

HUMANITARIAN NEEDS OVERVIEW

NIGERIA

HUMANITARIAN
PROGRAMME CYCLE
2022
ISSUED FEBRUARY 2022



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

Newly arrived women and mothers attend a WFP famine assessment and nutritional needs exercise in an IDP camp in Bama, Borno state in northeastern Nigeria on June 15, 2021. In Borno, Yobe and Adamawa states in northeast Nigeria, conflict is affecting the lives and livelihoods of millions of people. 4.4 million people are facing acute hunger and 300,000 children are suffering from acute malnutrition. Violence and insecurity are causing mass movements of people, with 1.75 million living in camps or host communities within Nigeria and tens of thousands seeking refuge in neighbouring countries, including Cameroon, Chad and Niger. Many of those who left the country are now returning, needing food and shelter. WFP Nigeria continues their famine prevention work by offering food, nutrition and cash distributions across North-east Nigeria.

Photo: WFP

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


fts.org/appeals/2021

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Summary of Humanitarian Needs and Key Findings

Current figures

PEOPLE IN NEED	TREND (2015-2021)	WOMEN	CHILDREN	WITH DISABILITY
8.7M		20%	58%	16%

Projected figures (2022)

PEOPLE IN NEED	TREND (2015-2022)	WOMEN	CHILDREN	WITH DISABILITY
8.4M		21%	58%	4%

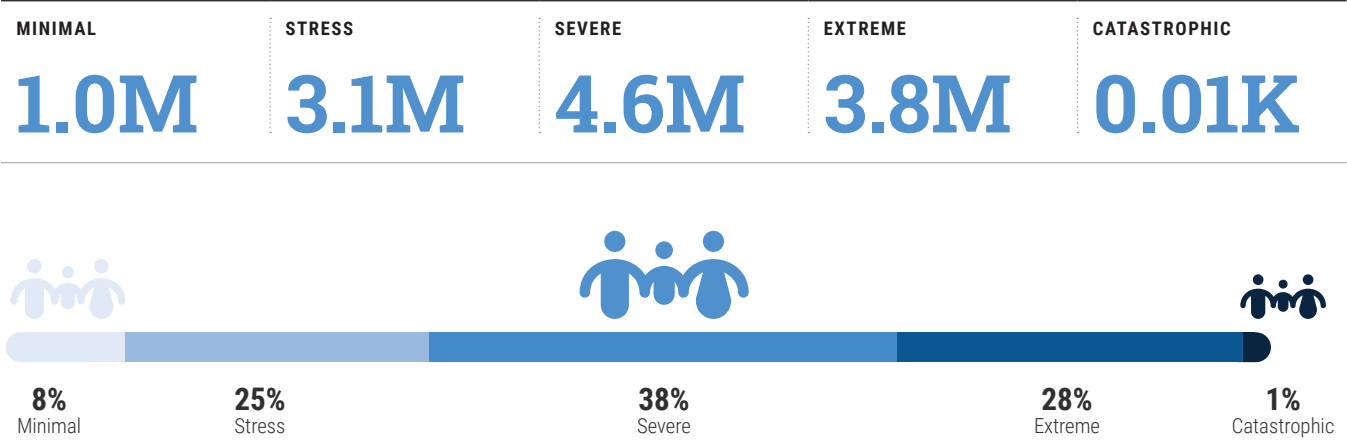


MAIDUGURI, BORNO STATE, NIGERIA

Bintu Bulama Abiso, aged 32 feeds her livestock in her home in Gongulong

Photo: OCHA/Damilola Onafuwa

Severity of needs: 2022



By Gender

GENDER	PEOPLE IN NEED	% PIN
Boys	2.3M <div></div>	28%
Girls	2.6M <div></div>	31%
Men	1.6M <div></div>	19%
Women	1.8M <div></div>	22%

With Disability

TYPE	PEOPLE IN NEED	% PIN
Physical Disability	356k <div></div>	4%
Mental Disability	20k <div></div>	0.4%

By Population Groups

POPULATION GROUP	PEOPLE IN NEED
Internally displaced people	2.2M <div></div>
Returnees	1.5M <div></div>
Host Communities	3.9M <div></div>
Inaccessible	0.7M <div></div>

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	4.9M <div></div>	53%
Adults (18 - 59)	3.1M <div></div>	37%
Elderly (60+)	0.4M <div></div>	5%

Context, shocks/events, and impact of the crisis

The conflict stemming from the insurgency of non-state armed groups (NSAGs) in north-east Nigeria continues as intensely as ever. The attacks and insecurity have displaced millions of people, devastated agricultural production and other livelihoods, cut off essential services, and caused a crisis of protection. No early end to the conflict is foreseen.

Some 8.4 million people in the north-east states of Borno, Adamawa and Yobe (BAY states) will need humanitarian aid in 2022, only slightly fewer than a year ago. Of these, 2.2 million are internally displaced; 1.5 million are returnees who lack essential services and livelihoods; and 3.9 million are members of communities affected by their hosting of internally displaced people. This figure also includes the majority (an estimated 733,000) of the 1 million people in areas currently inaccessible to international humanitarian actors.

The conflict and insecurity make humanitarian operations difficult and dangerous. Most main supply routes and secondary roads in Borno State are highly risky for humanitarian staff or materials to traverse. Helicopter transport is often the only option for staff movements. Where other options exist, they are usually costly.

Hundreds of thousands of IDPs are concentrated in 'garrison towns' where the Nigerian Armed Forces defend perimeters that are risky to venture beyond. This creates congested, unhealthy living conditions, and constrains displaced farmers' livelihoods options. A major cholera outbreak in the BAY states in 2021 has underlined affected people's vulnerability and both the difficulty and the necessity of precluding grave threats to life and well-being.

Scope of analysis

All stakeholders who engaged in the 2022 humanitarian programme cycle (HPC) agreed to focus on the three conflict-affected states in north-east Nigeria (Borno, Adamawa and Yobe) and on the needs

of the following groups: (i) internally displaced people (IDPs), (ii) returnees (former IDPs and refugees alike), and (iii) host communities or vulnerable conflict-affected populations.

Section 4.2 presents an analysis of needs in Nigeria's troubled north-west, assessed through a separate process.

The secondary data review undertaken in mid-2021 set the tone for the Humanitarian Needs Overview (HNO) analysis and specifically informed the Multi-Sectoral Needs Assessment (MSNA) with key background on population groups, vulnerable populations, and humanitarian access in the BAY states. MSNA data collection spanned from June to August 2021, and together with complementary surveys reached some 9,000 households across 61 LGAs in the three states.

Analysis of the MSNA data (applying the Joint Inter-sectoral Analysis Framework or JIAF) plus complementary surveys generated an inter-sectoral severity rating for each Local Government Area (LGA) in the BAY states, and furthermore, a rating for each of the three concerned groups (IDPs, returnees, host communities) in each LGA. The 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.

Humanitarian conditions, severity and people in need

an estimated 8.4 million people in the BAY states (of whom 2.2 million are internally displaced) are in acute need of humanitarian and protection assistance. Of the 61 LGAs that the JIAF classified using the MSNA and other data, 22 are classified as 'extreme' in terms of severity of needs; another 20 have 'severe' needs. Ten LGAs are at 'stressed' level, while the remaining one has 'minimal severity' of needs.

No data could be collected and therefore no generalized severity rating is possible for the four LGAs that (according to the Access Working Group) are completely inaccessible to humanitarians for reasons of extreme insecurity. Assessments of people who have managed to leave those areas show catastrophic

needs, and although this cannot be extrapolated directly to the populations still in those LGAs, their condition is likely to be as severe as any.

The challenges facing IDPs are particularly formidable. Although some retain or have developed a degree of coping mechanisms, most rely at least in part on humanitarian aid. This dependency is much higher for those who live in camps because of movement restrictions and scarcity of livelihood opportunities. Of the 2.22 million IDPs in need, 1.82 million reside in LGAs whose intersectoral needs rate as 'extreme' or 'severe'. This shows that most IDPs are living in highly vulnerable areas whose populations suffer profound poverty and deprivation. One of the main factors that affect IDPs' physical and mental well-being is food insecurity. IDPs' ability to access land or other livelihood opportunities in the BAY states is highly constrained by insecurity – particularly the fear of venturing beyond secure areas.

Protection remains a great concern for many, especially for girls and women living in camp settings, many of whom are at higher risk of gender-based violence. Overcrowding in many of the camps severely affects living conditions: around 430,000 IDPs – more than half of IDPs living in camps – reside in highly congested conditions.

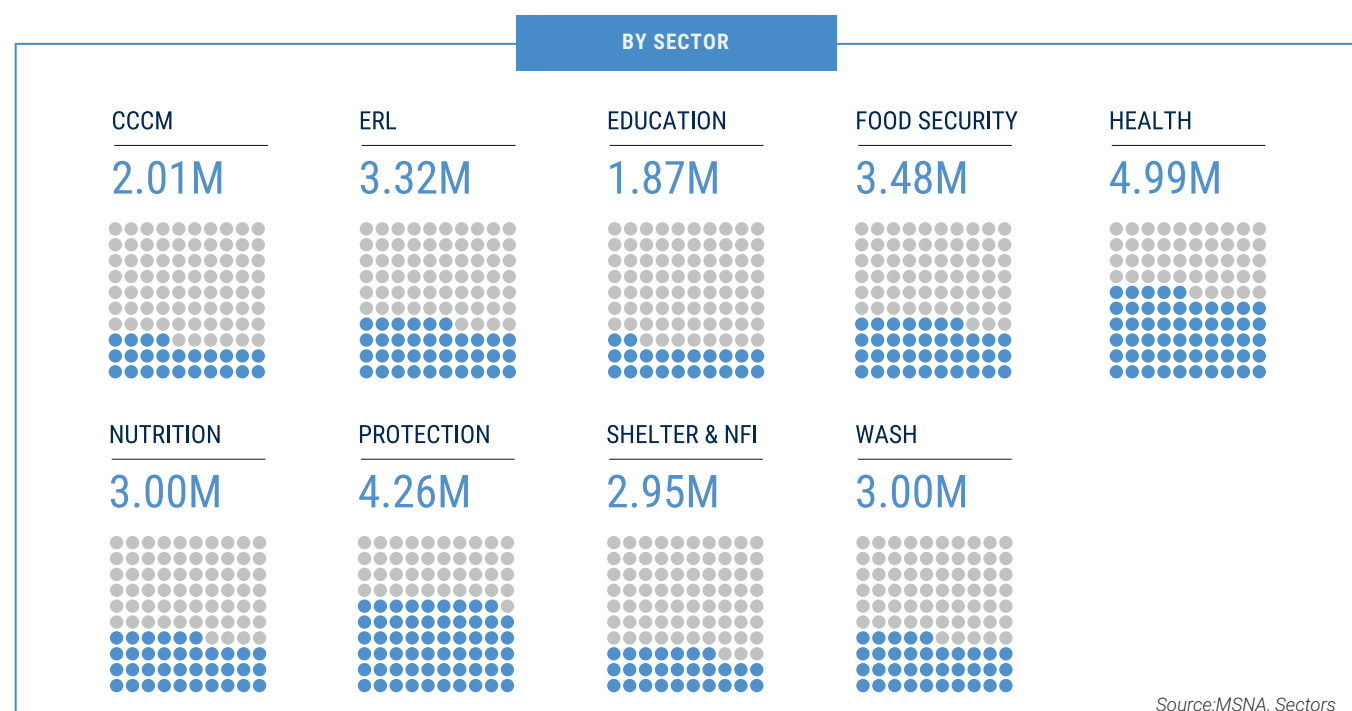
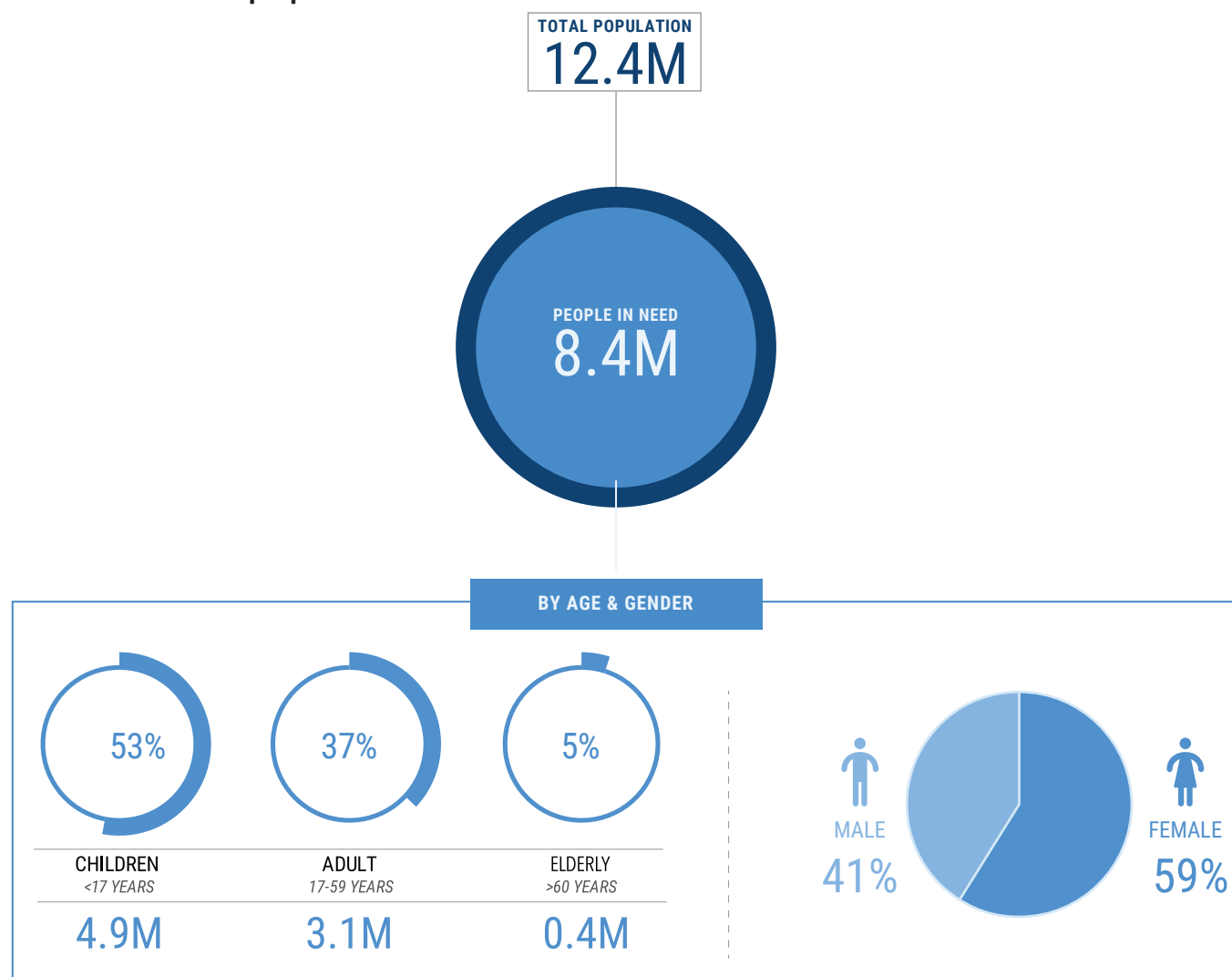
Of the 1.5 million returnees in need, 97% reside in LGAs that are classified as having extreme or severe intersectoral humanitarian needs. A significant number of returnee households have returned to insecure or untenable conditions. As such, they are now facing secondary displacement and need humanitarian aid. The main drivers aggravating living conditions for returnees are inadequacies of shelter, livelihood opportunities, and access to basic services such as health care, education, water and sanitation. These problems are compounded by lack of civil documentation and secure tenure of housing, land and property.

