Banki	940m <sup>2</sup>
Damasak	940m <sup>2</sup>
Bama	440m <sup>2</sup>

### Analysis of humanitarian needs

In 2023, critical cargo will continue to be delivered using the UN Humanitarian Air Service (UNHAS).

Logistics capacity-building for the humanitarian community will be needed, including logistics-focused training on the set-up of mobile storage units and warehouse management.

### Humanitarian Air Services

To assist people in need, humanitarian organizations require humanitarian air services for both passenger and cargo movements to ensure continuous access to beneficiaries and project implementation sites.

Humanitarian workers in the north-east face ongoing risks to ensure vital assistance reaches affected communities in hard-to-reach areas. They rely heavily on UNHAS as travelling by road can be very risky, particularly with the increased threat of improvised explosive devices on many routes. In addition, NSAGs often set up illegal checkpoints on roads and, in the past, local humanitarian workers have been kidnapped. Due to these hazards, road travel is not considered safe. The continued presence of UNHAS in the north-east is therefore essential.

Road movement of cargo and personnel remains limited in some key operational areas. As such, the humanitarian community relies extensively on air operations to deliver programmes, conduct assessments or monitoring missions and transport light cargo to hard-to-reach areas. The fixed-wing service is also crucial for maintaining the link between Abuja and locations in the north-east, a core component of the response. Both rotary and fixed-wing air operations are essential to ensure capacity for medical and security evacuations of humanitarian staff.

The need for air services has increased in line with the expansion of humanitarian activities in the north-east, including the increase in human resources required on the ground. Between January and September 2022, the rotary-wing service transported 30,524 passengers, an increase of 7,571 people from the same period in 2021.

## Projection of sectoral needs

In 2023, the sector may expand its operational scope to include other areas. Additional mechanisms for cost recovery and shared operational costs will be explored where possible. The provision of fuel may remain a concern in 2023.

More focus will be placed on building the capacities of the national staff of humanitarian organizations

as well as training of national entities to help them carry out their functions more efficiently and reduce dependency on the Logistics Sector where possible.

The impact of the national and state elections in 2023 will be closely monitored to mitigate any impact on the humanitarian operation.

## Monitoring data

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Number of passengers transported by air	UNHAS	Performance Management Tool (PMT) – system record	Monthly
02	Number of organizations using humanitarian air services	UNHAS	Electronic Flight Management Application (EFMA)	Monthly
03	Number of destinations served (air transport)	UNHAS	UNHAS flight schedule	Monthly
04	Number of information management products published, such as maps, sitreps, bulletins, snapshots, procedures, meeting minutes	Logistics	Meeting minutes, Logistics Cluster website, emails	Monthly
05	Number of organizations utilizing storage services	Logistics	RITA	Monthly
06	Volume of cargo stored at the common storage	Logistics	RITA	Monthly
07	Number of organizations participating in the Logistics Sector coordination meetings	Logistics	Meeting minutes	Monthly
08	Number of humanitarian responders trained in logistics	Logistics	Attendance sheets	Monthly



#### MAIDUGURI, BORNO STATE, NIGERIA

WFP works around the clock with partner organizations and other UN agencies to provide access to food to the most vulnerable communities, affected by violence and food insecurity across Nigeria as part of their hunger prevention intervention.

Photo: UNOCHA/Damilola Onafuwa



## Part 4

# Annexes

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### MAIDUGURI, BORNO STATE, NIGERIA

UN Women beneficiaries weaving locally made mats at a Women's Empowerment Hub in Maiduguri, Borno State.

Photo: UN Women/Marian Roberts



## 4.1 Data Sources

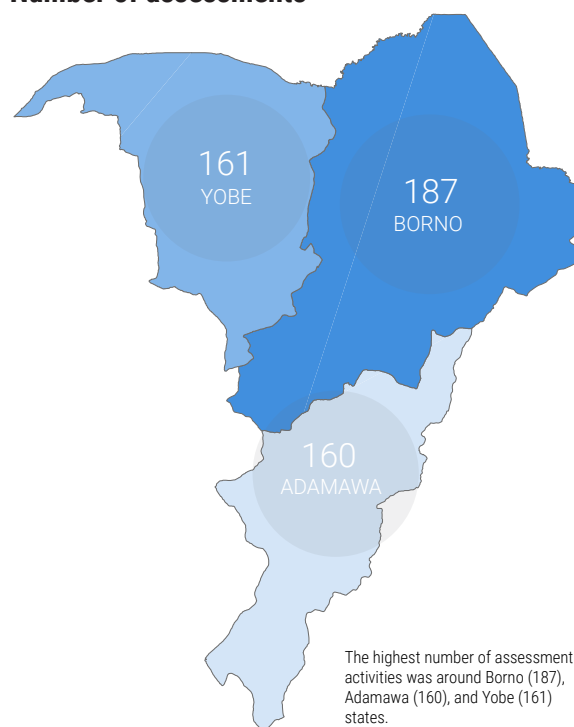
Humanitarian actors have combined and made use of the multi-sector needs data sets that are currently available in the north-east Nigeria.

The expansion of operations led to an increase in data volume and quality, as well as enhanced cross-referencing and complementarity between various data collection efforts across sectors, sector-specific surveys, and expanded multi-sectoral data collection.

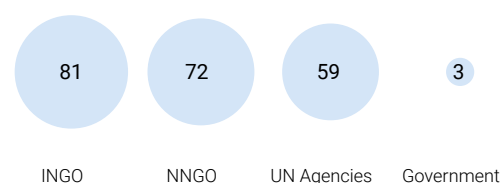
Although data collection and analysis methods have improved in terms of both quality and scope, there are still gaps in our understanding of the humanitarian needs in the north-east, including challenges in reaching many communities.

The analysis output informing the 2023 HNO is based on over 215 sector-specific assessments as reported by 48 organizations. The available multi-sector needs data sets available in the country have been integrated and used by humanitarian actors to help understand the needs of different groups of people and identify those in dire need of humanitarian assistance.

### Number of assessments



### Assessment by partners type



### Number of assessments by sector

SECTOR	BORNO	ADAMAWA	YOBE
CCCM	39	34	33
COORDINATION	1	1	1
EARLY RECOVERY	11	11	12
EDUCATION	24	21	23
FOOD SECURITY	26	22	22
HEALTH	34	31	32
LOGISTICS	2	1	1

SECTOR	BORNO	ADAMAWA	YOBE
NUTRITION	11	10	11
PROTECTION	37	27	23
SHELTER	49	41	40
WASH	21	13	12
MULTI-SECTOR	39	29	28
<b>TOTAL</b>	<b>187</b>	<b>160</b>	<b>161</b>

## World Population

The statistical model is based on the relationship between population, observed at 1,142 microcensus survey locations collected in 2016 – 2017, and high-resolution geospatial data sets with national coverage. These relationships provide a basis to predict the population in areas where no populations were enumerated. Following Leasure et al. (2020b), we developed a Poisson-lognormal regression model.

This formulation included a random intercept that estimated the population density in a hierarchy of spatial units, specifically, within settlement types (Jochem et al., 2020), statistical regions (defined as groups of states), states, and local government areas.