Communities hosting IDPs (in nearby camps or dispersed in the community) are themselves vulnerable in most cases, and the IDPs' needs strain scarce community resources. Almost 4.5 million people live in LGAs that are classified as having extreme and severe inter-sectoral vulnerabilities and needs. Many of these locations suffer insecurity because of fighting between security forces and NSAGs, or are at risk of NSAG attack.

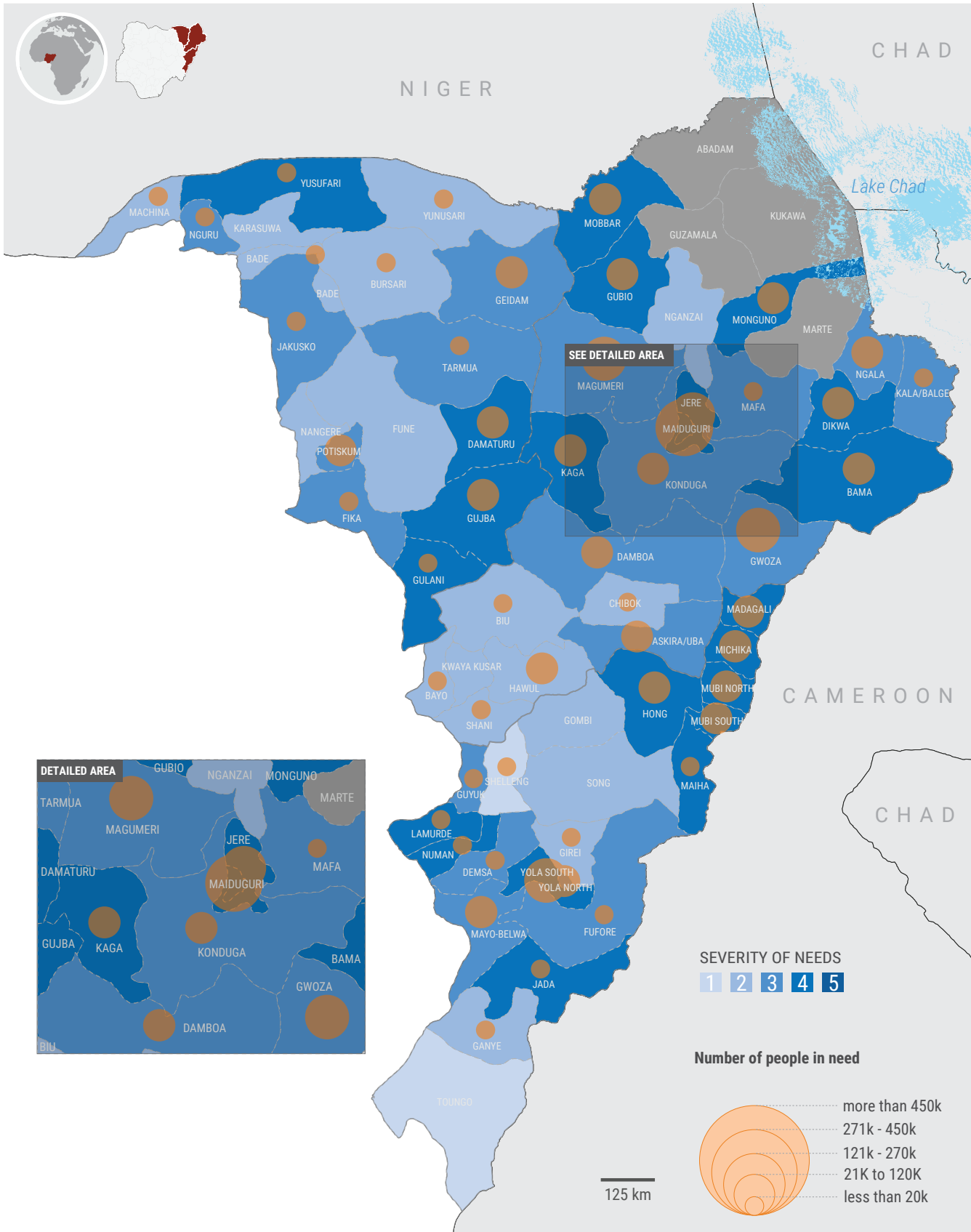
Food insecurity is the broadest factor affecting host communities. An estimated 3.5 million people in the BAY states will be in food insecurity phase 3 ('crisis') or phase 4 ('emergency') during the 2022 lean season. Pockets of people, totalling some 13,000, are projected to be in the 'catastrophic' phase 5 in 2022. Many are also feeling the after-effects of the economic recession in Nigeria because of COVID-19, which still significantly restricts households' capacity to procure essential food items. Compounding the stresses on host communities is the weight of IDP presence.

Qualitative consultations with affected people in north-east Nigeria indicate that the top-priority needs are food (93%), livelihoods and income generation (68%), and health care (41%). When asked how people would prefer to receive aid and which type of aid, the majority preferred food assistance (89%), physical cash (55%), and in-kind non-food items (43%). A significant proportion (79.8%) of respondents stated they had not received any aid during the previous three months. Of those that received aid, 61.8% were satisfied and 37.2% were not – with the low quality of assistance cited as the main reason for dissatisfaction. The perception of the affected people is that the humanitarian community have missed or are unable to reach between 20% and 60% of certain communities who need services.

Estimated number of people in need



Severity of humanitarian conditions and number of people in need



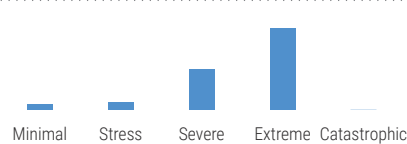
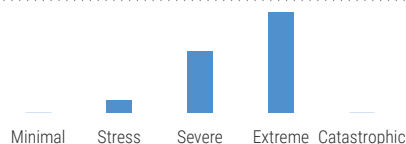
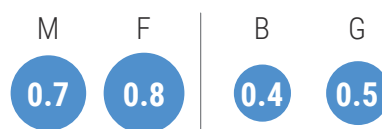
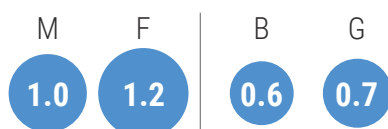
Source: MSNA, Sectors

Severity of humanitarian conditions and number of people in need

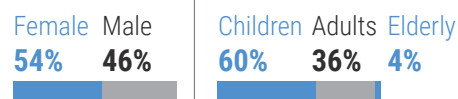
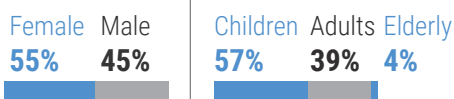
INTERNALLY DISPLACED PEOPLE

RETURNEES

People in need

2.2
Million1.5
MillionSeverity of needs
(in millions)Number by sex & age
(in millions)

Percentage by sex & age



Associated factors

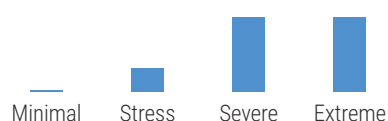
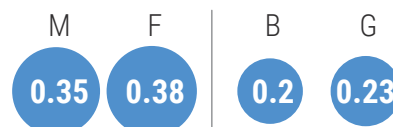
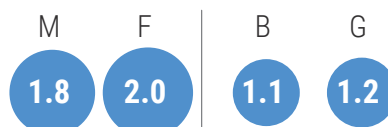
1. Recurrent and unpredictable attacks, violence
2. The dense congestion of camps
3. The movement restriction

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

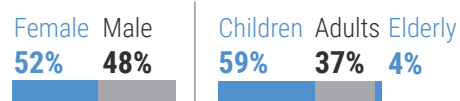
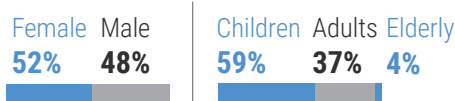
HOST COMMUNITIES

INACCESSIBLE POPULATION

People in need

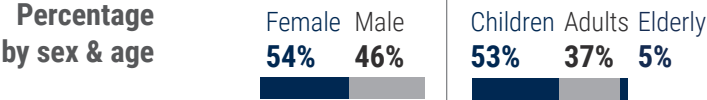
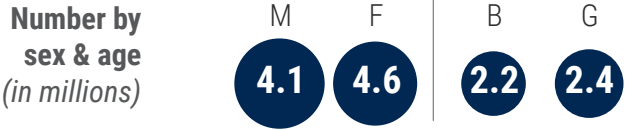
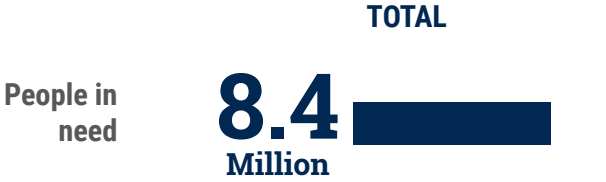
3.9
Million0.7
MillionSeverity of needs
(in millions)Number by sex & age
(in millions)

Percentage by sex & age



Associated factors

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



Source: JIAF Table, MSNA, Sectors

Part 1:

Impact of the Crisis and Humanitarian Conditions

YOBE STATE, NIGERIA

Photo: OCHA/Christina Powell



1.1

Context of the Crisis

As the conflict in north-east Nigeria enters its 12th year, the BAY states have been left to deal with tattered state economies, damaged infrastructure, widespread insecurity, loss of livelihood and freedom of movement for millions of people. During 2021, the COVID-19 pandemic and deteriorating food security exacerbated conditions, leaving a projected 8.4 million people who will be in severe need of humanitarian and protection assistance in 2022. Among these are 2.2 million IDPs. Approximately 300,000 north-eastern Nigerians have become refugees in neighbouring countries.

Origins of the conflict

The conflict has its origins in the establishment of an armed group – which came to be dubbed Boko Haram, meaning ‘western education is forbidden’ – in 2002. A wahhabist-inspired Sunni Islamic movement, it sought to create an Islamist state in the north of Nigeria based around what it considered a pure interpretation of Islam and sharia law. Though a major faction of Boko Haram later pledged allegiance to the Islamic State in Iraq and the Levant (ISIL), it is largely a homegrown movement, unlikely to receive significant external support. The group expresses – and may draw some support on the basis of – area-specific grievances with roots in Borno history and hierarchical traditional social structures which extend to economic and religious stratification. In the modern era, this has translated into social and economic marginalization, and Boko Haram has fed off its manifestations such as high youth unemployment and poverty. Though purportedly a reaction in part to westernization, it has limited its operations to within Nigeria and not targeted western interests.

An escalation in 2009 into a full-blown armed conflict prompted the deployment of the Nigerian Armed

Forces (NAF) across the north-east of Nigeria to fight the NSAGs. Boko Haram factions have shown a complete disregard for the rights and protection of civilians, killing, abducting and enslaving them, as well as other human rights violations. The NAF has proved unable to protect civilians across many areas of the north-east from the threat of NSAG violence. People have, as a result, fled to garrison towns for protection. The NAF, for its part, has often used approaches that risk alienating the civilian population, including detention of fighters and of people suspected of being Boko Haram supporters.

What is commonly known as Boko Haram comprises two main factions – Jama’atu Ahlis Sunna Lidda’awati wa-Jihad (JAS), which could be considered the original, and Islamic State West Africa Province (ISWAP). During 2021, fighting between the two factions resulted in the ascendancy of the ISWAP faction. Abubakar Shekau, Boko Haram’s former leader, was killed in the fighting, and many elements of JAS have either joined ISWAP or surrendered to the NAF (the latter possibly consist of 1000 fighters, plus over 10,000 civilians mostly women and children). Other JAS adherents continue to operate in small autonomous cells, but some observers suggest that JAS has almost been eliminated.

Concurrently, ISWAP may be transforming itself. Whereas both factions have been highly mobile, consisting of largely autonomous units, ISWAP now seems to be imposing its version of governance on areas under their control. This means the establishment of sharia courts, the imposition of taxation and some degree of wealth redistribution. It could be an indication that they are trying to implement some form of political system, parallel to that of the Government. In any case, it may also indicate confidence in their ability to control areas.

What sustains the conflict

The main factor that sustains the conflict is that no party holds a clear military advantage. The NSAGs are not in a position to defeat the NAF in pitched battle, nor has the NAF been able to retake and hold most of the territory where the NSAGs dominate or track down and subdue their main forces. Both sides seem to pursue a war of attrition punctuated by hit-and-run attacks – both of which have dire consequences for civilians. The military has concentrated itself in so-called “super camps”, which affords some localized security for civilians but also leaves the NSAGs unchallenged across much of the countryside, where many civilians still live. The NAF’s concentration in super camps or garrison towns has also left travel between towns in the north-east, particularly in Borno, extremely hazardous: NSAGs either attack overland movements or establish roadblocks to extort so-called ‘tax’ from travellers or to hijack cargo.

It is not yet clear whether the surrender of approximately one thousand JAS fighters in mid-2021 (accompanied by several thousand civilians, of whom the majority are women or children, whom JAS rarely uses as combatants) has diminished the NSAGs’ fighting ability or will translate into gains in area security. The Borno State government characterizes the security situation around Bama and Banki, for example, as calmer since the surrenders. On the other hand, broad areas seem to have had no improvement in security.

A negotiated end to the conflict seems unlikely in the current situation, especially since the now-dominant ISWAP faction seems to be motivated by emulation of external extremist examples, rather than historically specific grievances that might be amenable to negotiation. Political emphasis is increasingly placed on regaining some elements of normality, for example relocating some IDPs and returning refugees to, or closer to, their areas of origin.

Impact of conflict on civilian populations

The impact of the conflict on civilians could scarcely be more severe. (See more below in section

1.2.) Tens of thousands have suffered violent deaths. Millions have fled their homes, escaping armed clashes, the threat of being caught in armed operations, the NSAGs’ brutality to civilians, the risk of forced recruitment as combatants, and the unviability of subsistence following loss of assets and the extreme insecurity of farming. Loss of essential infrastructure and services has also forced people to move to refuge: some 40% of health facilities, some 1,500 schools, and around half of water and sanitation facilities in the conflict area are damaged or destroyed.

Most people who have chosen to flee have had no choice but to find refuge in the garrison towns. As a result, IDP camps or host communities are overcrowded and services and resources strained, particularly in places where the flow of humanitarian aid is constricted by insecurity on the roads. Living in such close proximity to military forces, who may be inadequately trained on human rights and protection of civilians, comes with its own risks. There are great protection concerns as well for those arriving from NSAG-controlled areas, who may be suspected of, and even persecuted for, being NSAG supporters.

Despite these severe consequences of the conflict, the patterns of NSAG attacks on civilians may be changing. The Borno State government observes that while JAS constantly attacked civilian communities, ISWAP, which appears to be more in control now, apparently focuses more on targeting military formations and personnel and less on civilian communities. This may have influenced the fact that displacement of IDPs, which had continued steadily since early 2019, flattened in 2021.

Political

Nigeria is Africa’s most populous country and boasts the region’s largest economy. Nigeria’s federal system allows state governors a great degree of latitude, almost autonomy from the federal state, though state governments depend on transfers from the federal budget. The nature of the political system allows governors to address issues related to the humanitarian operation, including provision and

support for conflict-affected people and IDPs. It also allows them to address critical issues that drive the country's multiple conflicts, including pastoralist-herder violence, deepening regional divides, armed banditry and the conflict with NSAGs.

Instability seems to be appearing, with varied causes, across several parts of the country. Uncontrolled banditry, particularly in the north-west and north-central parts of Nigeria, and farmer-herder conflicts (as competition intensifies over increasingly scarce resources) have displaced tens of thousands of people, impaired agriculture and the economy, and made daily life insecure in many areas. There is tension and even a budding secessionist movement in the south-east. There are humanitarian needs elsewhere in the country, stemming from this insecurity but also from development deficiencies in the form of meagre delivery of basic services, weak governance and rule of law, and a declining per capita income.

Elections due in February 2023 could potentially affect the situation in the north-east, insofar as they may prompt NSAG attempts to disrupt campaigning and voting, or occasion military campaigns.

People's livelihoods have been profoundly impacted by COVID-19 measures such as lockdowns. As in most countries, these have caused public dissatisfaction. Across Nigeria, residents have critiqued the quality of governmental assistance meant to mitigate the effects of the COVID-19 measures. In the conflict-affected north-east, this assistance would have been particularly important for highly vulnerable, conflict-affected people.

Amid deepening lack of confidence in democratic and public institutions, Nigeria has significant work to do in improving national, state, and local security and governance ahead of national and state elections in 2023. The crisis in the north-east is still uniquely severe, entrenched and large-scale. But in the national perspective, there is a growing risk to be managed of simultaneous major crises.

Economy

Despite significant natural resources, an estimated one-third of Nigerians live below the national poverty line, with a further one-third just above. Many are highly vulnerable and at risk of being exploited. Nationally, poverty and inequality have been increasing for decades and, as of 2010, 70% of Nigerians in the north-eastern states lived on less than a dollar per day. This echoes multi-country research that suggests that the reduction in economic growth that conflict imposes lowers income by 15% after seven years and increases the poverty rate by 30%.

In 2020, the Nigerian economy shrank by 1.8%, its deepest decline since 1983, due mainly to the global COVID-19 pandemic. The World Bank states that reforms implemented by the Nigerian Government were critical and timely to alleviate the impact of the recession on the economy and create additional fiscal space. Reform slippages could threaten the pace of recovery and limit the Government's ability to address human and physical capital gaps. Researchers have argued that addressing terrorism and conflict has drawn government resources away from poverty alleviation.

The Nigerian Government also has to contend with rising inflation (see inflation chart below), in order to protect the poor and vulnerable, and to support economic recovery. The recent inflation rate is not extremely high by historical standards, but is at its highest since 1996. Managing inflation is connected to exchange rate management (see naira exchange rate chart below), and to monetary, trade and fiscal policy. Moreover, high inflation and high unemployment exacerbate macroeconomic risks. Activity in the tertiary sector will not fully normalize unless COVID-19 is contained. By the end of 2021, Nigeria's per capita GDP will approach its 2010 level, wiping out an entire decade of economic growth. GDP per capita is projected to continue declining as population growth outpaces economic growth.

The national economic downturn, as a result of COVID-19 and diminished oil revenues, have reduced

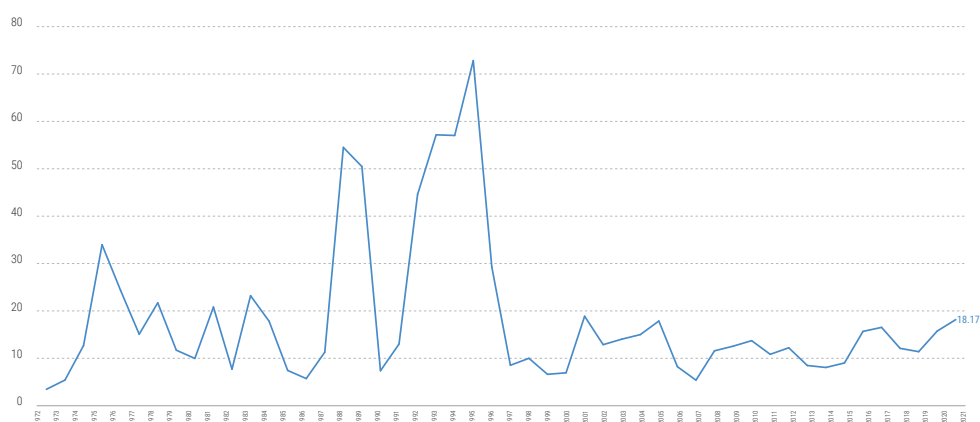
Inflation

Portrait of an IDP in
Ngala, Borno State.
Photo: OCHA/Eve
Sabbagh



When speaking about rising inflation and its impact on food security, “This is the first time that the price of beans will surpass rice. Even millet is expensive. It is common to see IDP children from Muna IDP camp present with oedema [fluid retention], a clear indication of food shortage.” Says someone in the community.

Trends of Inflation 1972 - 2021



Federal government transfers to state governments, at a time when the north-eastern governments badly need resources to respond to the humanitarian crisis.

Agricultural production

In the BAY states, agriculture is the main economic activity, employing between 65% and 80% of the populations of Adamawa, Borno and Yobe, and contributing over half of regional GDP. However, enormous numbers of agriculturalists have been displaced, mostly to garrison towns, which has severely curtailed agriculture. Venturing out of these towns' protective trenches to try to farm is fraught with danger of NSAG attack. (Agricultural production typically drops an average of 12.3% each year during periods of conflict, according to multi-country research) People throughout the agricultural sector, not just farmers, constrict their livelihood actions because of the risk of attack. Farmworkers and herders fear attacks when in the fields or grazing animals; input suppliers have difficulty reaching their customers; processors face a shortage of workers available to operate machinery; traders and consumers alike limit their movements to markets for fear of attacks. Many farmers cannot invest in agriculture and lack access to land, assets, capital and key inputs. Mass displacement of people has further reduced the labour pools and caused lands to be abandoned. As a result of all this, the agricultural value chain seizes up. Moreover, the NSAGs' steady theft of cash, products and equipment, plus extortion of farmers and transporters of their produce, shows that they are targeting the agricultural sector for cash and food.

There are few alternative means of livelihoods for IDPs and others whose access to land and assets the insecurity has curtailed. Even those alternatives generally require some modest capital to initiate. With livelihoods and subsistence so attenuated, prices greatly affect the vulnerable: the 20% increase in food prices (30% for the basic food basket) put 4.3 million people at risk of starvation in 2021. Insecurity has damaged the north-eastern markets and economy in other ways too – for example attacks on power lines have cut the electricity supply to Maiduguri

(the capital of Borno State) for close to a year. In addition, buildings and transportation infrastructure have been destroyed, while road closures and military restrictions have impeded the movement and sale of certain goods. As a result, many businesses are fully or partially closed, investment is reduced, and market activity is stifled. A World Bank assessment estimated cumulative GDP losses from 2011 to 2015 at \$6.21 billion (\$3.54 billion in Borno, \$1.57 billion in Adamawa and \$1.1 billion in Yobe). This is consistent with multi-country research that found that, on average, annual economic growth in countries in conflict is about three percentage points lower, and the cumulative impact on per capita GDP increases over time.

The strains that the conflict has imposed on the north-eastern economy has exacerbated inequality, low agricultural productivity, and high unemployment, especially among youth. Moreover, the conflict has exacerbated a livelihoods situation already made frail by environmental degradation, low productivity, and high sensitivity to climatic factors over the past decade.

A slightly positive trend emerged in 2021: the area under cultivation in the BAY states increased by 3% from the previous year (according to the November 2021 Cadre Harmonisé). The Borno State Government reported that it cultivated over 15,000 hectares of land as demonstration farms for rice, wheat, beans and groundnuts across the state. In June 2021 (the planting season), Nigeria's President Muhammadu Buhari, in response to a request by the Borno State government, directed the Nigerian military to increase resettled IDPs' safe access to farmlands.

Demography/socio-cultural

Nigeria's population of over 211 million people makes it one of the ten most populous countries in the world. Among those ten, Nigeria has the most rapid population growth, and is expected to move up to from seventh to third most populous country before 2050. The fertility rate is on average 5.2 children per woman.

Climate

IDPs walk past a flooded area that grows increasingly close to shelters during the heavy downpours of the rainy season.

Photo:
OCHA/Damilola
Onafuwa



An ominous change is slowly taking place across north-east Nigeria. In addition to the violence that has displaced more than 2 million people, another threat is growing. Farming soil is drying up, floods are destroying shelters and the temperature is rising. Climate change has hit hard in north-east Nigeria.

“The recent downpour flooded our room and damaged our belongings. We had to sleep somewhere else and come back the following day to fix it,” Explains Fasuma, a 17 years old resident of Stadium IDP Camp in Maiduguri, Borno State.

Nigeria’s expected population growth of between 2.5% and 3% would outstrip flagging economic growth, and therefore, in all likelihood, also dilute investment in social infrastructure and services. There are fears that this could result in less educated, less healthy age cohorts to come, especially considering that services are already threadbare for much of the population. A decline in per capita economic growth and people’s welfare could also fuel extremism.

The largest demographic cohort consists of people from ages of 15 to 64, the ‘working-age population’. This group has grown from 117 million to 122 million just in 2021. With one of the largest numbers of youth globally, it is essential to invest in this group. The

youth unemployment rate in Nigeria is especially high – 42.5% – compared to the national unemployment rate of 33.3%. (Many Nigerians work in the informal sector, which these formal employment statistics do not capture, but it is still striking that the formal sector leaves so many behind.)

Languages: In the 2021 MSNA data, only a minority of people (34%) surveyed across the three BAY states report Hausa as their primary language, although it is the main language of humanitarian communication. Kanuri is the main language spoken in Borno State (44%) and among the displaced population of the north-east (53%); Shuwa Arabic is the second most commonly spoken among IDPs (10%). In Adamawa,

Fulfulde is the dominant language; almost 40% of the population speak a language other than Hausa or Kanuri at home. Moreover, 59% of respondents in Borno State said they prefer to receive information in a language other than Hausa. A reliance on spoken Hausa and written English (including for suggestion boxes) makes it difficult for all but native Hausa speakers and the most educated to engage in real dialogue with humanitarians. Young women and older people in particular are not confident that their feedback is appropriately received and addressed. Low literacy levels also mean that some people will not understand any written information. The result of these communication and language gaps is less effective, inclusive, and transparent community feedback mechanisms. Community members report engagement and mutual trust would be improved if they could communicate in local languages, including via remote communication channels.

Low literacy levels in the north-east, particularly among women (31.8% females and 50.5% males), compound communication challenges. The difficulties that MSNA respondents described affect both operational effectiveness and accountability, from the inclusiveness of needs assessments and feedback and complaints mechanisms to access to services and the effectiveness of behaviour-change campaigns.

Legal and policy

In 2021, north-east Nigeria saw an increase in the number of refugees returning to their homeland, which was facilitated by the Tripartite Agreement for the voluntary repatriation of Nigerian refugees living in Cameroon. This agreement was established in 2017 among the Governments of Cameroon and Nigeria and the United Nations High Commissioner for Refugees (UNHCR). The Borno State government put measures in place to support the return of Nigerian refugees from Minawoa camp in Cameroon to the towns of Banki and Bama in Borno State. Accordingly, in March 2021, the first convoy of returnees consisting of 2,400 Nigerian refugees arrived in Banki and Bama towns. It is a priority that the returns be voluntary, safe and dignified. Nevertheless, pressure on already weakened infrastructure and

high numbers of IDPs present in Banki and Bama impeded returnees' meaningful access to services. Housing-land-and-property (HLP) issues were among the most significant challenges: many IDPs were forced out of their shelters by returning refugees reclaiming ownership, and conversely, some refugee returnees were not able to reclaim their homes from their current IDP occupants and are stuck in reception centres. Refugees arriving in camps have also increased the camps' congestion, with effects on their fragile infrastructure and overstretched basic services. There are few if any livelihoods options available to them at present.

In September 2021 the Federal Executive Council approved a new National Policy on Internal Displacement, placing primary responsibility on state governments for the welfare of their displaced indigenes, while the Federal Government is to intervene as required. The development of implementation strategies for the policy may eventually shape future response to displacement in the north-east. The policy envisages that "a multi-sectoral structure will fully emerge to ensure that all individual actions by all actors are aligned to an overall plan, with set objectives and targets which include resolving various challenges faced by displaced persons, mitigating disasters, providing relief, conflict resolution, supporting rehabilitation efforts, social protection, preventing encampment and facilitating durable solutions." This policy is a principal step towards Nigeria's domestication of the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa ('Kampala Convention').

The Borno State Government's policy vis-à-vis relocation of IDPs is defined by its commitment to close all IDP camps in Maiduguri and Jere by the end of 2021. Some 150,000 IDPs in Maiduguri camps may be affected by this policy. Some of the relocations are to areas that are characterized as unsafe and/or lack basic services. The policy has not yet proven to be inclusive of all actors, including government agencies that have the mandate to ensure IDP protection and access to services.



Borno State Government view on camp closures, relocations and resettlement

In a meeting with aid organizations on 14 December 2021, the Governor of Borno State described the State Government's policy as follows:

- ✓ The State Government has offered IDPs in the Maiduguri camps slated for closure three options: (1) Integrate in Maiduguri township, with a one-year rental subsidy and three-month food ration from the State Government; (2) Move to newly-built housing in resettlement zones in their LGA of origin's main town or villages; or (3) Move to another IDP camp away from Maiduguri.
- ✓ The State Government has distributed cash to 115,000 resettled IDPs in 11 communities. Each household made up of a husband, wife, and few children received N200,000, while widows received N150,000, each with a food ration. The intervention was meant to enable IDPs to start small businesses.
- ✓ A State Government committee will monitor their progress, and also intervene with food aid where necessary.
- ✓ The State Government restricts food aid in 11 newly-built or rebuilt resettlement communities, to encourage self-reliant livelihoods and restore dignity.
- ✓ The Governor cited arduous conditions in many IDP camps as a main reason to accelerate their closure.
- ✓ Aid organizations are encouraged to continue working in remaining IDP camps as people's needs require.

(Source: <https://www.dateline.ng/zulum-meets-foreign-ngos-csos-explains-closure-of-camps-restriction-on-food-aid/>)

In December 2021, new policies were introduced that set boundaries on the types and duration of humanitarian aid to people in resettlement areas in Borno. It is not yet clear what this means for the operation and how it may affect the vulnerability of returnees.

Environment

Emerging patterns of extreme weather, including windstorms, erratic rainfall – generating droughts and floods as well as soil erosion – and rising temperatures are putting people in the north-east and their livelihoods at risk. People in the BAY states, already poor and vulnerable from conflict, are exposed to additional shocks from climate change. They are seeing their meagre resources diminish in front of them: Lake Chad is shrinking, fertile soil is disappearing, and livestock and people are stressed to survive in the heat waves.

Agriculture in north-east Nigeria has been deeply affected by the changing climate. Climatic shocks are harming food crops and driving up food prices, worsening access to food. The rains are starting later in the year, reducing the window for farmers to obtain good yields. They are doubly impacted, not only losing their ability to grow food they need to feed their families but also suffering the loss of income from lack of produce to sell.

Climate change is making transhumance less practicable, and thus bringing herders into more intense competition and more frequent conflict with farmers.

The climate in north-east Nigeria includes a high-impact rainy season, in which shelters and critical facilities are frequently damaged across IDP camps and host communities. The force of torrential downpours not only damages structures but also causes severe flooding. The stagnant floodwater

dangerously increases the risk of disease outbreaks, particularly cholera and other water-borne disease. For some IDPs, floods have damaged or washed away the few possessions they have, leaving them in urgent need of basic household goods. Another manifestation of damaging climate change is destructive windstorms.

Frequent flash floods have made it more difficult to mount a timely response, and at times delay the delivery of life-saving assistance and place humanitarian workers at elevated risk. High-risk towns such as Rann are cut off each year from outside intervention for weeks or months during the rainy season as the floods make the roads impassable.

Climate hazards in the north-east especially affect women and girls, who often bear a disproportionate burden to provide for their families by going without food and other means of sustenance. As droughts make water even scarcer, women and girls are forced to walk longer distances to obtain potable water, increasing their exposure to sexual harassment and assault.

Security environment

The Global Terrorism Index for 2020 ranked Nigeria as the country third most affected by terrorism, behind only Iraq and Afghanistan. In 2020, 4,556 lives were lost across all states to violent attacks, clashes, terrorism, kidnappings and extrajudicial killings.

Conflicts across the country are visibly intensifying. Banditry is now the most dominant type of violent incident, surpassing political and religious violence. Farmer-herder clashes are recurrent in north-western, Middle Belt and southern states, as well as in the north-east. The fatalities from these clashes in Nigeria are the highest in West and Central Africa.