The model included a linear regression that estimated the effects of three geospatial covariates on population density:

- Household size (NPC and ICF, 2019)
- Sentinel-1 SAR: C-band Synthetic Aperture Radar VV and VH bands (Mullissa et al., 2021).

## Nigeria Microcensus Survey (ORNL, 2018)

This microcensus data set comes from household surveys at 1,142 locations in 15 states of Nigeria in 2016 and 2017. These locations represented a random sample stratified by settlement type (Weber et al., 2018).

Each survey cluster contained about 3 hectares of settled area and the total number of people living in each household was recorded. We used the total

number of people in each survey area (i.e. cluster) as the response variable in our statistical model.

## Demographic and Health Survey (National Population Commission Nigeria and ICF International, 2019)

We used the household sizes from the 2018 survey to create an interpolated map covering Nigeria with estimates of average household sizes for each grid cell.

We used this as a predictor of population density.

## Displacement Tracking System

The Displacement Tracking Matrix (DTM) assessment by the International Organization for Migration (IOM) aims to improve understanding of the scope of displacement, returnees, and the need of the affected population in the conflict-affected state of north-east Nigeria.

In recent times, various escalations of the conflict have been noted with the security situation remaining unpredictable and leading to fluid mobility with about 2,012,660 internally displaced persons across the BAY states (Borno, Adamawa, and Yobe).

To better understand the needs of the affected population, the analysis output considered site assessments.

The sites included 284 camps and camp-like settings and 1,305 locations where IDPs were residing with the host communities.



This further supported the sector-wide needs analysis including shelter and non-food items, water, sanitation and hygiene, food and nutrition, health, education, livelihood, security, communication, and protection.

## Secondary Data Review

In mid-2022, humanitarian actors undertook a Secondary Data Review (SDR) to obtain information, create a clear analytical context, and set the tone for the Humanitarian Needs Overview (HNO).

The SDR for this planning period recorded over 1,300 relevant entries with sufficient coverage for decision-making and advocacy.

The SDR supported the analysis output by providing background on displacement profiles, scenarios, crisis overview, population groups, vulnerable populations, and humanitarian access across the BAY states and informed the Multi-Sectoral Needs Assessment (MSNA).

## Multi-Sectoral Needs Assessment

The objective of the MSNA was to identify and compare sectoral and intersectoral needs across

population groups affected by the protracted crisis in all accessible areas in the BAY states.

As such, the MSNA aimed to support evidence-based planning and decision-making by humanitarian actors in Nigeria and, more specifically, to inform the 2023 Humanitarian Needs Overview (HNO) and the update of the current multi-year Humanitarian Response Plan (HRP).

A mixed method approach was adopted to avoid in-person data collection wherever possible and limit staff vulnerability. The methodology ensures sector selected and approved relevant and specific indicators are captured to further inform gaps in response, the severity of the crisis, vulnerabilities, and other essential components of the analytical framework.

In total, 16,267 household surveys were conducted in 59 accessible Local Government Areas (LGAs) in the north-east with a data confidence level of 95% and a margin of error of 5%.

## 4.2

# Methodology

### Baseline population figures

The Nigeria team continued to use the enhanced HPC approach and the corresponding global guidance for the IASC Joint Inter-sector Analysis Framework (JIAF) for the 2023 Humanitarian Needs Overview. It used a combination of JIAF 1.1 and 2.0 to determine the severity of needs and the number of people in need (PiN).<sup>116</sup> This combined approach improved intersectoral analysis and the identification of the severity of people's humanitarian conditions (living standards, coping mechanisms, physical and mental well-being), as well as their interconnections and compounding effects by population group. It also allowed teams to identify and prioritize the most vulnerable geographic areas and population groups.

Compared to previous years, the merged approach resulted in significant shifts in intersectoral analysis. The framework used disaggregated analysis of four population groups for the 2023 HNO: IDPs in camps, IDPs outside camps, returnees and host communities. In previous years, the needs analysis placed all IDPs in one category; however, for 2023, the Inter-Sector Coordination Group (ISCG) agreed to divide IDPs into two groups due to the specific differences in vulnerability between in-camp and out-of-camp IDPs. The 2023 HNO included a geographic analysis of all 65 LGAs in Borno, Adamawa and Yobe states. The number of LGAs covered has increased because national partners were able to collect data in previously inaccessible areas.

Given the major methodological shifts in intersectoral and sectoral analysis, a degree of caution should be exercised when comparing severity and PiN trends across the years, including a comparison of 2022 and 2023 and other data sets collected prior to the adoption of JIAF.

Through consultations, the Inter-Sector Coordination Group (ISCG), supported by the JIAF analysis team (JAT), completed the following steps:

- Defined and agreed on the scope of the analysis (population groups, geographic areas, and thematic sectors) in May 2022.
- Drafted a joint analytical framework in June and July 2022, confirming the available indicators and data.
- Designed and endorsed the intersectoral model for estimating PiN by severity in August 2022, merging JIAF 1.1 and JIAF 2.0.
- The process included the joint selection of core severity needs indicators to illustrate the different dimensions and aspects of each humanitarian consequence.
- Consensus was reached on thresholds and on the selected indicators.
- Agreement was reached that the intersectoral model is based on three humanitarian consequences – well-being, living standards and coping mechanisms – with protection mainstreamed across the response.
- Following several rounds of consultations, JAT selected 11 intersectoral indicators focused on conditions related to physical and mental well-being, living standards, and coping mechanism<sup>117</sup>.
- Finally, the methodology was presented to the Inter-Sector Working Group.

### Intersectoral severity and people in need methodology

In the 2023 HNO, as mentioned above, the analysis of needs was based on two complementary methodologies: The new JIAF 2.0 methodology (i.e., the mosaic PiN and severity method) and the enhanced HPC process methodology along with



the corresponding IASC Joint Intersectoral Analysis Framework (JIAF1.1).

The following steps were used to calculate people's severity of needs and the number of people in need.

### **Step 1: Severity per population group and overall severity at geographical level (LGA)**

Using the JIAF 2.0 severity estimation method, the intersectoral severity was calculated from the sectors' severity input. Each sector provided severity levels per population group for each LGA. Then sector inputs were used to calculate the average severity, considering the depth of need<sup>118</sup> and overlapping deprivations.<sup>119</sup> The result shows the intersectoral severity rank for each population group per LGA. Then the intersectoral severity per population group was used to calculate the LGA's overall severity.

### **Step 2 Calculating Inter-Sectoral PiN for LGA**

The intersectoral PIN is calculated using the JIAF 2.0 PIN methodology, which picks the highest PiN provided by any sector at LGA level for each population group. The overall PiN for each LGA is found by adding up the highest PiNs for each population group in any sector.

### **Step 3 Calculating the overall PiN for the three states**

The PiN from Step 2 for 65 LGAs aggregated as the overall PiN for the response. At this stage, a separate step is used to find the affected population for each severity class. This is done so that a complete picture of those affected can be obtained.

### **Step 4 Arriving at the people's severity levels.**

Since the overall PiN is derived from sectors' PiNs to have a full picture of the affected population, the JIAF estimation method of intersectoral indicators (from 11 agreed indicators) was calculated to inform the proportion of affected people in each severity class (from minimal to catastrophic, or 1 to 5).