The insecurity across much of the BAY states has continued to hinder the capacity of humanitarian organizations to deliver assistance, placing the 8.4 million people in need (equivalent to about half the population of New York City, or the whole population of Switzerland) at extraordinary risk.

NSAGs in the BAY states have targeted both military and civilian locations and declared humanitarian actors as legitimate targets. In 2021, NSAGs deliberately attacked humanitarian hubs (which aim to provide a safe place for deep-field locations) in Dikwa and Damasak, severely impairing service delivery for months. In March 2021, aid workers were forced to hide in a newly built bunker in Dikwa as ISWAP fought its way into the hub.

NSAGs have increasingly coordinated attacks on road travellers, frequently mounting illegal vehicle checkpoints along the main supply routes linking Maiduguri-Monguno, Bama-Pulka-Gwoza, Maiduguri-Damboa, and Maiduguri-Damaturu, among other roads. This worrying trend not only presents risks for aid workers and other civilians of abduction or being killed, but also impedes the delivery of life-saving assistance.

The continued security threats to road travel mean that the only way for aid workers to safely reach most field locations is through the United Nations Humanitarian Air Services (UNHAS). These services have capacity limitations, and only limited numbers of staff can travel to the various bases of the operation.

Health services have also been targeted: 40% of health infrastructure in the BAY states has been either destroyed or damaged. Some aid agencies that were major providers of health care in LGAs with severe needs have pulled out of those LGAs in 2021 because of security concerns.

Security has also been an issue in the Borno-State-Government-led process of relocating IDPs from camps in Maiduguri or returning them to their area of origin. In several locations to which IDPs returned or were relocated, NSAGs attacked soon after the returns, causing civilian deaths and many to flee again.

Improvised landmines and other explosive remnants of war lie dormant and remain a major threat, restricting safe freedom of movement. Since 2016, 755 civilians have been killed and 1,321 injured by explosive ordnance – an average rate of more than one civilian

every day. Civilians continue to be the main targets of attacks involving person-borne improvised explosive devices. The continued attacks on civilian populations and infrastructure, as well as human-rights violations against civilians, contravene international humanitarian and human rights law.

Public infrastructure

NSAGs have destroyed essential utilities and public infrastructure, which has aggravated poverty and worsened the economic conditions of people in the BAY states.

Since conflict broke out in north-east Nigeria in 2009 there has been extensive damage to existing infrastructure and severe practical constraints on new developments. The conflict has damaged houses, roads, bridges, schools, health facilities, and public buildings. Electricity, energy and telecommunications networks have been destroyed or damaged. An estimated 75% of all water and sanitation infrastructure has been destroyed.

The destruction of infrastructure is one of the most visible effects of violent conflict perpetrated by NSAGs. In early 2021, suspected members of ISWAP blew up at least four high-tension towers that supply electricity from Damaturu to Maiduguri in Borno State. As a result, the city's more than three million residents have had only generators as sources of electricity throughout 2021, further aggravating the living conditions for residents in the state. The state government has urged the Federal Government to protect physical infrastructure in the state. Installation of solar power has increased in the absence of centralized electricity supply.

Insecurity has affected north-east Nigeria's economic growth and development. Construction work has been halted while investment stalled for many locations, putting planned improvements on hold. The World Bank has estimated the cost of the conflict's damage to infrastructure and social services across north-eastern Nigeria at \$9 billion (\$6.9 billion in Borno, \$1.2 billion in Yobe, and \$829 million in Adamawa). Though

reconstruction has already begun in some areas, progress has been uneven.

According to GSMA, there is mobile phone coverage in the north-east along almost all major routes and in most towns and villages, although the lack of electricity disrupts people's ability to get information on their phones. Major towns such as Maiduguri, Gombe and Damaturu have 3G coverage.

Gender

The humanitarian crisis in north-eastern Nigeria takes place against a backdrop of major gender inequality. At national level, according to a World Economic Forum analysis, Nigeria ranks 139th in gender parity out of 156 countries analyzed. Particularly stark disparities are evident, for example, in education: only 58% of girls are enrolled in primary education, vs. 70% of boys. The male literacy rate is 71%, vs. 52% among females. According to the World Health Organization (WHO), as of 2020 the maternal mortality rate (MMR) of Nigeria is 814 per 100,000 live births. The lifetime risk of a Nigerian woman dying during pregnancy, childbirth or postpartum is 1 in 22. The risk is higher than the national average in the conflict-affected north-east.

The power to make decisions about sexuality and reproduction is fundamental to women's empowerment overall. In Nigeria however, only 46% of women are able to make or participate in decisions regarding their sexual and reproductive health and rights. Fifty-six per cent say that decisions about their own health care are made mainly by their husbands, while only 11% of married women are able to make any decisions independently about their health care. The situation is more iniquitous in the north-east where only 29% of women participate at all in decisions about their own health care.

Cultural and religious factors in the north-east tend to sharpen the gender disparities. Although many such disparities manifest themselves in ways more difficult to measure statistically than education, few would disagree that women and girls in the north-east have less access than males to services, income, justice

or political processes. Traditionally, for example, in many north-east Nigeria communities women and girls consult male relatives before leaving the house, even to go to hospital or visit family members.

The crisis has affected men and women in diverse ways and worsened pre-existing gender inequalities. Eighty per cent of those in need are women and children. Death and destruction alter the structure and dynamics of households, including their demographic profiles and traditional gender roles. Men make up most direct conflict deaths and have been subjected to abduction and forced recruitment by NSAGs as well as mass arrests, human rights abuses, and extrajudicial killings. Women and children make up 82% of the displaced population. Women's and girls' lives have become increasingly dangerous. Many of them face sexual and gender-based violence (SGBV) both at the hands of NSAGs and of the people who are meant to protect them. In some IDP camps, access to quality health services and justice is often limited, causing mental and physical health concerns. Displaced women have limited options for work and survival, and have difficulties accessing resources. It is common that desperation drives women into "transactional sex" to survive. Widows often struggle to retain access to property and savings that a deceased husband's relatives may claim; this is one of several reasons why households headed by widows can be especially vulnerable to poverty.

At the same time, the conflict has in some senses generated more freedom of movement for women and girls, as households need them to bring in additional income and access humanitarian services. When accessing these services, women often prioritized meeting the immediate needs of their family, such as food, water and non-food items (NFIs).

Women especially have been targets of abduction by NSAGs. The abduction in February 2018 of 110 schoolgirls in Dapchi, and the 2014 abduction of more than 270 girls from a school in Chibok, are to date the largest mass abductions by the NSAGs. Abducted women have been subjected to violence and abuse and used as spies, fighters and suicide bombers. Women who have escaped or been released

are not always welcomed back to their communities, and those returning from captivity or involvement with armed groups do not have access to the training, counselling and reintegration programmes that target men.

Early marriage, of which there are many reports, occurs not only because of abduction but also as a measure of protection for local girls and as an economic coping mechanism.

Violence against women is widespread but often goes officially unreported. Gender-based violence (GBV) is deeply entrenched in the north-east, yet rarely reported. The COVID-19 pandemic has presented key challenges in displacement contexts with higher risks of domestic violence, intimate-partner violence, and sexual exploitation and abuse. Directly and indirectly, COVID-19 and the responses it necessitated have caused loss of income (with resultant household stress) and barriers to help-seeking options for survivors of GBV. Ninety-nine percent of the incidents of GBV reported by survivors who sought help at various service points involved women and girls; 20% of the reported incidents were perpetrated against children (below 18 years old); and 2% were reported by survivors with disability. Sexual violence (rape and sexual assault) accounted for 18% of the reported GBV and forced marriage constituted 9%. Over 70% of the GBV incidents for which survivors sought help were perpetrated by intimate partners.

The conflict's gendered impact on education is not yet clear, in part because education in the north-east was so stratified by gender before the conflict. The NSAG attacks have affected girls' education through targeted attacks on their schools. Frequent abduction of schoolgirls in their dormitories and occasional kidnapping of schoolgirls on their way to school have reduced their attendance in schools drastically. Most girls' educational activities in the affected states have been suspended, because most teachers and school heads in the region are among the displaced people. Female teachers and schoolgirls are traumatized, and afraid of going to their schools for fear of attacks by NSAGs. Educational planners and inspectors of girls' education programmes cannot conduct periodic

checking on schools as most education officers in the region are currently out of their assigned posts.

An estimated 426,000 women will need access to safe delivery attended by a skilled birth attendant in the BAY states. Considering that the unmet need for family planning in the BAY states is 18.9%, this implies more than 493,000 women and adolescent girls who will be seeking access to family planning to avert an unintended pregnancy. Family planning is a life-saving service: it can reduce MMR by an estimated 25% and it also contributes to both neo-natal and under-five survival rates.

NSAGs' actions have reduced access to, and use of, maternal health care and have slowed progress towards eliminating intimate-partner violence.

Factors of vulnerability

The key contextual factors therefore that have made most people in the north-east extremely vulnerable to the effects of the conflict could be summarized as:

- **Poverty and lack of resilience:** Coping mechanisms are what buffer people from a shock that could otherwise cause extreme humanitarian need. In the north-east, with profound chronic poverty and a sparse social-service infrastructure even before the conflict, people engulfed by the crisis had very little – hardly any coping mechanisms or other means of resilience – with which to mitigate its effects. Climate change had eroded and continues to erode the resilience of this farming population.
- **Gender disparities:** These have particularly deprived females of the few coping mechanisms somewhat more available to males, such as literacy, personal autonomy, livelihoods skills and income, access to justice, and health care (or other services) tailored to their needs. Moreover, in any conflict the misconduct that the strife generates or unleashes tends to victimize females more than males; and where stark gender disparities are culturally imbued, the risks and harm to females tend to be even worse. In north-east Nigeria this goes even further, to the organized, targeted exploitation and

brutalization of women and girls by combatants. The lengths to which females must go to avoid any chance of such captivity exposes them to risks and privation that that they might otherwise consider prohibitive.

- **Absence of a protective environment:** Protection in the NSAG-controlled areas can be reasonably supposed to be practically non-existent in the usual senses of active respect for and defense of human rights, physical security and assurance of basic needs. The fragmentary accounts from these areas plus the NSAGs' own publicity give the impression that their rule, by design, produces closer to the opposite. People still living in the large expanse of contested terrain where neither side dominates may not suffer the same oppression as those under the NSAGs' constant control, but they certainly lack a protective environment, to the severe detriment of their physical and mental well-being. Protection is relatively better in the government-controlled areas; yet even there, indiscipline of soldiers and others and the near-absence of civil authorities (and their frailty even when present), combined with congested and under-served IDP congregations and host communities, undermine an environment conducive to protection. Moreover, the military faces steep challenges in extending the protection of civilians beyond the confines of its garrison towns. These deficiencies of protection interact with other vulnerabilities: they deter, for example, females from pursuing livelihoods or education, or accessing needed services.

Overall, there are persistently high levels of need with little indication that people's situations will get better. At the same time, there are pockets of relative stability, mainly in the urban environment of Maiduguri and parts of Yobe and Adamawa states, which offer some opportunity for longer-term interventions – recovery, development, or humanitarian actions designed to have some lasting effects – for resilience-building and durable solutions. Elsewhere, the majority of IDPs are unlikely to go home voluntarily, or will leave home again, unless security is in place and livelihoods are possible.



MAIDUGURI, BORNO STATE, NIGERIA

Ummi Umar, 30, fetches water at the camp public pump in Fulatari Bolori 2

Photo: OCHA/Damilola Onafuwa

1.2 Shocks and Impact of the Crisis

Shocks and ongoing events

Twelve years into north-east Nigeria's large-scale humanitarian crisis, the needs are generally as severe and large-scale as ever. The crisis is not abating, and the situation of affected people is not improving: they still live with great unpredictability, privation that goes far beyond chronic poverty, and daily threats to their health and safety, many of which could prove fatal or inflict irrecoverable harm. Crude mortality rates among people arriving from some inaccessible areas are at wartime levels.

Violence and insecurity in the BAY states continue to cause mass movements of people. More than two million Nigerians are displaced across the BAY states, of whom 82% are women or children. Borno, the most conflict-affected state, continues to host the highest number of IDPs – 1,830,000 individuals or 81% of the total IDPs of the BAY states. Of the IDPs, 0.9 million live in camps and 1.1 million in host communities. In addition, more than 300,000 Nigerians are registered as refugees in neighbouring Lake Chad Basin countries, including Cameroon, Chad and Niger. On average, 4,200 people are forced to flee their homes each week due to the conflict, with many

fleeing multiple times and causing further erosion of already fragile coping mechanisms. While many of the displaced would like to return home, insecurity remains a major barrier. The return of over 1.7 million IDPs and refugees has been recorded. However, many return to damaged homes and have no access to education, health services or nearby markets. Many villages were forced to relocate or were dispersed by conflict, violent attacks, and NSAG recruitment and abductions. This dispersal has eroded community solidarity and social cohesion.

While **inter-communal violence**, such as between farmers and herders, has been present in the north-east Nigeria for years, the proliferation of weapons and armed groups have made communal conflicts more violent and deadly in recent years, especially in Adamawa. In 2021, ACLED's data indicated that communal violence incidents caused 152 deaths in Borno (51%) and Adamawa (47%). This intensification of the perennial conflict between farmers and herders has added to displacement in parts of the BAY States.

The 2021 cholera outbreak in the BAY states has been a further shock (see detail in sub-section "Disease outbreak" below). The COVID-19 pandemic continues in Nigeria, with public-health restrictions (although eased since 2020) still affecting the economy. The Delta variant of COVID-19 caused a surge of cases in 2021, and indications are that the Omicron variant will do likewise.

Impact on people

Mortality

Armed conflict by and with the NSAGs has directly caused the deaths of more than 38,500 people in the BAY states since 2009 as a result of battle or one-sided violence. The violence is still intense: 16% of the deaths have been recorded in the past two years (2020 and 2021). In the first two quarters of 2021, the armed conflict caused 2,661 deaths, of which 87% were in Borno, 8% in Yobe and 5% in Adamawa. The NSAG operatives attack communities, rob, burn property, destroy public infrastructure, plant

improvised explosive devices (IEDs), rape women, and abduct people among many other heinous acts.

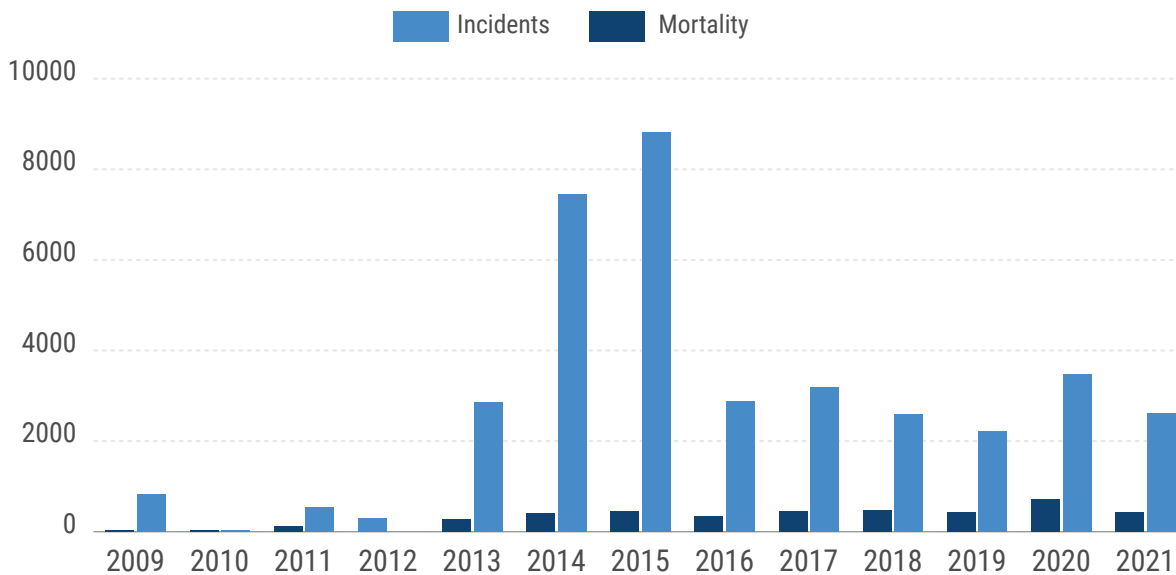
The conflict's indirect effects have been lethal on a far larger scale. The United Nations Development Programme estimated in June 2021 that 314,000 people in the BAY states have died as an indirect consequence of the conflict since its start – nearly all of them young children:

"These deaths are the result of the conflict's physical and economic effects. Insecurity has led to decline in agricultural production and trade, reducing access to food and threatening the many households who depend on agriculture for income. Hundreds of thousands of Nigerians have been displaced from their homes, often meaning the loss of livelihoods, assets, and critical support systems. Moreover, displaced populations must often live in overcrowded and degraded living conditions without access to clean water and sanitation. Young children, who are especially vulnerable to malnutrition and disease from a lack of clean water, are hit hardest. We estimate that more than 90 percent of conflict-attributable deaths through 2020, about 324,000, are of children younger than five. With another decade of conflict, that could grow to more than 1.1 million."

A further consequence of the fighting is the exposure of civilians to remaining explosive ordnance, a cause of one civilian death or injury every day on average. Another major impact of the armed conflict is the large number of missing people: the number currently stands at over 24,000, which may be one of the world's highest totals for any one current conflict.

Mortality rates seem to be worsening in all three BAY states compared to the same period in late 2020. Based on samples of locations in each state, in Borno the situation has worsened in all five sampled locations: the crude mortality rate has risen from 0.22 deaths per 10,000 people per day in late 2020 to 0.31 deaths/10,000 people/day in late 2021. This is a 50% increase in one year.

Annual conflict-attributed deaths in the BAY states

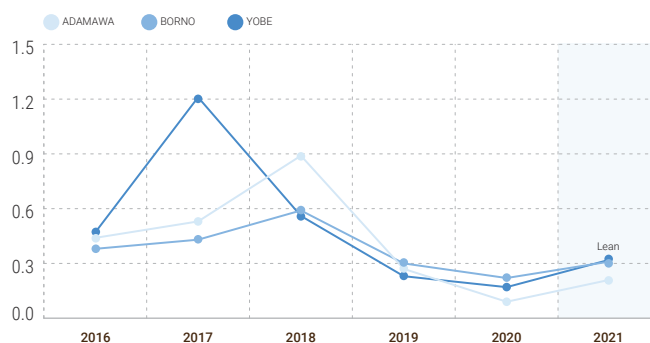


In Yobe, mortality rates almost doubled in all three sampled locations, from 0.17 deaths/10,000 people/day in 2020 to 0.32 deaths/10,000 people/day in 2021. In Adamawa, the rates doubled in both sampled locations, from 0.09 to 0.21.

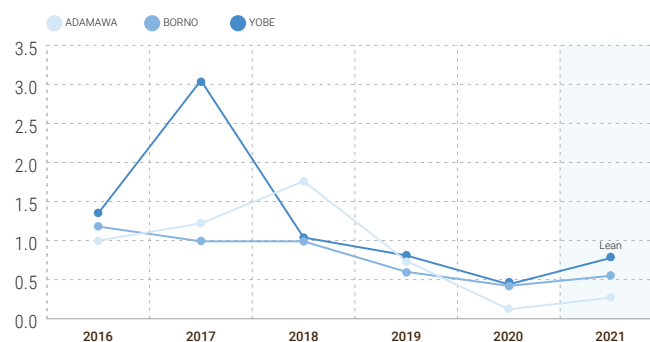
Mortality rates among newly-arrived IDPs are well above the emergency threshold for both crude mortality rate (2.39/10,000 persons/day, vs. threshold of 1.00) and under-5 mortality rate (3.58/10,000 children under 5/day, vs. threshold of 2.00).

Epidemiological statistics show that malaria (including suspected malaria) is by far the leading cause of death in Borno State, accounting for 18% of mortality. The next highest cause, neonatal death, is at 6.4%. Malaria (confirmed and suspected) similarly causes a large plurality of morbidity – 37% – and acute respiratory infections (ARIs) are the second-highest cause at 16.7%. Both malaria and ARIs have a connection to shelter problems: poor shelter lets more mosquitoes enter and poorly-drained surroundings allow their breeding, while exposure to elements is a strong risk factor for ARI. The crisis conditions therefore worsen the incidence and deadliness of these endemic diseases.

Crude mortality trends 2016 - 2021 (Harvest season)



Trends of Under-5 mortality 2016 - 2021 (Harvest season)



Morbidity - Weekly and cumulative number of reported cases

SYNDROME	WEEK 41		CUMULATIVE 2021	
	# Cases	% Morb. ¹	# Cases	% Morb. ¹
Malaria (confirmed)	9,988	20.2%	309,047	14.5%
Malaria (suspected)	12,282	24.9%	469,619	22.1%
Acute respiratory infection	6,673	13.5%	350,924	16.7%
Acute watery diarrhoea	1,110	2.2%	356,058	2.3%
Bloody diarrhoea	123	0.2%	7,882	0.4%
Severe acute malnutrition	2,154	4.4%	93,403	4.4%
Mental health	122	0.2%	3,229	0.2%
Other	16,759	33.9%	825,086	38.8%
TOTAL CASES	49,211	100%	2,112,542	100%

Morbidity - Weekly and cumulative number of deaths

SYNDROME	WEEK 41		CUMULATIVE 2021	
	# Deaths	% Mort. ²	# Deaths	% Mort. ²
Malaria (confirmed)	19	31.1%	204	12.4%
Malaria (suspected)	0	0.0%	91	5.5%
Acute respiratory infection	0	0.0%	22	1.3%
Acute watery diarrhoea	1	1.6%	6	0.4%
Bloody diarrhoea	0	0.0%	3	0.2%
Severe acute malnutrition	6	9.8%	105	6.4%
Maternal death	1	1.6%	34	2.1%
Neonatal death	0	0.0%	86	5.2%
Other	34	55.7%	1,097	66.6%
TOTAL DEATHS	61	100%	1,648	100%

¹ Proportional morbidity

² Proportional mortality

Source: Borno State Weekly Epidemiological Bulletin - W41 2021 (Oct 11-Oct 17)

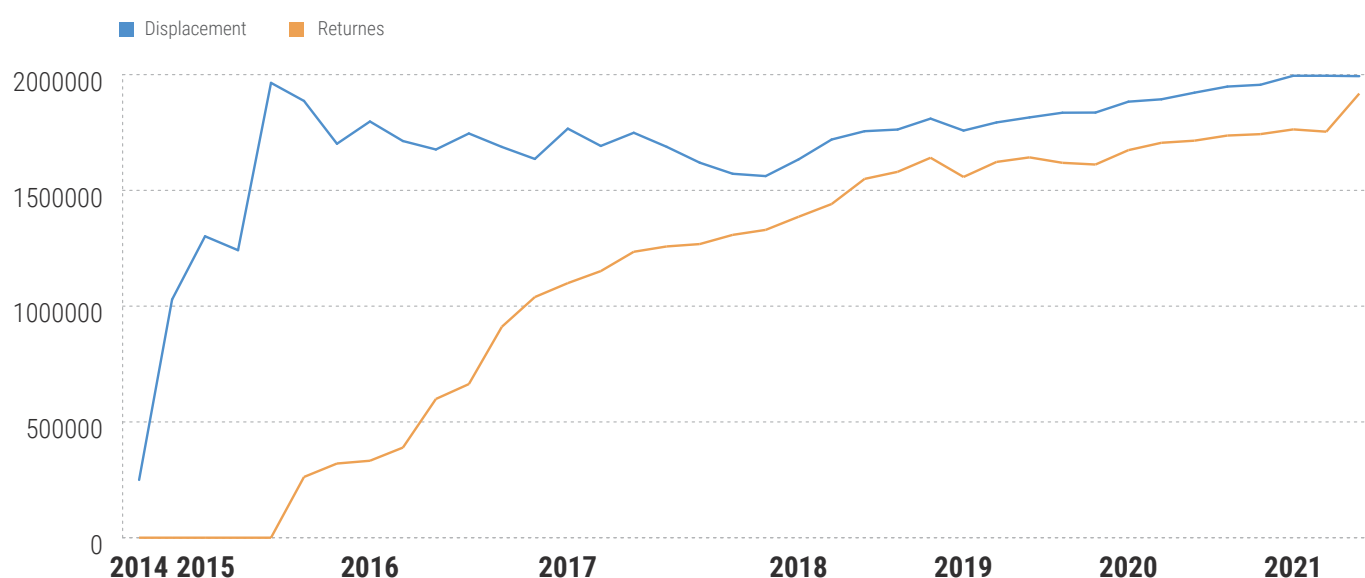
<https://ewars.ws/documents#uuid=4ae6b61f-0e1e-4851-bcbe-7dd2459f2847>

Displacement and population movement

The protracted armed conflict and inter-communal violence continue to force millions of people to leave their homes. Over 2.2 million people are currently displaced, and more than 324,000 Nigerians are registered as refugees in neighbouring Lake Chad Basin countries, including Cameroon, Chad and Niger. On average, 4,200 people are forced to flee their homes each week due to the conflict, with many fleeing multiple times and further eroding their already-fragile coping mechanisms. Moreover, the influx of large numbers of IDPs is putting an additional burden on the meagre resources and infrastructure in hosting communities, which are often conflict-affected and have significant humanitarian needs themselves. Approximately 1.7 million IDPs have returned to their places of origin, or at least to a nearby garrison town. Living conditions in these areas of return are complex: returnees often remain exposed to protection risks associated with the ongoing conflict and insufficient access to assistance, services and livelihoods.

Following plans to promote IDP returns to areas of origin from August 2020, the Borno State Government has announced that it plans to close all IDP camps in Maiduguri by the end of 2021 (though some IDPs in Maiduguri may elect to integrate in the Maiduguri area, or may have the opportunity to settle in new government-built settlements in various locations outside Maiduguri). However, humanitarian organizations have raised concerns about this returns process, noting that many return areas remain unsafe—including Damasak and Dikwa towns, which both experienced major NSAG attacks in April 2021, plus Marte and Kukawa—and have little access to livelihoods and basic services, including those provided by humanitarian actors and government institutions. Although estimates vary of the number of people relocated or resettled so far and the total number envisaged, information from the Borno State government indicates that some thousands of IDPs living in camps in Maiduguri have been resettled in new settlements around many LGA headquarters in the state. This affects the number of IDPs in the BAY states, though only by a small percentage (around 1%) compared to the overall total of over 2 million IDPs.

Displacement and returns trend

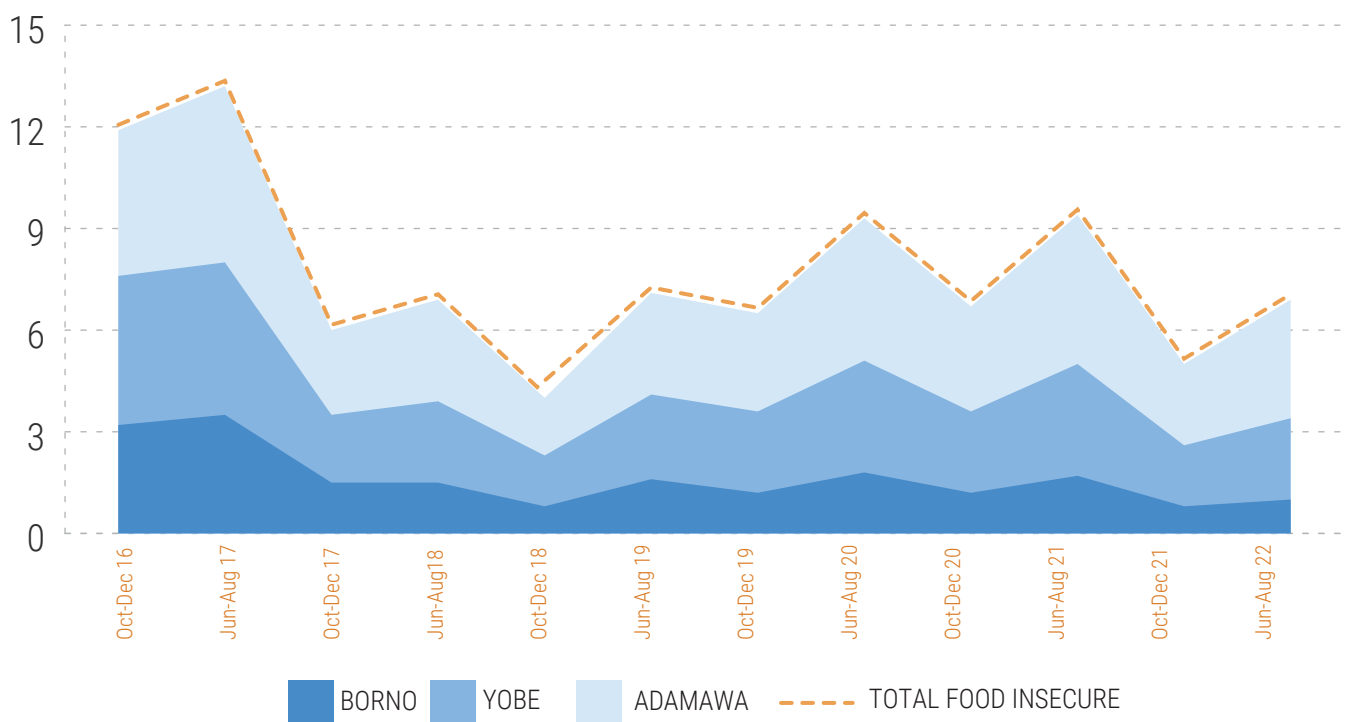


Food insecurity and malnutrition

Nigeria-wide, higher levels of food insecurity and malnutrition are projected for the 2022 lean season (June-August) than even in 2017, the high point of food insecurity in recent history. The Cadre Harmonisé (CH) projection foresees 12.1 million people in the three highest IPC phases (crisis, emergency, famine/catastrophe), whereas 2017 had 10.6 million people in these phases. In 2022, the vast majority in phases 4 and 5 will be in north-east Nigeria. At the same time, the projected number of people needing food assistance (IPC phases 3-5) in the BAY states for the 2022 lean season is 3.5 million people – still formidable, but significantly fewer than the 4.4 million

people estimated a year ago for the 2021 lean season. (The 2021 projection was influenced by the effects of COVID-19, including economic effects on urban dwellers in the north-east, which have generally eased though not completely receded.) The violent conflict is the main factor keeping millions of people in the BAY states in critical food insecurity: most of the affected households cannot carry out their livelihoods, including cultivation, petty trade and provision of unskilled labour, and hence their purchasing power is restricted. In particular, for the many people in garrison towns, areas outside the defensive trenches are unsafe – the military is unable to provide protection – which means that agricultural land is either inaccessible or too risky to access.