### **Step 5 Applying severity proportion to the affected population.**

Using the proportion obtained in step 4, the intersectoral PiN obtained in step 2 is proportionally distributed to severity levels 3 to 5 (as PiN refers to severity levels 3 to 5) and the remaining people from the affected population are placed in severity levels 1 and 2.

## **Supporting methodologies used for Needs Analysis**

### **Risk Analysis**

Nigeria has been conducting robust risk analysis exercises since 2021. The process follows four steps: 1) identifying threats with experts and the ISCG; 2) validating the threats; 3) designing a data collection tool (survey) to gather opinions; and 4) data collection. The data is then analysed, compiled in a report and validated.

Partners then administered the risk assessment survey in the BAY states. In total, 2,410 responses were collected: Adamawa (1,139 respondents), Borno (880) and Yobe (451) on more than ten risks. These were price inflation for key commodities, climate-related events such as floods and sandstorms, escalation of armed conflict, disease outbreaks, camp closures, elections (contested election results, post-election violence or disruptions to humanitarian operations), communal violence and fire outbreaks. Overall, across all respondents, the critical risks identified for 2023 (those most likely to occur) were: inflation, floods, non-state armed conflict and disease outbreaks, as shown in the infographic for risk severity.

### **Secondary data review**

The secondary data review was conducted in collaboration with the sectors, with each sector tagging the available information to create a clear analytical overview for each sector through the DEEP<sup>120</sup> platform. The sectors and OCHA were able to review thousands of pages of secondary information to enrich the analytical exercise.

## Multi-Sector Needs Assessment (MSNA)

DTM used the MSNA method from the year before to make it easy to compare indicators over time with few statistical changes. The MSNA covered the states of Borno, Adamawa and Yobe. At the LGA level (Administrative Level 3), the results have a 95% confidence interval and a 5% error margin.

The MSNA used a two-layer sampling technique, cascading geographical and population groups. The sample collected is representative of the LGA level. The MSNA used two measurement methods: household and stratum.<sup>121</sup> A stratum represents the intersection between a geographic area (i.e., location) and population group (i.e., host community, IDP and returnee). A total of 16,000 household questionnaires were administered in all 65 LGAs.

In addition, 56 community consultations were conducted across the three states, involving 1,400 people in a group of 25, to acquire qualitative information to strengthen the analysis.

## Baseline Population estimates

The 2023 baseline population figures are informed by various available data sets:

- National population census (Government data), World Population Global Grids
- Recent administrative records for humanitarian responses: Common Operational Datasets (COD), Geo-Referenced Infrastructure and Demographic Data for Development (GRID3)
- Displacement Tracking Matric - DTM, UNHCR Operational Dataset, Access Working Group (AWG).

The estimation methodology adopted a bottom-up approach for each population group that considered population movement in the affected BAY states. The arithmetic used is as follows:

**Base population living within the boundaries of the BAY states + / - displacement within the boundaries of the BAY states (incoming/outgoing refugees, third-country nationals, migrants) = the total BAY states population**

The Nigeria Micro Census Survey data set has been used as one of the response variables in the statistical model.<sup>122</sup>

Additionally, the Demographic and Health Survey (National Population Commission Nigeria and ICF International, 2019), from 2018 was used to determine the household size to create an interpolated map covering Nigeria with estimates of average household sizes for each grid cell, as a predictor of population density. Similar to the MSNA baseline population, it consists of the four population groups covering all the 65 LGAs in the BAY states.

## The Joint Intersectoral Analysis Framework (JIAF)

The JIAF is a set of protocols, methodologies, and tools to: classify the severity of humanitarian conditions (including humanitarian needs) originating from a shock/event or ongoing conditions; identify their key drivers and underlying variables; and provide actionable insights for decision-making. It involves a systematic approach to identifying priorities and choosing a strategy, as well as programmes, system improvements, and resource allocations.

The JIAF aims to give country teams and humanitarian partners (international and national NGOs, governments, donors, UN agencies, specialists, clusters or sectors, the ISCG, etc.) a uniform framework, tools, and methodologies for intersectoral analysis. It sets up a shared needs analysis for strategic decisions, analysis of responses, and planning and monitoring of strategic responses. The JIAF method makes it easier to collect, analyse, and store data by identifying the most important outputs and products of analysis. Moreover, it supports multi-stakeholder analysis and collaboration.

The Joint Intersectoral Analysis Framework (JIAF)

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

People living in the affected area

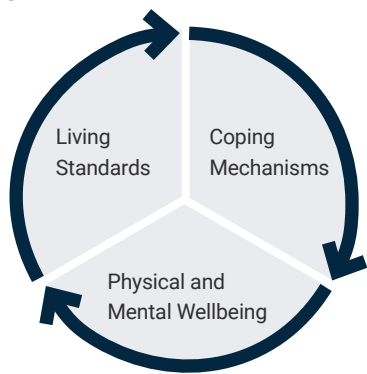
Event / Shock	
Drivers	Underlying factors / Pre-existing vulnerabilities

People affected

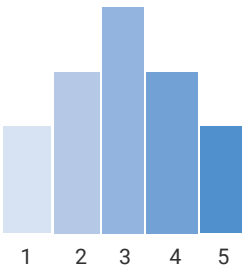
Impact		
Impact on humanitarian access	Impact on systems & services	Impact on people

Humanitarian conditions

People in need



Severity of needs



Current and forecasted priority needs/concerns  
By relevant age, gender and diversity characteristics

## The JIAF severity scale

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

## Indicators and severity thresholds

#	INDICATORS	LEVEL (HH OR AREA)	DATA SOURCE	1	2	3	4	5
01	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ) < -2 and/or bilateral oedema among children 0-59 month	Area	SMART Survey	<5%	5-9.9%	10-14.9%	15-29.9%	≥30%
02	% of HHs having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use	HH	MSNA	Enough water for drinking, cooking, personal hygiene and other domestic purposes OR more than 50 l/d/p	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes OR 15 or more but less than 50 l/d/p	Enough water for drinking AND EITHER cooking OR personal hygiene OR 9 or more but less than 15 l/d/p	Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p	Not enough water for drinking OR Less than 3 l/d/p
03	% of people accessing and using a functioning latrine	HH	Site tracker	Access to improved sanitation facilities, not shared with other households	Access to improved sanitation facilities, shared with less than 20 people	Access to improved sanitation facilities, shared with more than 20 people	Access to unimproved facilities OR access to improved facilities shared with more than 50 people	Disposal of human faeces in open spaces or with solid waste
04	% of population that can access primary healthcare within one hour's walk from dwellings	HH	Survey/ MSNA	≥ 80%	>= 80%	70% - 79%	60% - 69%	< 60%
05	CH (people in need based on the latest CH)	Area	CH	phase 1 - Minimal	phase 2 - Under Pressure	phase 3 - Crisis	phase 4 - Emergency	phase 5 - Famine
06	% of population in sites/communities reporting protection incidents in the last 3 months	HH	MSNA	"HH: No security incidents in the last 3 months Area: 0%"	"HHs: Verbally threatened or intimidated Area: 1-10% HHs have suffered incidents"	"HHs: At least one serious incident in the last 3 months Area: 20-40% HHs have suffered incidents"	"HHs: At least one severe incident in the last 3 months OR At least 2 serious incidents OR Area: 40-60% HHs have suffered incidents"	"HHs: At least one critical incident in the last 3 months OR At least 2 Severe incidents Area: >60% HHs have suffered incidents"