Cadre Harmonisé (November 2016 to June 2022) – People in need (phases 3, 4 and 5) in the BAY states

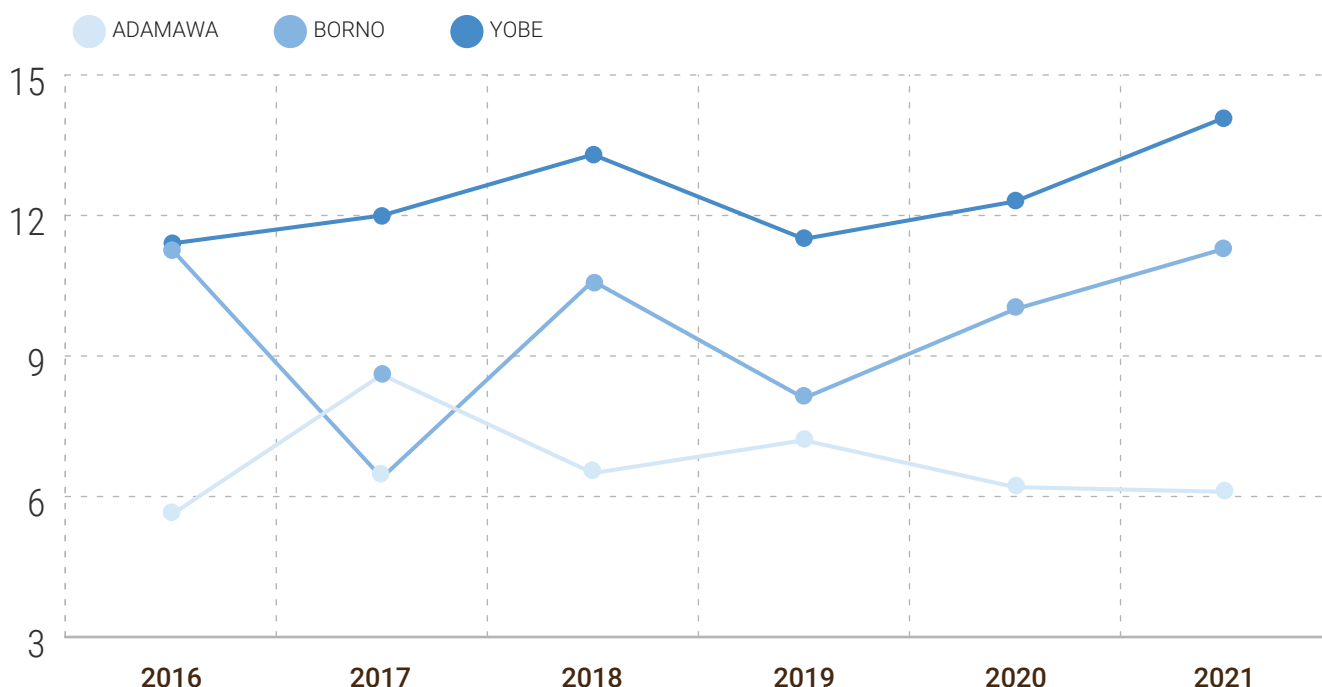


Nearly half a million (459,846) people are projected to be in Emergency (Phase 4), while **13,551** people are anticipated to be in **catastrophe-like (Phase 5)** conditions in three LGAs in Borno (Bama, Gubio and Magumeri) in the 2022 lean season if interventions are not scaled up including reaching the inaccessible areas.

Despite BAY-state food security projected to be somewhat better in 2022 than the worst of 2021, the nutritional situation is worsening. (In fact, it has been worsening since May 2019, coinciding

with and perhaps owing in part to a provisional phasing-down of blanket supplementary feeding programmes.) In Borno, the situation is worse in three out of the five locations sampled in October 2021, compared to the same period last year: overall in the Borno sample, global acute malnutrition (GAM) rose from 10.0% in late 2020 to 11.8%. In the three sampled Yobe locations, GAM has risen from 12.3% to 14.1%. (Adamawa is slightly improved, from 6.2% to 6.1%.) GAM rates exceed the 15% (critical) emergency threshold level across 12 LGAs in Yobe and Borno states.

GAM rates in the BAY states (Harvest season)



According to the IPC Acute Malnutrition Analysis (IPC AMN) of September 2021, approximately 1.4 million children under five and 125,000 pregnant and lactating women will suffer acute malnutrition. These will be the highest levels of acutely malnourished children and women requiring treatment since 2017 when the crisis was at its peak. The Famine Monitoring System (FMS) for Nutrition assessments of people coming out of the inaccessible areas between June and August 2021 indicates malnutrition rates five times higher than those in accessible areas, primarily due to poor

food consumption patterns and inadequate access to WASH and health services. The GAM rate among newly-arrived IDPs coming from inaccessible areas is 20.1% (extremely critical), of which the severe acute malnutrition (SAM) rate is 7.3%.

The lack of shelter, unavailability of non-food items, poor hygiene and sanitation conditions, cholera, acute respiratory infections (ARIs), and malaria contribute to greater malnutrition.

Malnutrition

Ibrahim, 2, on his second day of treatment in the PUI stabilization Centre in Ngarannam PHCC, Maiduguri.
Photo: OCHA/Christina Powell



Malnutrition puts the most vulnerable people at risk. In north-east Nigeria, millions are “food-insecure”, which means they do not know when or where their next meal will be coming from. People across the region face this threat to survival on a daily basis.

Ibrahim, a two-year-old boy from Maiduguri, is in a place that no parent would wish to see their child. He should be playing with his two older siblings in their home in Bolori area, Borno State capital. Instead, to save his life, his mother Falmata, has admitted him to a nutritional stabilization center. A stabilization center (SC) is an in-patient medical facility that treats severely malnourished children with medical complications. Children with these complications are 11 times more at-risk of dying than normal children. Falmata and Ibrahim are in an SC that is managed by Première Urgence Internationale (PUI), located in the Ngarannam Primary Health Care Center (PHCC) in Maiduguri.

Severe acute malnutrition (SAM) admissions: An estimated 1.14 million children aged 0-59 months are acutely malnourished in the north-east.

Levels of acute malnutrition in Borno and Yobe States are the highest recorded since 2016. When people, especially children, are chronically malnourished, their immune systems are weakened, which means they become more susceptible to illnesses that are otherwise preventable in those with stronger immunity. The number of people in nutrition treatment centers are at the highest levels since surveillance started in 2017. This is caused by high rates of food insecurity due to increased food prices, high prevalence of diarrhoeal diseases including cholera and the influx of IDPs arriving from inaccessible areas (30% of whom have acute malnutrition).

In the face of these staggering needs, there are only 32 operational SCs across north-east Nigeria, against a requirement of 80. To put it simply—if there were 100 children suffering from SAM, only an estimated 40 per cent of them would be able to receive the treatment they need.

Story jointly developed by INTERSOS, UNICEF and OCHA as part of the Humanitarian Bulletin

Disease outbreak

The **cholera outbreak** in 2021 has a higher case fatality rate (3.5%) than the previous four years; the current case fatality rate (CFR) greatly exceeds that of the largest cholera outbreak in the world, Yemen, whose CFR is 1%. While there were 1,800 and 3,500 cases of cholera in Nigeria in 2020 and 2019 respectively, the Nigeria Centre for Disease Control publication of 17 October 2021 reported 93,362 suspected cases including 3,283 deaths from 32 states and the Federal Capital Territory in 2021. Yobe (3,468 cases), Borno (1,718) and Adamawa (670) accounted for 5,856 of the suspected cases with even worse CFRs of 2.4%, 5.5% and 4.3% respectively. The case numbers in the BAY states may be an undercount given that many affected communities are in hard-to-reach areas. Several factors confronting north-east Nigeria have exacerbated the cholera epidemic, including food insecurity, poverty, and the protracted armed conflict, especially the latter's effect in disabling much of the health-care system and destroying much of the water and sanitation facilities. In addition, Nigeria faces a resurgence of COVID-19 cases driven by the Delta variant (and now Omicron); less than 1% of the population has been fully vaccinated, and coverage of COVID-19 testing may be as low of 2% of the population.

Past research has shown that in protracted conflicts like that in the BAY states, children under 5 are more than 20 times more likely to die from diarrhoeal disease linked to unsafe water and sanitation than conflict-related violence.

Impact on systems and services

The unrelenting NSAG activities have heavily disrupted basic systems and services in the northeast part of Nigeria especially in Borno State (with a high impact on central Borno), the northern part of Adamawa, and the eastern part of Yobe states.

Now in the thirteenth month of total blackout, business and daily life have been severely disrupted in the central part of Borno State following destruction of several towers – and blockage of their repair – supplying electricity from the national grid to the

affected local government areas and environs. The alarming impact is unprecedented as these areas experience temperatures averaging 41 degrees Celsius daily. In order to adapt, most individuals now turn to livelihood activities that do not rely on electric power – which most often are less profitable – while others are forced to beg to feed themselves. The high cost of fuel and diesel to power electrical appliances has made many households shut down their boreholes which supply water to them and their neighbours. Water has now become a scarce commodity.

Individuals who had developed some levels of coping mechanism now depend on the already overstretched humanitarian response.

The health systems across the BAY states are of great concern. Of the approximately 2,400 health facilities in Borno, Adamawa and Yobe states, 48% of the facilities are not functioning at all, and 11% are partially functional. This places a huge strain on the 41% that are fully functional.

Many partners providing health support are withdrawing their services, including staff, from locations that have continually suffered severe security challenges for the affected population and threats to the lives of humanitarian aid workers. In locations such as Gwoza town and Pulka in Gwoza LGA, some 400 staff (health workers) have withdrawn from these locations in the second half of 2021 because of extreme security risks.

Schools remain one of the leading targets of NSAG attacks, especially in towns and villages bordering Borno state to the south or bordering the Niger Republic in the northern axis of Borno State. Teachers and pupils are at risk; valuable school assets including teaching and learning materials are lost and not easily replaced. Education suffers as a result. Whereas well-staffed, well-furnished and secure schools could mitigate some of the trauma of displacement or insecurity, the actual state of many schools sadly risks accentuating the trauma. Frustrations of displacement and traumatic experiences of violent NSAG attacks harm teachers'

well-being and professional development, and so diminish their ability to deliver quality teaching and care. Experiences of violent conflict also harm children's psycho-social well-being, which in turn affects their cognitive abilities and development. Furthermore, erratic access to education for school-age children and the physical threats, real or perceived, that attending school incurs turn what should be an environment of positive psycho-social reinforcement into another mental-health stressor. This situation has decreased demand for education and the willingness of parents, cognizant of the security risks, to send their children to schools. This raises the number of out-of-school children in the affected locations.

Impact on humanitarian access

Humanitarian access in north-east Nigeria has deteriorated over the last three quarters of 2021. Partners have witnessed increases in access constraints that have severely limited their reach. Additionally, the humanitarian space in the BAY states has reduced sharply during this period. The factors causing these access challenges are insecurity, bureaucratic constraints, poor infrastructure, and inaccessibility caused by heavy rains.

The security situation in much of the BAY states has sweeping effects on civilians (described in preceding sections). Beyond the defensive perimeters of garrison towns, civilians in many LGAs are exposed to attacks, killings, theft, abduction, exploitation, extortion, coercion, and forced recruitment. Livelihoods become dangerous to pursue, especially agriculture, because it requires long hours in exposed fields without even safety in numbers.

The garrison towns may be relatively safe, but getting there is often not: the lack of area-based security leaves most main roads in Borno State, and some roads in Yobe and Adamawa, unsafe for humanitarian workers to travel, and risky for cargo-transport contractors too. Secondary roads within many LGAs are unsafe as well. The situation therefore remains highly constraining on humanitarian operations, and few measures are available to mitigate the risks and

threats. The NAF requires humanitarian actors or cargo contractors to use armed escorts on multiple roads to deliver humanitarian aid to LGA capitals, where there are large concentrations of IDPs.

About one million people are inaccessible to humanitarian actors, the international community estimates, meaning humanitarian actors cannot assess their situation or assist them. The situation of these people – judging from those who manage to move to accessible areas – is probably severe and possibly worsening, with limited or no access to markets, goods and services. (The JIAF analysis estimates that 700,000 of these one million people are in need of humanitarian aid, though humanitarian actors can target only an estimate of those who may move to accessible areas in 2022.) Security forces face a dilemma in that, despite the humanitarian imperative of allowing people to seek aid, they perceive the risk that such arriving groups may contain NSAG sympathizers who may try to infiltrate government-controlled areas, or who may then return to inaccessible areas with aid materials that the NSAGs then seize. (The putative deterrence lies in perceived risk of detention or mistreatment on suspicion of being NSAG sympathizers or agents.) While these may indeed be tactics of the NSAGs, and thus a basis for security concern, the humanitarian imperative of allowing people in desperate condition to access aid must be the prime consideration.

In recent years, significant armed hostilities in Kukawa, Rann, and Monguno LGAs forced the relocation of 263 humanitarian aid workers who were responsible for humanitarian aid to 390,000 people. Essential life-saving services were later restored in Rann and Monguno, while Kukawa remains inaccessible.

NSAGs in 2021 increased their attacks on humanitarian facilities and assets. They directly attacked the humanitarian hub in Mobbar LGA (Damasak town), and the humanitarian hub in Dikwa was caught up in fighting. These attacks destroyed or damaged humanitarian assets and displaced civilians; aid staff had to be temporarily withdrawn. Gubio and Nganzai also suffered attacks in 2021 that forced aid

staff withdrawal. The spike in clashes and attacks towards the end of the first quarter and early second quarter of 2021 prompted a general reduction of the humanitarian staff presence in many of the high-risk areas where escalating clashes were reported – Ngala, Monguno, Damboa, Bama, Nganzai and Gubio (total suspension of third party/community volunteers), and Rann. COVID-19 risk mitigation measures also contributed to the reduction of field presence.

Additionally, military operations by Nigerian authorities in some cases caused large-scale displacements of civilians and movement restrictions on key roads in Borno State.

Bureaucratic and security requirements affect the work of humanitarian partners. In 2021 the NAF has added additional scrutiny to the process of cargo security clearances in Maiduguri, which must precede the transport and distribution of assistance in hard-to-reach areas. Some restrictions on transport of fuel and fertilizers remain in place. (Both are dual-use materials, i.e. useful to armed actors – to make explosives, in the case of fertiliser for example – as well as civilians. The most recent Government policy recommends ‘wet-blend’ fertilizers in the BAY states, which are less convertible to explosives.). The fuel restrictions in particular hamper the effective operations of the humanitarian hubs that serve thousands of people. Access to fertilizer naturally affects farmers’ crop yields, which in turn threatens food security. There are tight regulations on cash transfers, and occasional suspensions (such as March to August 2021), which reduce assistance to people in hard-to-reach areas. Organizations continued to face challenges to acquire adequate visas for their international staff, with widening discrepancy between policy and practice, and effects on organizations’ operations.

Especially in the context of IDP relocations across Borno State, humanitarian actors’ interventions are impeded by the state government’s assertion of minimal humanitarian needs within newly relocated communities, most notably those in newly established housing villages. The state government introduced

a new permit to reach those communities, which has not been granted in several instances to humanitarian actors.

Delivering humanitarian supplies to hard-to-reach areas remains a challenge along the main supply routes connecting Maiduguri to the humanitarian hubs and main LGA towns where large numbers of the vulnerable people are located. NSAG attacks, illegal vehicle checkpoints, abductions and the use of improvised explosive devices (IEDs) have made the main supply routes in north-east Nigeria increasingly prohibitive. The high number of adverse incidents along the main supply routes during this period has led the NAF to request that partners use escorts to ferry humanitarian supplies to hard-to-reach areas. The military’s mandate of armed escorts for humanitarian cargo has further reduced humanitarian actors’ ability to maintain a principled response, potentially undermining the perception of impartiality and neutrality of humanitarian aid. The NAF’s conflicting priorities also affect the timely delivery of aid: there are long delays in securing the mandated armed escorts for many staff and cargo movements.

Weather erosion has also played a role, destroying bridges and reducing road passability.

It is highly probable that the first two quarters of 2022 will see a continued increase in insecurity and bureaucratic restrictions that will impede humanitarian access in the BAY states. With the onset of the dry-season military operations, NSAG actions targeting humanitarians and illegal vehicle checkpoints will continue to constrain 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%

Impact of the crisis

Millions of people in need

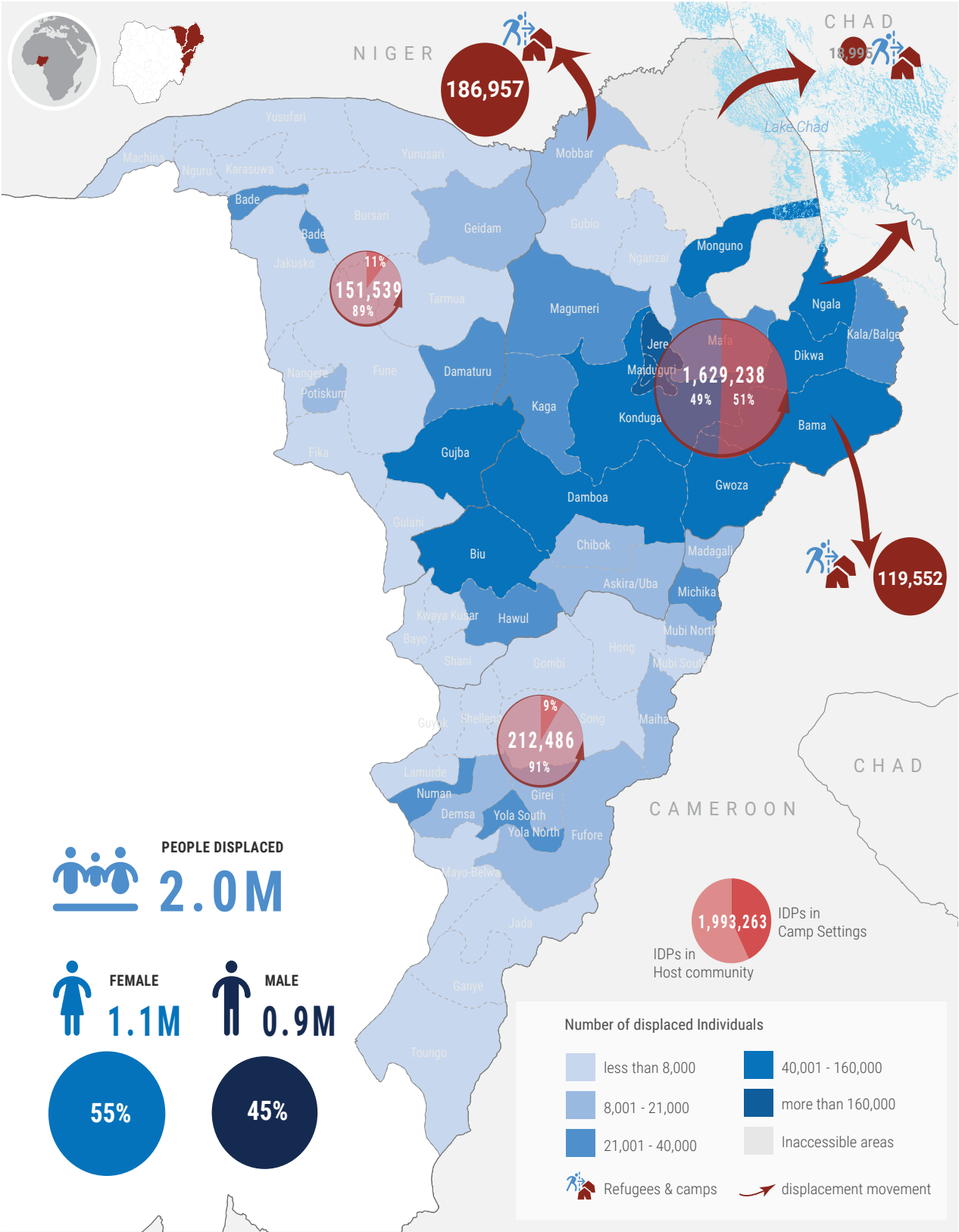
YEAR	NO. HOST COMMUNITY	% CHILDREN
2016	1.8M	55%
2017	11M	25%
2018	1.1M	51%
2019	2.9M	51%
2020	3.2M	59%
2021	4.8M	58%
2022	3.9M	59%

Impact of the crisis

Millions of people in need

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%

Impact on people: internal displacement



1.3

Scope of Analysis

The 2022 HNO accompanies the development of a new two-year humanitarian response strategy. As in recent years, all stakeholders, including the Humanitarian Country Team (HCT), sector coordinators, technical assessment focal points, the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHADMSD) and State ministries of humanitarian affairs engaged in the 2022 HPC agreed to focus on the three conflict-affected BAY states and the needs of the following groups: (i) IDPs, (ii) returnees (both IDPs and refugees), and (iii) host communities or vulnerable conflict-affected population. The focus on the BAY states is because, although there are humanitarian needs elsewhere in Nigeria (see section 4.2 regarding the north-west), the BAY states have the largest concentration of severe needs and an operational humanitarian presence that for practical purposes cannot be replicated elsewhere in the country, nor (by HCT decision) must it be diluted to address needs in other parts of Nigeria. The focus on the three groups recognizes that, in general, these are the people most directly affected by the conflict.

The secondary data review in June-July 2021 facilitated by the assessment and analysis working group (AAWG) and the information management working group (IMWG), set the tone for the HNO analysis and specifically informed the MSNA with key background on population groups, vulnerable populations, and humanitarian access in the BAY states.

The Geo-Referenced Infrastructure and Demographic Data for Development (GRID3) and the International Organization for Migration's Displacement Tracking Matrix (DTM) were the main sources to inform the population baseline by category of population. The DTM Round 37 dataset (August 2021) estimated IDP and non-displaced population numbers in identified

settlements, camps and informal sites, as well as estimated the number of returnees at the LGA level.

The MSNA informs the HNO and HRP, and all relevant sectors feedback into the sector-specific indicators selected to disclose gaps in the response, the severity of the crisis, vulnerabilities, and other essential information components of the analytical framework. The assessment was undertaken using a mix of two-stage cluster sampling and two-stage random sampling across all 60 accessible LGAs. All inaccessible areas (due to insecurity) were identified and excluded from the sampling frame. For accessible areas, a two-stage cluster sampling strategy was applied where possible, based on existing population estimates at the settlement level from the Displacement Tracking Matrix (DTM) and the Vaccine Tracking System (VTS). The primary sampling unit is the settlement, with only accessible settlements included in the sampling frame. If there were not enough primary sampling units to conduct two-stage cluster sampling due to fewer accessible settlements, random sampling was used with the same target precision. All surveys were conducted in person with support from partners with enhanced COVID-19 safety measures.

The MSNA together with complementary surveys reached some 9,000 households across 61 LGAs in the three states.

In addition, the risk analysis conducted as part of the joint analysis flagged that IDPs, returnees and host communities are the population groups likely to be the most affected through 2022.

All datasets have been disaggregated by sex and age. The needs of people with disabilities were considered based on vulnerability data for IDPs and reported percentage of people with a disability according



YOBE STATE, NIGERIA

A mother and her son in a nutrition stabilization center in Gashua, Yobe State, where he receives treatment from Plan International.

Photo: OCHA/Christina Powell

1.4 Humanitarian Conditions and Severity of Needs

As the conflict continues inconclusively, millions of people are no closer to being able to return to their homes and start their recovery from the conflict. The majority of displaced people are still in camps, camp-like settings or living in host communities, who are themselves stressed. New conflict-related displacements have continued in 2021, and those most in need generally are those leaving areas inaccessible to humanitarians.

The scale and nature of the conflict over the last twelve years have affected population groups to different degrees. As years have passed with little progress towards a political or military solution to

the conflict, the number of conflict-affected people living under challenging conditions has not declined significantly.

In general, the contextual factors described in Part 1.1 and the humanitarian impacts narrated in Part 1.2 have caused a total of 7.7 million people to face adverse humanitarian conditions in areas accessible to aid workers in the BAY states. (Estimates indicate a further 700,000 million people in need in inaccessible areas.) Out of the 61 LGAs that the JIAF classified using MSNA and other data, 24 are estimated at 'extreme' level of severity of needs; another 19 are at 'severe' level. Eighteen LGAs are at 'stressed' level,

while the remaining 2 have ‘minimal severity’ of needs. The four LGAs completely inaccessible to humanitarians (Abadam, Guzamala, Kukawa and Marte) are not rated, for lack of comprehensive

data; however, needs therein appear to be as severe as anywhere in the BAY states, on the basis of assessment of people managing to leave those areas (see more under “IDPs” section below).

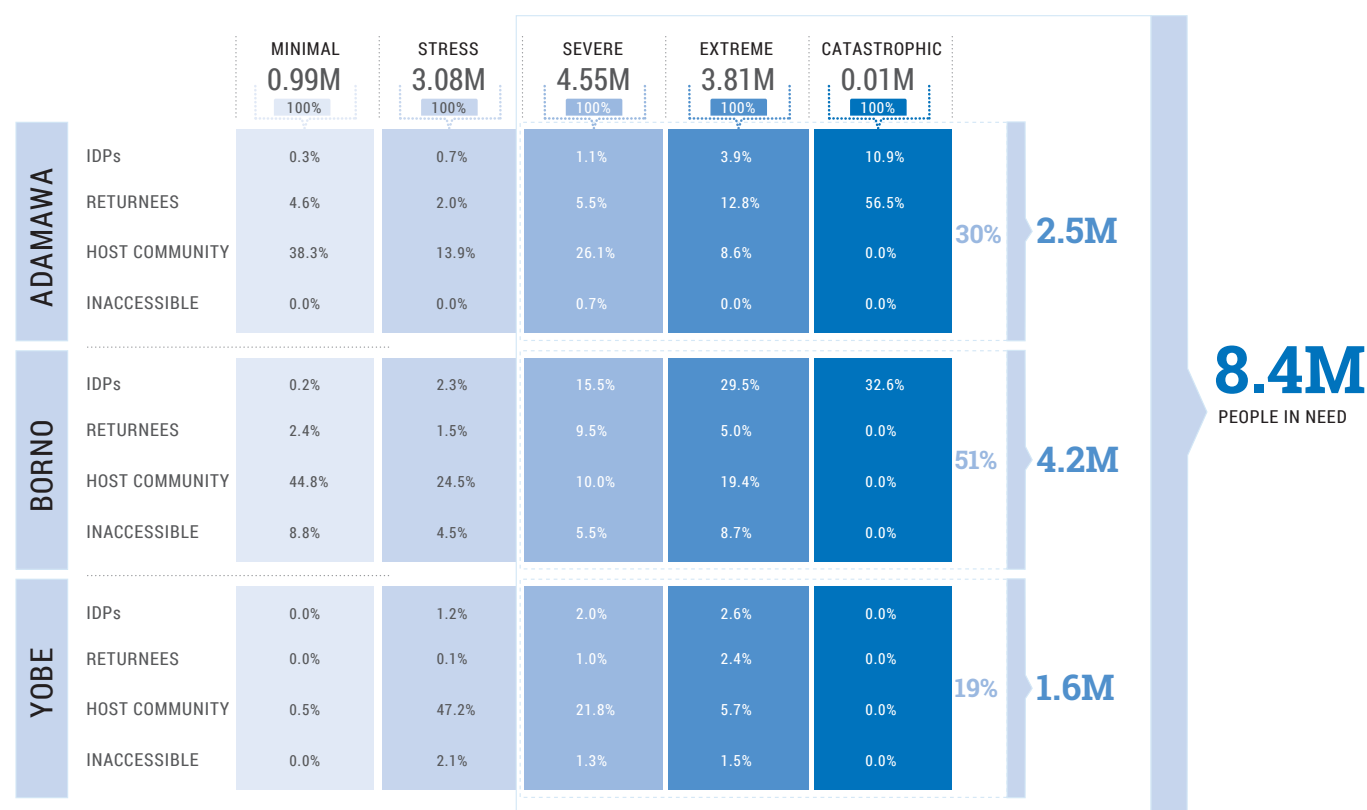
STATE	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	TOTAL # OF LGAs
Adamawa	2.5M	2	4	5	10		21
Borno	4.2M		7	8	10		23
Yobe	1.6M		7	6	4		17
Total # of LGAs		2	18	19	24		61

This means that more than 3.6 million people face an extreme degree of needs and more than 4.7 million have severe needs in the BAY states’ accessible areas. In the LGAs that have extreme needs, 92% of the population require humanitarian aid, as do 72% of the population in LGAs with severe needs.

The people in need are divided into three groups—IDPs, returnees, and host communities—all with different types of need according to severity levels. The Inter-sectoral Coordination Group agreed at the outset that

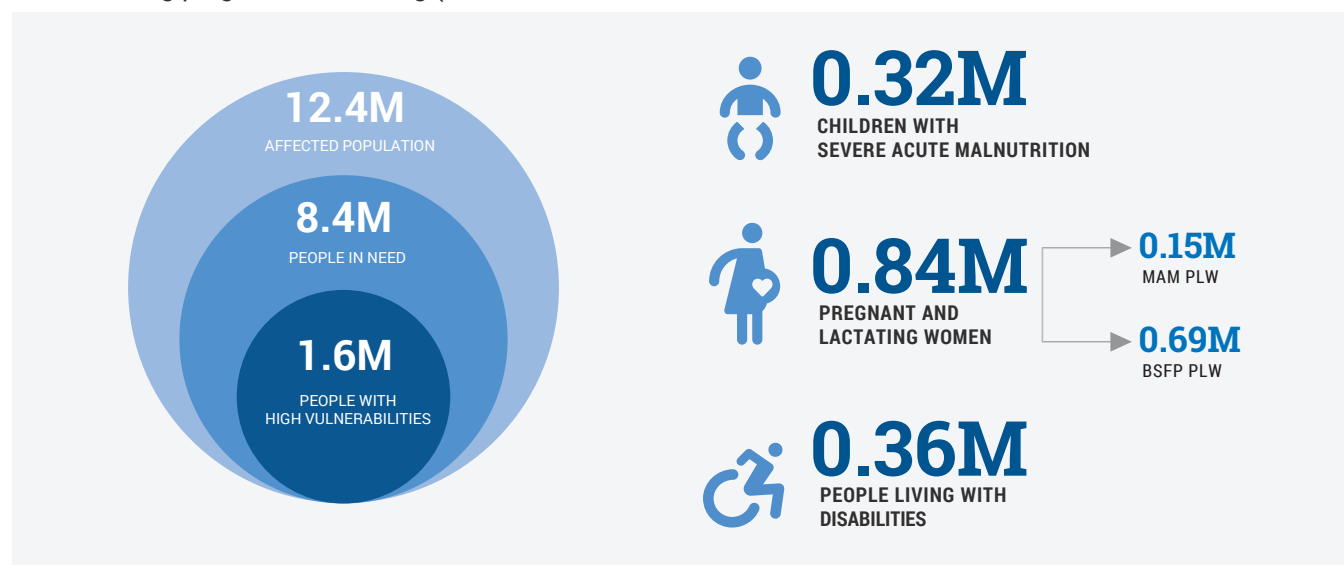
IDPs, returnees and host communities in severity levels 3, 4 and 5 (severe, extreme and catastrophic) per the JIAF scale would be considered as needing humanitarian aid.

The following table shows the JIAF results per state, target group, and level of severity. (Columns add up to 100%.) Notably, of the approximately 100,000 people expected to be in the ‘catastrophic’ severity level 5, in Borno State all are IDPs, whereas in Adamawa State most are returnees.