#	INDICATORS	LEVEL (HH OR AREA)	DATA SOURCE	1	2	3	4	5
07	% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living in the last 3 months	HH	MSNA	"HHs: Sometimes worried about theft or harassment or small/medium injuries OR Sometimes worried about death, EOs OR abduction  Area: 0%"	"HHs: Always worried about small/medium injuries OR theft / harassment  Area: 1-10%"	"HHs: Sometimes worried about sexual violence OR grave injuries  Area: 20-40% HHs reporting security concerns"	"HHs: Always worried about sexual violence OR grave injuries OR Sometimes worried about death, EOs OR abduction  Area: 40-60% HHs reporting security concerns"	"Always worried about death OR abduction OR EOs  Area: 60% HHs reporting security concerns"
08	Ability to reach population in needs of humanitarian assistance	Area	Access Working Group & RPM	Unimpeded access to basic services	regular	sporadic	Hard to reach	Extremely Hard to reach
09	% of households reporting one or several children that report experiencing signs of psychological distress following a safety or security incident	HH	MSNA	0	1-2 % HHs reporting	3-4 % HHs reporting	5- 10% HHs reporting	>10% HHs reporting
10	% of people with access to safe and adequate shelter	Area	DTM/ Site Tracker	Area: 91-100% of HHs live in safe and adequate shelter	Area: 71 - 90% of HHs live in safe and adequate shelter	Area: 51-70% of HHs live in safe and adequate shelter	Area: 11-50% of HHs live in safe and adequate shelter	Area: Very few (<10%) of HHs live in safe and adequate shelter
11	% of HHs engaging in harmful coping mechanisms in the last 30 days	HH	MSNA	0-10 % of HHs engaging in harmful coping mechanisms in the last 30 days	11-20 % of HHs engaging in harmful coping mechanisms in the last 30 days	21 -40 % of HHs engaging in harmful coping mechanisms in the last 30 days	41-60 % of HHs engaging in harmful coping mechanisms in the last 30 days	61-100 % of HHs engaging in harmful coping mechanisms in the last 30 days

The ISCG invited specific and recognized expertise within the existing Assessment and Analysis Working Group (AAWG) to form the JIAF analysis team's (JAT) core group. To compile Nigeria's JIAF indicators table, the JAT called on sectors and areas of responsibility (AoR) to provide a list of candidate indicators for humanitarian conditions (as opposed to impacts). The process ensured that the selected indicators correspond directly to time-critical and life-threatening needs. Each indicator has a robust and accepted methodology. The unit of analysis is either at household or area level.

**Indicator severity thresholds:** Each indicator has severity thresholds organized along a 5-point scale, aligned with JIAF severity phase definitions and humanitarian population figures. After the submitted indicators were reviewed, 11 core indicators were chosen. The Cadre Harmonisé indicator was identified as a critical indicator. Of the 11 indicators selected, 9 are taken from the JIAF indicator reference table. The JIAF indicators were developed at the global level with review and endorsement by all global cluster coordinators. While 7 are household-level indicators taken directly from the MSNA, the others are area level indicators.

**Reconcile household and area-level indicators.** All the area-level indicators are added to the MSNA household-level data set. This results in single household-level aggregated dataset with area-level indicators 'linked' to each household. If several households have been interviewed within a single geographical area, the same area-level indicator value will be repeated for all the interviewed households in the area.

**Aggregate all indicators within the humanitarian condition pillar:** The aggregation method is the "Mean of Max 50% of indicators" if there are more than four indicators, and simply the mean if there are four indicators or less.

Check if any of the critical indicator severity scores are higher than the final JIAF severity phase classification. If so, replace the humanitarian conditions score with the 'critical' indicator score

Estimate the number of people under each severity phase. Multiply the percentages obtained in the previous step by total population figures to obtain the number of people under each severity phase.

Anticipate future conditions. Through the ISCG, the humanitarian community carried out an inclusive, decentralized and in-depth risk analysis led by a risk analysis team (RAT) which included INGOs, NGOs and sectors. RAT submitted a list of risks from which the ISCG agreed collectively to focus on six key risks (based on the threat categories which have potential humanitarian consequences, as per IASC guidelines).

### Access Severity methodology:

The 'Access Severity Map' endorsed by the Access Working Group is the product of close to 30 submissions from UN, INGO and NNGO actors operating throughout the north-east. This process was supplemented by a review of non-state armed group (NSAG) presence at the ward level.

The map is a ward-level representation of humanitarian actors' perceptions of access constraints; and where those perceived constraints create barriers to humanitarian access to vulnerable populations.

For each of the 714 wards across Borno, Adamawa and Yobe (BAY) states, partners reported against the following indicators:

- **Perception of NSAG presence and/or control:** this indicator sought to capture partner perceptions of NSAG presence as a risk to humanitarian programming.
- **Physical access constraints:** this indicator sought to capture the degree to which road conditions deteriorated during the rainy season, causing gaps in ability to access the areas overland.
- **Stakeholder complexity:** this indicator sought to rate where restrictions were put in place by authorities that impeded the ability of humanitarian actors to access vulnerable populations.
- **Conflict intensity:** this indicator sought to capture where kinetic conflict activity created an inherent collateral risk to humanitarian agencies.

The final Access Severity score per ward has been calculated as an average between all partner inputs. The score is based on the following weights: **perception of NSAG presence and/or control: 55%, physical access constraints: 10%, stakeholder complexity: 15%, conflict intensity 20%.** NB: As security combined with a lack of acceptance by NSAGs remains the main access impediment in north-east Nigeria, any ward where NSAG presence rose above a critical threshold automatically categorized the ward as extremely hard to reach (EHR), regardless of the other indicator scores.

### Access Severity Classification:

Wards were scored and desegregated as 'Accessible' (light beige), 'Hard to Reach' (beige), or 'Extremely Hard to Reach' (brown). Definitions of each category are as follows:

- **Accessible:** wards in the BAY states which the humanitarian community where humanitarian partners reported having access without the use of additional enablers. Fifty-three per cent of all wards fell into this category.
- **Hard to Reach (H2R):** wards where humanitarian actors reported they could reach affected populations in at least one location within the ward through the use of enablers. Enablers include, but are not limited to, UNHAS flights, humanitarian hubs, and the presence of security actors; and in many cases necessitate compromises on humanitarian values – particularly neutrality and independence (e.i., use of armed escorts or delivery through governmental humanitarian agencies). Logistical constraints (including road infrastructure and impacts of climatic events also contribute to this classification. Of note, a ward with an H2R population center may still be EHR outside of the population center, but in this case would be captured as H2R. Twenty-three per cent of all wards fell into this category.

- **Extremely Hard to Reach (EHR):** wards where humanitarian partners reported being unable to access vulnerable populations at the time of the report, with the existing enablers, due to security considerations. It should also be noted that the situation is highly fluid, and an operational shift in the context could easily shift an EHR ward to H2R, or vice versa. **Twenty-four per cent of all wards fell into this category, primarily in Borno State.**

The road classification represented in this map is derived from the NIF-INSO Humanitarian Access Map for August 2022.

The roads are represented as:

- Accessible roads, used for humanitarian personnel and cargo movements (green)
- Hard to Reach roads, used occasionally by humanitarian actors for personnel and cargo movements, and where the security situation shifts regularly (yellow)
- Roads used for humanitarian cargo movements only (dotted red)
- Roads not used by humanitarian actors, primarily due to security concerns (red)

## 4.3

# Information Gaps and Limitations

### Information Gaps and Limitations

There was an obvious improvement in the data sources that informed the 2023 Humanitarian Need Overview (HNO) to address the programming in the Humanitarian Response Plan (HRP).

There was improved collaboration with humanitarian stakeholders to organize and carry out assessments to provide evidence-based data analysis to inform the Humanitarian Programme Cycle (HPC) process.

UNOCHA adopted a flexible approach to support and facilitate a result-based assessment of the affected geographical areas and to identify those in dire need of humanitarian assistance. However, several locations across Borno, Adamawa, and Yobe states remain difficult environments for data collection.

### Population Statistics

The population estimates mostly likely represent the time period of 2018 to 2019, reflecting when the majority of satellite imagery scenes were processed to produce building footprints.

This settlement data primarily determines the spatial distribution of the gridded population estimates. The updated settlement layer used in Version 2.0 means that the predicted population distribution has changed compared with previous data releases. The variation in population density is modeled based on microcensus data, which were collected between 2016 and 2017. This model assumes that population densities observed during the earlier time period are still representative of the more recent period. Similarly, the age and sex data come from an earlier time point and were assumed to be stable.

Furthermore, the population estimates assume that no people live in areas that are predicted to be either unsettled or non-residential. Compared with version 1.2, the residential/non-residential classification used in version 2.0 estimates are in general, less restrictive. It considers more areas to be potential residential areas in order to avoid excluding and underestimating the population in urban centres. This could lead to over- or under-estimates in misidentified areas.

Due to differences in the spatial data of administrative boundaries, population estimates may be missing from some areas near the Nigerian border.

### Displacement Tracking System

Though the main objective of the Displacement Tracking System (DTM) Programme remains to provide support to the Government and humanitarian partners by establishing a comprehensive system to collect, analyse and disseminate data on Internally Displaced Persons (IDPs) and returnees to ensure effective assistance to the affected population, accessibility in some geographical areas remains limited.

Given the limited access to certain geographical areas due to the deterioration in the overall security situation, it can be inferred that the actual displacement figures could be much higher. The LGAs of Guzamala, Kukawa, Marte, Abadam and Nganzai in Borno continued to remain difficult to reach during this exercise.

### Multi-Sectoral Needs Assessment

To support and provide strong evidence-based analysis for the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) and identify intersectoral humanitarian needs by incorporating

a crisis-wide assessment, the Multi-Sector Needs Assessment (MSNA) was adopted.

Most of the areas were difficult to reach for humanitarian partners during the enumeration exercise, with core challenges around insecurity and access restrictions.

There were delays in uploading some data to the server due to poor and unstable networks in several assessed locations which delayed the assessment.

This highlights the need to adopt a more sustainable approach and mechanisms to support and improve accessibility and achieve a quicker turnaround for the humanitarian needs assessment.

## Access

### Clarifications on terminology and limitations:

**Please note** that the term 'inaccessible' is not applied in the access mapping due to the fluidity of the situation and significant discrepancies in the approach and risk threshold of various actors across the humanitarian, government and military space. However, shifts in this terminology from previous mappings

should not be assumed to denote an improvement or deterioration. Based on the analysis conducted during this exercise and different trends observed from 2020-2022 (i.e., insecurity including incidents targeting humanitarian workers by NSAGs, bureaucratic and administrative impediments, conflict dynamics), the humanitarian space and access capacity remain significantly deteriorated in comparison to 2019 and prior.

**Also note** that the access mapping does not capture the quality or scale of the humanitarian response at ward level, nor does it reflect the risks that would stem from humanitarian interventions in specific areas in hard-to-reach or extremely-hard-to-reach wards (i.e. negative pull factors, risks for civilian populations travelling to access humanitarian services. Despite that, some assumptions can be reasonably made; for instance, it may be possible to do a one-off distribution in an extremely-hard-to-reach location given a short-term contextual change (emergency combined with a surge in security assets); but it is extremely unlikely that a short-term window would allow for a quality protection intervention.



## 4.4

# Acronyms

<b>AAP</b>	Accountability to Affected Population	<b>FMHADMSD</b>	Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development
<b>AAWG</b>	Assessment and Analysis Working Group		
<b>ACLED</b>	Armed Conflict Location and Event Data Project	<b>FAO</b>	Food and Agriculture Organization (of the United Nations)
<b>AoR</b>	Area of Responsibility	<b>FMS</b>	Famine Monitoring System
<b>AWD</b>	Acute watery diarrhoea	<b>FNSS</b>	Food and Nutrition Surveillance Systems
<b>AWG</b>	Access Working Group	<b>FSS</b>	Food Security Sector
<b>BAY</b>	Borno, Adamawa and Yobe (states)	<b>GAM</b>	Global acute malnutrition
<b>BSFP</b>	Blanket supplementary feeding programme	<b>GBV</b>	Gender-based violence
<b>BSG</b>	Borno State Government	<b>GBVIMS</b>	Gender-Based Violence Information Management System
<b>CAAG</b>	Children associated with armed groups		
<b>CCCM</b>	Camp Coordination and Camp Management	<b>HCT</b>	Humanitarian Country Team
<b>CEDAW</b>	Committee on the Elimination of Discrimination against Women	<b>HLP</b>	Housing-land-and-property
		<b>HNO</b>	Humanitarian Needs Overview
<b>CFR</b>	Case-fatality rate	<b>HPC</b>	Humanitarian Programme Cycle
<b>CH</b>	Cadre Harmonisé	<b>HRP</b>	Humanitarian Response Plan
<b>CMCOORD</b>	Civil-military coordination	<b>IASC</b>	Inter-Agency Standing Committee
<b>CMR</b>	Clinical management of rape	<b>IDP</b>	Internally Displaced Person
<b>CVA</b>	Cash-and-voucher assistance	<b>IED</b>	Improvised Explosive Device
<b>DTM</b>	Displacement Tracking Matrix	<b>IMSMA</b>	Information Management System of Mine Action
<b>EO</b>	Explosive ordnance		
<b>EORE</b>	Explosive ordnance risk education	<b>INGO</b>	International non-governmental organization
<b>ERL</b>	Early Recovery and Livelihoods	<b>IOM</b>	International Organization for Migration
<b>EWARS</b>	Early Warning Alert and Response	<b>IPC</b>	Integrated Phase Classification
<b>FCS</b>	Food Consumption Score	<b>IPV</b>	Intimate-partner violence
<b>FCT</b>	Federal Capital Territory	<b>ISCG</b>	Inter-Sector Coordination Group
		<b>ISWAP</b>	Islamic State West Africa Province (faction of Boko Haram)

<b>IYCF</b>	Infant-and-young-child feeding (practices)	<b>NGO</b>	Non-governmental organizations
<b>JAS</b>	Jama'atu Ahlis Sunna Lidda'awati wa-Jihad (faction of Boko Haram)	<b>NSAG</b>	Non-state armed groups
<b>JAT</b>	JIAF analysis team	<b>NTS</b>	Non-technical survey
<b>JENA</b>	Joint Education Needs Assessment	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs (of the United Nations)
<b>JIAF</b>	Joint Inter-sectoral Analysis Framework	<b>PiN</b>	People in need
<b>KAP(B)</b>	Knowledge, attitude, practices (and behaviour)	<b>PLW</b>	Pregnant and lactating women
<b>LGA</b>	Local Government Area	<b>PMS</b>	Protection Monitoring System
<b>MAM</b>	Moderate acute malnutrition	<b>PSEA</b>	Protection against Sexual Exploitation and Abuse
<b>MEB</b>	Minimum Expenditure Basket	<b>SAM</b>	Severe acute malnutrition
<b>MHPSS</b>	Mental health and psychosocial support services	<b>SGBV</b>	Sexual and gender-based violence
<b>MMC</b>	Maiduguri Metropolitan Council	<b>SMEB</b>	Survival Minimum Expenditure Basket
<b>MPCA</b>	Multi-Purpose Cash Assistance	<b>TSFP</b>	Targeted supplementary feeding programme
<b>MPI</b>	Multidimensional Poverty Index	<b>UNHAS</b>	United Nations Humanitarian Air Services
<b>MSNA</b>	Multi Sector Needs Assessment	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>MUAC</b>	Mid upper arm circumference	<b>UNICEF</b>	United Nations Children's Fund
<b>NAF</b>	Nigerian Armed Forces	<b>UNMAS</b>	United Nations Mine Action Service
<b>NBS</b>	National Bureau of Statistics	<b>UXO</b>	Unexploded ordinance
<b>NCDC</b>	Nigeria Center for Disease Control	<b>WASH</b>	Water, sanitation and hygiene
<b>NEMA</b>	National Emergency Management Agency	<b>WFP</b>	World Food Programme
<b>NFI</b>	Non-food items	<b>WHO</b>	World Health Organization
<b>NFSS</b>	Nutrition and Food Security Surveillance		

## 4.5

# End Notes

1. Nigeria has 774 local government areas (LGAs). Each LGA is administered by a local government council, consisting of a chairman, who is the chief executive, and other elected members, who are referred to as councillors. Each LGA is further (sub-)divided into wards. A ward is administered by a councillor, who reports directly to the LGA chairman. The councillors fall under the legislative arm of the local government, the third tier of government in Nigeria (below the state governments and the federal government).
2. In the 2023 HNO, the analysis of needs was based on two complementary methodologies: 1) the enhanced HPC process, with the corresponding IASC Joint Intersectoral Analysis Framework (JIAF); and 2) the pilot JIAF 2.0 methodology (i.e., the mosaic PIN and severity method). The calculation of both the inter-sectoral PiN and severity of needs was derived from the combination of these two methodologies. As already done in 2022, and based on the JIAF 1.1. methodology, inter-sectoral indicators were developed. Specific sectoral inputs, including on the four 'inaccessible' LGAs in 2022, were provided through the above assessment; with information and data derived from a number of different sources, including government and military.
3. This more than double increase is partly due to a change in methodology – i.e., a shift from calculating weight-for-height to combining weight-for-height with mid-upper-arm circumference, in line with the Global Nutrition Sector guidelines.
4. SPHERE Standards: <https://spherestandards.org/wp-content/uploads/CHS-in-2018-Sphere-Handbook.pdf>
5. <https://www.joghr.org/article/12733-reducing-maternal-mortality-in-nigeria-addressing-maternal-health-services-perception-and-experience>
6. The sum of the percentages do not equal 100 due to the nature of the questions asked during the data collection process.
7. 2021 and 2022 MSNA; OCHA and GTS paper November 2022
8. <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=NG>
9. <https://foreignaffairs.gov.ng/nigeria/the-people/>. Although state governments depend on financial transfers from the federal budget, state governors have a high degree of autonomy to address critical issues in their states. Therefore, governors in north-east Nigeria can respond to issues in the humanitarian operation, including providing support to affected populations.
10. The World Bank notes that ethnic diversity and geographical disparities are among the factors contributing to "Nigeria's growing vulnerability to conflict and violence" (World Bank 2020: p 6 – Country Partnership Framework for the Federal Republic of Nigeria for the Period FY21-FY25: source <https://documents1.worldbank.org/curated/en/526171611619063445/pdf/Nigeria-Country-Partnership-Framework-for-the-Period-FY21-FY25.pdf> ). The World Bank also notes that "State-level poverty rates are generally higher among northern states than southern states" Ibid: p. 9 in the report. The North-South divide is also evident in human capital outcomes (p 19)
11. Analysts in the economist note that Boko Haram's genesis lies not only in religious ideology. It is also a protest against government neglect. See: The Economist, 19 November 2014, Why Nigeria has not yet defeated Boko Haram: <https://www-economist-com.uow.idm.oclc.org/the-economist-explains/2014/11/19/why-nigeria-has-not-yet-defeated-boko-haram>
12. IDP and Returnee Atlas as of July 2022, Mobility Tracking – North East Nigeria: <https://displacement.iom.int/sites/g/files/tmzbd1461/files/reports/IDP%20and%20Returnee%20Atlas%20%20%28July%202022%29.pdf>; <https://www.unhcr.org/uk/nigeria-emergency.html>
13. <https://www.theglobalist.com/nigeria-europe-poulation-census/>
14. UNFPA, March 2022, Seeing the unseen, p. 135: <https://esaro.unfpa.org/en/publications/seeing-unseen>
15. <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf> : p 97 and 105
16. [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/wpp2022\\_summary\\_of\\_results.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/wpp2022_summary_of_results.pdf)
17. UNESCO, September 2022, New Estimation Confirms Out-of-School Population is Growing in Sub-Saharan Africa: <https://unesdoc.unesco.org/ark:/48223/pf0000382577?posInSet=8&queryId=3b475723-f630-4a4b-86e4-eb72ad94585e>
18. <https://www.cbn.gov.ng/rates/inflates.asp>
19. <https://www.nigerianstat.gov.ng>, accessed 1 November 2022 These figures may not be representative when over 80 per cent of those employed are in the informal economy. World Bank 2021, The Long Shadow of Informality: Challenges and Policies.
20. Ibid.
21. According to the World Bank, over 80 per cent of the labour force derive their livelihoods from the informal economy, including agriculture and lower-end services. See: (World Bank, 2020: p 7): Country Partnership Framework for the Federal Republic of Nigeria for the Period FY21-FY25.
22. Garrison towns are towns protected by the Nigerian army. These towns and other settlements are surrounded by protective trenches, beyond which life is unsafe and where carrying out

- essential activities such as farming or fetching firewood puts lives at risk.
23. Nigeria: Cadre Harmonise Fiche – Acute Food and Nutrition Insecurity Analysis: Current (October – December 2022) and Projected (June – August 2023).
  24. Ibid.
  25. <https://reliefweb.int/report/nigeria/nigeria-floods-response-flash-update-4-last-updated-14-december-2022>
  26. OCHA Nigeria Situation Report, 19 December 2022.
  27. <https://www.unicef.org/nigeria/media/6126/file/2021%20MICS%20Statistical%20Snapshots%20Report.pdf>
  28. BAY states cholera dashboard: <https://app.powerbi.com/>
  29. See Human Rights Watch, March 2022, Nigeria Risks Falling Further Behind on Women's Equality: <https://www.hrw.org/news/2022/03/08/nigeria-risks-falling-further-behind-womens-equality>
  30. UN Women, April 2022, Nigeria: Country Portfolio Evaluation: [https://africa.unwomen.org/en/docs?f%5B0%5D=publishing\\_entities\\_docs:2215](https://africa.unwomen.org/en/docs?f%5B0%5D=publishing_entities_docs:2215)
  31. Save the Children, October 2022, Global Girlhood Report: Girls on the Frontline: [https://resourcecentre.savethechildren.net/pdf/Global-GirlhoodReport-2022\\_West-Africa-Brief-English.pdf/](https://resourcecentre.savethechildren.net/pdf/Global-GirlhoodReport-2022_West-Africa-Brief-English.pdf/)
  32. <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/atlas/nigeria/>
  33. UN Women, 2018.
  34. <https://data.unwomen.org/country/nigeria>
  35. According to UNICEF, child marriage impacts girls disproportionately. The global prevalence of child marriage among boys is one sixth of that among girls: <https://www.unicef.org/protection/child-marriage>
  36. Ibid.
  37. CEDAW reaffirms that “polygamous marriages contravene a woman's right to equality with men, and have such serious emotional and financial consequences for them and their dependents that such marriages ought to be discouraged and prohibited. OHCHR: Committee on the Elimination of Discrimination against Women, General recommendation on article 16 of the Convention on the Elimination of All Forms of Discrimination against Women (Economic consequences of marriage, family relations and their dissolution), 30 October 2013, article 27: p 5.
  38. UNFPA (March 2022), Seeing the Unseen: p 125. <https://esaro.unfpa.org/en/publications/seeing-unseen>
  39. UNICEF Nigeria (2022). Available at: <https://www.unicef.org/nigeria/situation-women-and-children-nigeria>. Accessed. 04.11.2022
  40. Benebo, F. O., Schumann, B., & Vaezghasemi, M. (2018). Intimate partner violence against women in Nigeria: A multilevel study investigating the effect of women's status and community norms. *BMC Women's Health*, 18(1), 1–17. <https://doi.org/10.1186/s12905-018-0628-7>
  41. UN Women (April 2022), Nigeria: Country Portfolio Evaluation: <https://africa.unwomen.org/en/docs/2022/04/nigeria-country-portfolio-evaluation>
  42. Nigeria: Demographic and Health Survey, p 74: <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>
  43. Oriaghan (2018), A Quick Look at Women's Land and Inheritance Rights in Nigeria. Available at: <https://www.landesa.org/a-quick-look-at-womens-land-and-inheritance-rights-in-nigeria/>. Accessed. 05/11/2022
  44. <https://data.unwomen.org/country/nigeria>
  45. <https://data.unwomen.org/country/nigeria>
  46. Figures on fatalities and incidents according to The Armed Conflict Location & Event Data Project (ACLED), a disaggregated data collection, analysis and crisis mapping project.
  47. IOM Displacement Tracking Matrix, Displacement Report, Round 41, Baseline Assessment in North East Nigeria (June 2022): <https://displacement.iom.int/sites/g/files/tmzbd11461/files/reports/DTM%20Report%20Round%2041%20%20%28June%202022%29.pdf>. In Borno and Yobe, insurgency is the prime reason for displacement, while in Adamawa 77 per cent is due to insurgencies, 21 per cent communal clashes and 2 per cent natural disasters. The vast majority of IDPs (89%) are displaced within their state of origin, while 11 per cent travelled between states in search of safety and security. An estimated 52 per cent of IDPs reside in an LGA out of their LGA of origin.
  48. Shelter Sector, DMS/CCCM, October 2022, IDP Shelter Needs in Camp and Host Communities.
  49. Nigeria: Cadre Harmonise Fiche – Acute Food and Nutrition Insecurity Analysis (October -December 2022) and Projected (June-August 2023).
  50. Ibid.
  51. Ibid.
  52. Nigeria: IPC Acute Malnutrition Analysis: May 2022 – April 2023. Published 23 November 2022: [https://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/IPC\\_Nigeria\\_Acute\\_Malnutrition\\_May22\\_April23\\_Snapshot.pdf](https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Nigeria_Acute_Malnutrition_May22_April23_Snapshot.pdf)
  53. OCHA Nigeria, Situation Report 1 November 2022: <https://reports.unocha.org/en/country/nigeria>.
  54. Ibid.
  55. <https://unosat.org/products/3418>
  56. Findings from the Intergovernmental Panel on Climate Change (IPCC)
  57. August 2022: Moving from Reaction to Action Anticipating Vulnerability Hotspots in the Sahel: A Synthesis Report from the Sahel Predictive Analytics Project in Support of the United Nations Integrated Strategy for the Sahel

58. BAY states cholera dashboard: <https://app.powerbi.com/>
59. OCHA Situation Report, 1 November 2022: <https://reports.unocha.org/en/country/nigeria>.
60. See the Guiding Principles on Internal Displacement, (E/CN.4/1998/53/Add.2) and the Geneva Convention.
61. Area-based Assessments were carried out by 27 humanitarian partners: 3 UN agencies, 7 INGOs, 17 NGOs/CBOs. The methodology involved interviews with 426 key informants, focus groups discussions and the mapping of facilities.
62. IOM Displacement Tracking Matrix, Stability Index – Lake Chad Basin, Round 2, Nigeria/March 2022
63. Figures do not aggregate to 100 because of the multi-response nature of the questionnaire and its analysis.
64. The Minimum Expenditure Basket (MEB) is defined as what a household requires in order to meet basic needs (on a regular or seasonal basis) and its average cost, according to the Nigeria Cash Working Group. The MEB helps to achieve the following: (i) support decisions on transfer value amounts for food and non-food needs; (ii) inform decisions on which goods and services to assess in a multi-sector market assessment; (iii) monitor immediate and longer-term ability to meet basic needs and resilience outcomes by analysing expenditure trends; and (iv) establish a baseline against which to monitor market prices and costs of living.
65. Cash Working Group (CWG), OCHA, North-east CVA Operational Presence (January – June 2022).
66. Food Security Sector, September Cash Dashboard
67. See: <https://www.unhcr.org/uk/cash-based-interventions.html>
68. Balmer, L. Mohammed, S. and Koirala, B. (2021), Cash and Voucher Assistance (CVA) Programming: A Step-By-Step Guideline, Plan International: [https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/GLO\\_CVA-Guidelines\\_May-2021\\_ENG.pdf](https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/GLO_CVA-Guidelines_May-2021_ENG.pdf)
69. [https://fscluster.org/sites/default/files/documents/humanitarian\\_situation\\_monitoring\\_bulletin\\_-\\_november\\_2022.pdf](https://fscluster.org/sites/default/files/documents/humanitarian_situation_monitoring_bulletin_-_november_2022.pdf)
70. IOM DTM Round 41 and Round 37.
71. 71 Shelter Sector, DMS/CCCM, IDP Shelter Needs in Camps and Host Communities, October 2022.
72. Ibid.
73. The CCCM Sector and its partners classifies congestion levels as follows: high congestion – less than 15m<sup>2</sup>/individual; moderate congestion – between 15–19.9m<sup>2</sup>/individual; low congestion – between 20–29.99m<sup>2</sup>/individual; uncongested – above 30m<sup>2</sup>/individual.
74. Northeast, Nigeria: Joint Education Need Assessment, November 2021, Education in Emergencies Working Group (EiEWG) Nigeria.
75. Financial constraints as a barrier vary from one state and one community to another. In Adamawa, for example, as many as 93 per cent of households reported it as a barrier. Among some in Maiduguri, all households reported it as a barrier, while in parts of Yobe, it was a barrier for 90 per cent (MSNA for 2023).
76. Humanitarian Situation Monitoring Bulletin, November 2022: <https://fscluster.org/nigeria/document/humanitarian-situation-monitoring-3>
77. For more on the social determinants of health, visit: [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)
78. For more see: WHO, June 2019, Mental health conditions in conflict situations are much more widespread than we thought: <https://www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought>; and Charlson, F. et al. (2019), 'New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis', *The Lancet*, 394:240-48.
79. For more on Malaria, visit: [https://www.who.int/news-room/questions-and-answers/item/malaria?gclid=CjwKCAiA8Om dBhAgEiwAShr405XPwGQmpEU-ESfhv1u-80d4ZMVx2qp-0oL9wYZpEs0F-y2rFxoC22sQAvD\\_BwE](https://www.who.int/news-room/questions-and-answers/item/malaria?gclid=CjwKCAiA8Om dBhAgEiwAShr405XPwGQmpEU-ESfhv1u-80d4ZMVx2qp-0oL9wYZpEs0F-y2rFxoC22sQAvD_BwE)
80. See UNICEF, The Changing Face of Malnutrition: the State of the World's Children 2019: <https://features.unicef.org/state-of-the-worlds-children-2019-nutrition/>
81. A study commissioned by the UK Urban Health Organisation analysing the benefits of free school meals provision found that free meals at school enable all children to have the same opportunities to learn and thrive, irrespective of their socioeconomic background. "The impact has been shown to last well into adulthood, with evidence linking free school meals to improved educational attainment and a host of social, financial and health benefits." For more see: Impact on Urban Health, Investing in Children's Future: A Cost Benefit Analysis of Free School Meal Provision Expansion, Executive Summary, October 2022 : <https://urbanhealth.org.uk/wp-content/uploads/2022/10/FSM-Executive-Summary.pdf>
82. <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>
83. Shelter, DMS/CCCM, IDP Shelter Needs in Camps and Host Communities, October 2022.
84. MSNA FGD Analysis. Fact Foundation. October 2022.
85. IOM DTM Round 10
86. <https://documents1.worldbank.org/curated/en/099730003152232753/pdf/P17630107476630fa09c990da780535511c.pdf>
87. <https://www.unicef.org/nigeria/reports/2021-multiple-indicator-cluster-survey-national-immunization-coverage-survey-report> and <https://www.unicef.org/nigeria/media/6126/file/2021%20MICS%20Statistical%20Snapshots%20Report.pdf>
88. <https://guardian.ng/news/2022-world-population-day-nigeria-may-hit-400-million-by-2050-unfpa/>
89. Nigeria Bureau of Statistics



90. Nigerian Bureau of Statistics: <https://www.nigeriapovertymap.com/explorempi>
91. <https://www.premiumtimesng.com/news/headlines/557418-merchants-of-terror-1-paying-blood-taxes-helpless-communities-sustain-nigerias-terrorists.html?fbclid=IwAR3qspfCTRFC0ZmyN>
92. Forced Labour: An Emerging Feature of Conflict in Nigeria's North-West - Centre for Democracy & Development ([cddwestafrica.org](http://cddwestafrica.org))
93. OCHA, Nigeria Flood response: Flash Update 3; <https://reliefweb.int/report/nigeria/nigeria-floods-response-flash-update-3-last-updated-22-november-2022>
94. IOM DTM, April 2022; Nigeria – North-central And North-west Zones Displacement Report 9 (March 2022) | DTM ([iom.int](http://iom.int)); IOM DTM, Oct. 2022; Nigeria – North-Central and North-West – Mobility Tracking IDP Atlas (October 2022) | Displacement ([iom.int](http://iom.int))
95. ACLED.
96. North-west MSNA for 2023.
97. State Ministries of Education
98. UNICEF 2022 Smart Survey in Katsina, Sokoto and Zamfara. Presentation. p.5.
99. ICG, Rolling Back the Mayhem, 2020; [https://icg-prod.s3.amazonaws.com/288-violence-in-nigerias-north-west\\_0.pdf](https://icg-prod.s3.amazonaws.com/288-violence-in-nigerias-north-west_0.pdf)
100. Nigerian Bureau of Statistics; <https://www.nigeriapovertymap.com/explorempi>
101. MICS 2021- <https://www.unicef.org/nigeria/reports/2021-multiple-indicator-cluster-survey-national-immunization-coverage-survey-report>
102. <https://www.unicef.org/nigeria/reports/2021-multiple-indicator-cluster-survey-national-immunization-coverage-survey-report>
103. <https://sphcn.ng/wp-content/uploads/2022/07/Final-State-of-Primary-Health-Care-Service-Delivery-In-Nigeria-2019-2021-v.compressed.pdf>
104. The Armed Conflict Location & Event Data Project (ACLED) is a disaggregated data collection, analysis and crisis mapping project.
105. Findings from the Intergovernmental Panel on Climate Change (IPCC)
106. BAY states cholera dashboard: <https://app.powerbi.com/>
107. The Governor of Borno mentioned at an event celebrating World Humanitarian Day that his government is committed to closing the camps by the end of 2023
108. Joint Education Need Assessment, November 2021: p. 31.
109. IOM 2021, DTM Report Round 34.pdf
110. EU 2021, 2021\_06\_EASO\_COI\_Report\_Nigeria\_Security\_situation.pdf
111. Nutrition & Food Security Surveillance (NFSS) Round August 2022
112. IPC Acute Malnutrition Analysis, October 2022
113. 13 Nutrition Sector 5W, January to August, 2021-2022
114. WFP, Borno and Yobe State Monthly Market Monitoring, October 2022
115. DMS/CCCM October 2022
116. <https://kmp.hpc.tools/content/JIAF-1-1-facilitation-package>
117. JAT selected the indicators for the 2022 HNO; for 2023, in consultation with the ISCG, the same indicators were adopted
118. The total level of humanitarian needs as identified by sectoral severity analysis.
119. Quantitative calculation, counting number of sectors in which severity is level 3 or higher used to calculate number of sectoral deprivations faced by a population simultaneously.
120. <https://thedeep.io/>
121. 
$$n = \frac{(z^2 PN(1-P))}{(d^2 (N-1) + z^2 P(1-P))} deff$$
  
Where: z – Value in the normal distribution for 95% confidence level: 2.71, d – Margin of error: 0.05, deff – Design effect, P – Proportion: 0.50, n – effective sample size, N – Population.
122. Nigeria Micro Census Survey comes from household surveys in 1,142 locations in 15 states of Nigeria in 2016 and 2017. These locations represent a random sample stratified by settlement type.

**HUMANITARIAN  
NEEDS OVERVIEW**  
NIGERIA