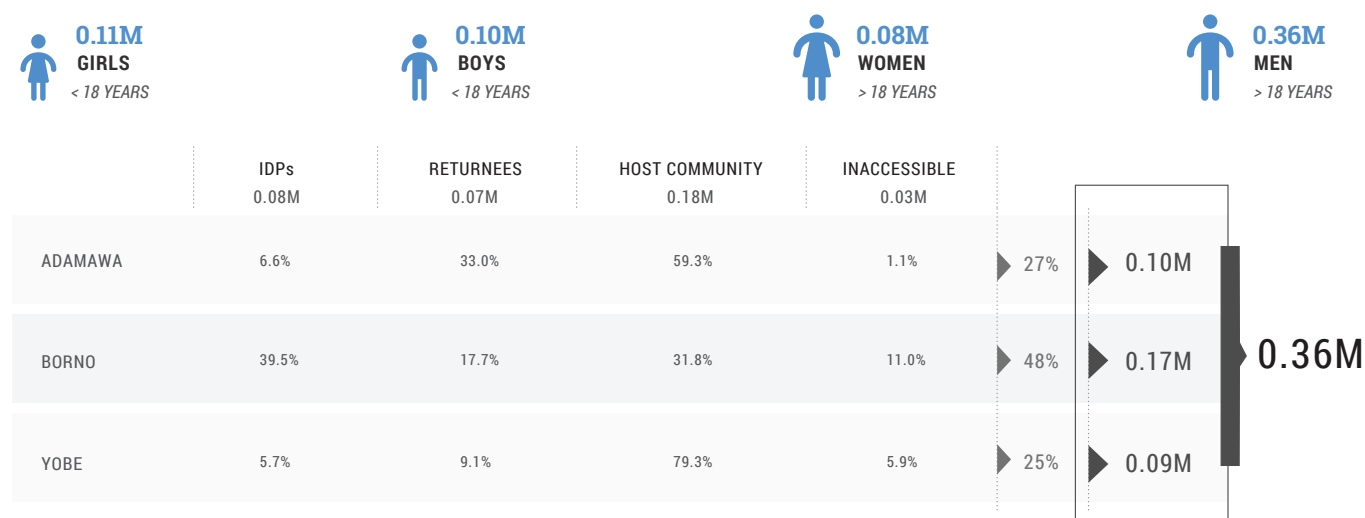


Within these categorizations, there are individual factors of vulnerability that targeting should consider, such as being pregnant or lactating (estimated

840,000 females) or living with a disability (estimated 360,000 people).



People living with disabilities



Looking at the inter-sectoral severity analysis, IDPs are more vulnerable than returnees and host communities. Overall, 65% of the IDP households have reported at least one kind of vulnerability: having a female-headed household, a family member with a mental or physical disability, a pregnant girl or women in the household; a child separated from them; or having a married child. DTM data suggests that many of the IDP households are highly dependent on humanitarian aid, and almost 44% of them live in an IDP camp or informal camp-like setting.

The figures from DTM indicate that over 60% of IDPs are receiving information in Hausa, which is not the main language of residents at more than half of the sites in the DTM. The data suggests that nearly 217,000 displaced people (11%) experience serious problems due to lack of information. This is particularly acute at Marghi-speaking sites, where they make up 53% of respondents. Comprehension testing confirms that less-educated female minority-language speakers are disproportionately excluded from information provided in Hausa and Kanuri. The

overwhelming majority of affected people surveyed prefer to receive information in their own language and orally (in audio format or through face-to-face contact). Initial research suggests a lack of language support may also be affecting the quality of humanitarian data collection.

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

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

- Conditions, services, and protection in IDP locations.
- Widespread acute food insecurity, acute malnutrition (generally worsening in 2021), and related severe vulnerabilities.
- Loss of livelihoods and self-reliance, and lack of opportunities for new or interim livelihoods, especially for IDPs and returnees.
- Uncertain prospects of alternative and durable solutions, at least in much of the affected area.
- Prevalence of communicable disease and risk of outbreaks or epidemics.

It is important to consider how needs interact, since “sectors” are in some ways an institutional artefact. Practical examples can illustrate: poor access to safe water causes household members to spend time – which might otherwise be spent productively and/or in caring for family members – and expose themselves to risks to retrieve enough water for daily needs. Some, often the infirm or otherwise vulnerable, will turn to impure but easier water sources, with consequent disease risk, or spend scarce cash buying water. Disease interacts with malnutrition to

produce severe acute malnutrition. Lack of access to safe education forces parents to stay with their children throughout the day, which limits their income-generating options. Food scarcity obliges households to divert more of their meagre resources to it (and away from other needs like health care, education, or entrepreneurship), or to take risks to secure, or resort to negative coping mechanisms; failing even these, malnutrition may result, which in turn makes the sufferers more vulnerable to disease. Aid that solves any one of these problems does not automatically prevent the others from interacting and reinforcing each others’ severity. On the positive side, people adapt and improvise: if their individual and social agency is intact, then they can take the advantages of one form of aid and reinforce their resilience to other, interacting problems.

An area that needs more attention is how displacement and other factors affect the social fabric and disrupts people’s social networks, social capital and coping mechanisms. Normally these are systems on which individuals and households depend for help, reciprocity and emotional support in times of stress. Like people and societies everywhere, the crisis-affected people in north-east Nigeria have innate resilience and versatility in coping. These qualities inhere partly in the individual but also, importantly, in their community and local society, including social contacts near and far. The extent to which people manage to maintain emotional equilibrium and productivity in displacement appears to be partly conditioned by the degree to which their displacement circumstances allow them to re-establish or replace social relations and capital. Common sense suggests that this is one of the keys to empowerment of crisis-affected people and their regaining self-reliance even before durable solutions. Closer examination of what the affected people in north-east Nigeria are doing to maintain, restore or improvise social relations and capital can form a part of needs analysis and communication with affected people in 2022.

Most vulnerable groups

by severity rating (%)

VULNERABLE GROUP	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS
Internally Displaced People	2.2M	0.2%	5.5%	35.8%	58.3%	0.2%	<ul style="list-style-type: none"> Recurrent and unpredictable attacks, violence The dense congestion of camps The movement restriction
Returnees	1.5M	4.1%	6.8%	43.1%	45.7%	0.3%	<ul style="list-style-type: none"> The lack of access to basic services, looking for livelihoods opportunities looking for security
Host Community	3.9M	11.2%	35.8%	35.7%	17.3%	0.0%	<ul style="list-style-type: none"> No access to farming Loss of purchasing power Insecurity

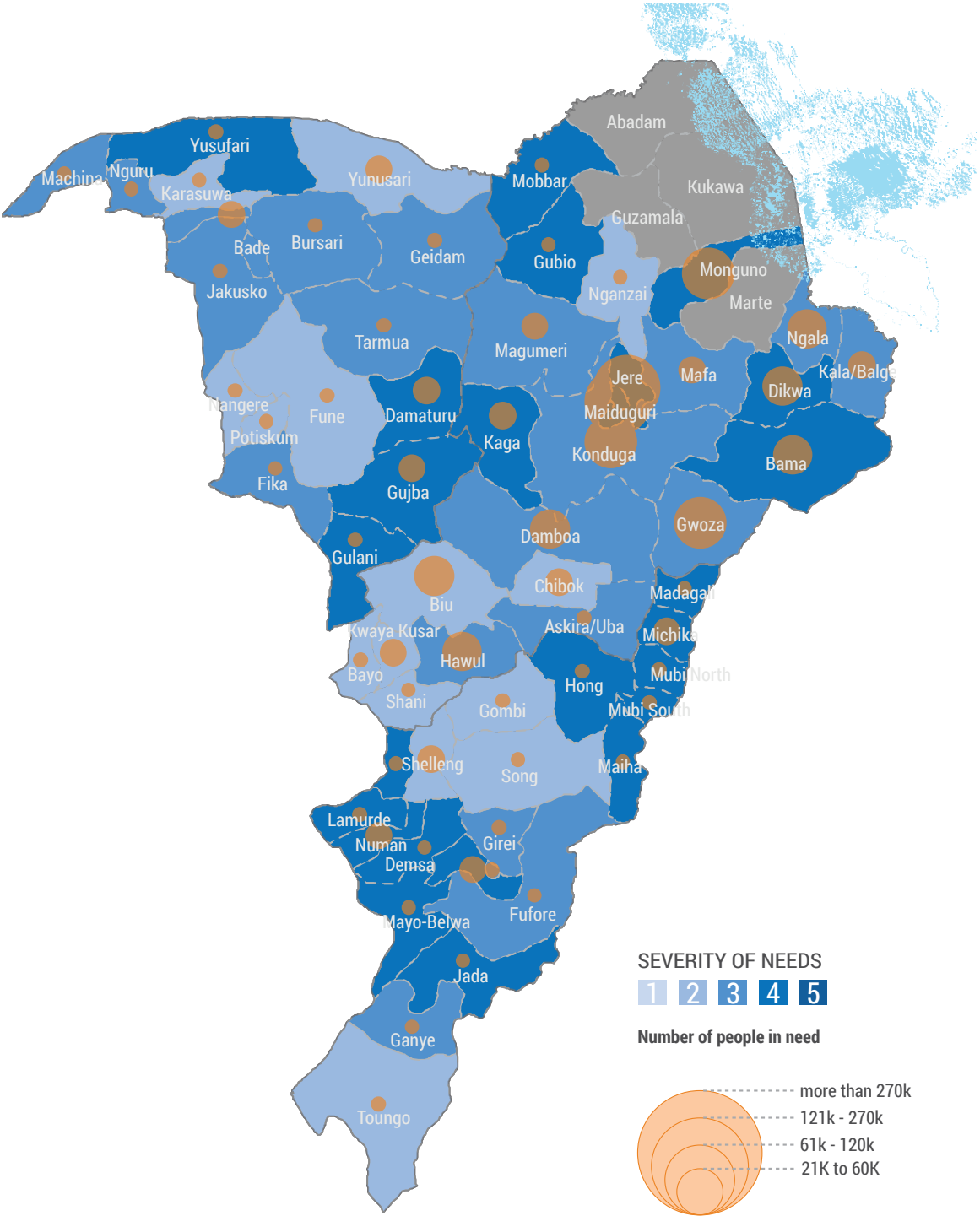
MOST VULNERABLE GROUPS

by age and gender (%)

POPULATION GROUP	BY GENDER		BY AGE		
	FEMALE (%)	MALE (%)	CHILDREN (%)	ADULTS (%)	ELDERLY (%)
Internally Displaced People	55 45		57 39 4		
Returnees	54 46		60 36 4		
Host Community	52 48		59 37 4		

Internally Displaced People

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
2.2M	0.2%	5.5%	35.8%	58.3%	0.2%



Selection of JIAF descriptive statistics: IDPs

Average duration of a (round) trip to fetch water	Less than 30 minutes	73%
	30 minutes or more	20%
	Other	7%
Enough water for drinking, cooking, bathing and washing	Yes	82%
	No	18%
Travel time to access primary healthcare facility	0 - 14 minutes	31%
	15 - 29 minutes	38%
	30 - 59 minutes	23%
	60 - 180 minutes	6%
	Other	2%
Type of shelter	A masonry house	20%
	A mud / brick / traditional house	24%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A makeshift shelter made from blankets or local materials	25%
	A communal shelter or transit shade constructed by an organization	4%
	A transitional shelter solution	3%
	An emergency shelter provided by an organization	17%
	None, the household lives out in the open	3%
Main source(s) of income	Income from salaried work	6%
	Income from casual or daily labour	57%
	Income from a business or commerce	35%
	Income from the household's agricultural produce	34%
	Income from social benefits or assistance received via the government	5%
	Income from family and friends (including remittances)	12%
	Income from support of organizations (including cash for work)	14%
	Income from pensions	1%
	There was no income	2%

Sufficient access to firewood or fuel to meet daily energy needs	Yes	59%
	No	41%
Female head of household		21%
Head of household with a disability		10%
At least one household member with a chronic illness		13%
Household with a girl or woman who is breastfeeding		28%

(For a comparison of these statistics among all three target groups, please see table at the end this section.)

Humanitarian conditions: intersectoral severity of needs

It seems clear that newly-arrived IDPs from inaccessible areas are in the worst condition of any accessible affected group. Monthly tracking of conditions of newly-arrived IDPs from inaccessible areas shows that GAM among arrivals from inaccessible parts of at least one LGA, Bama, are at levels – 32.1% – that may be characteristic of famine. The overall GAM among the sampled arrivals from inaccessible parts of the several LGAs is 28.7% (of which SAM 11.9%), near the famine indicator of 30%; and monthly tracking shows that GAM and SAM rose steeply to that level between August and September 2021, consistent with the culmination of the lean season just before harvest. Crude and under-five mortality rates overall in the sample (4.0 and 6.5 deaths per 10,000 people per day respectively) greatly exceed the respective emergency thresholds (1.0 and 2.0 deaths per 10,000 people per day). Arrivals from inaccessible areas of Gubio have a crude mortality rate of over 10, and from inaccessible areas of Magumeri an under-five mortality rate of over 9, both of which can only be characterized as wartime levels.

The question arises as to whether these stark figures among arrivals from inaccessible areas imply that those still in those areas are in similarly desperate condition. It is impossible to be sure: reasoning can suggest on the one hand that only those most desperate will move (and the movement itself may have weakened them), but on the other hand also that those who manage to move are in better condition than any who cannot. This underlines the urgency of

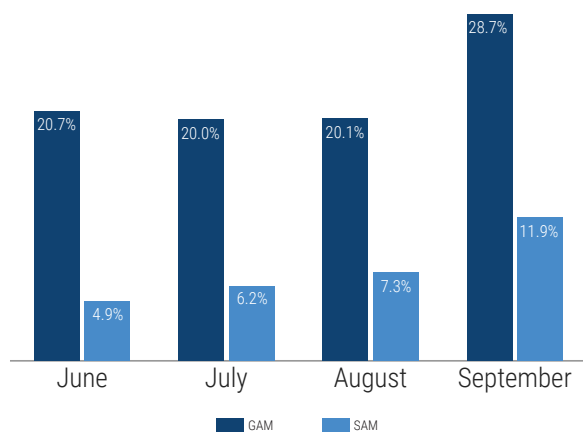
improvising ways to get more information on people's conditions in the inaccessible areas, and advocating means to either deliver assistance therein or facilitate people's movement out of them.

Projections for new arrivals from inaccessible areas in 2022 are difficult, since the factors are complex and fluid, including not just the course of the conflict but also NSAG methods of control over civilians, food security, and much more. However, according to the DTM's Emergency Tracking Tool, 19,177 people arrived from such areas in 2021 (through November), and 20,400 people are projected to arrive in 2022.

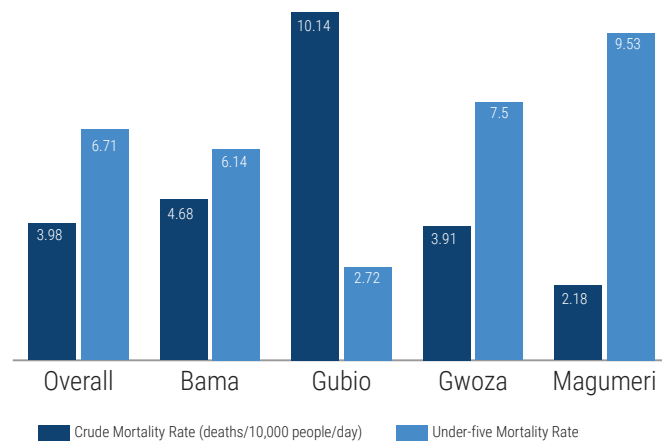
Of the 2.22 million IDPs in need, 1.82 million reside in the 42 LGAs whose inter-sectoral needs rate as 'extreme' or 'severe' (around 1.17 million and 657,000 IDPs respectively). In those 'extreme' LGAs, IDPs comprise on average 40% of the LGAs' current population, according to the JIAF analysis. Around 165,000 IDPs reside in LGAs whose inter-sectoral needs are at 'stressed' level. This shows that most IDPs are living in highly vulnerable areas whose populations suffer profound poverty and deprivation. Among those IDPs having extreme severity of needs, 81% are in Borno State.

Further vulnerabilities of IDP households stem from family structures: 21% of IDP households are female-headed, and many of them are single parents; 13% are single female heads of households. Around 13% of the IDP households have a member who has a chronic illness, and in 6% of IDP households, the head of household has a chronic illness. Some

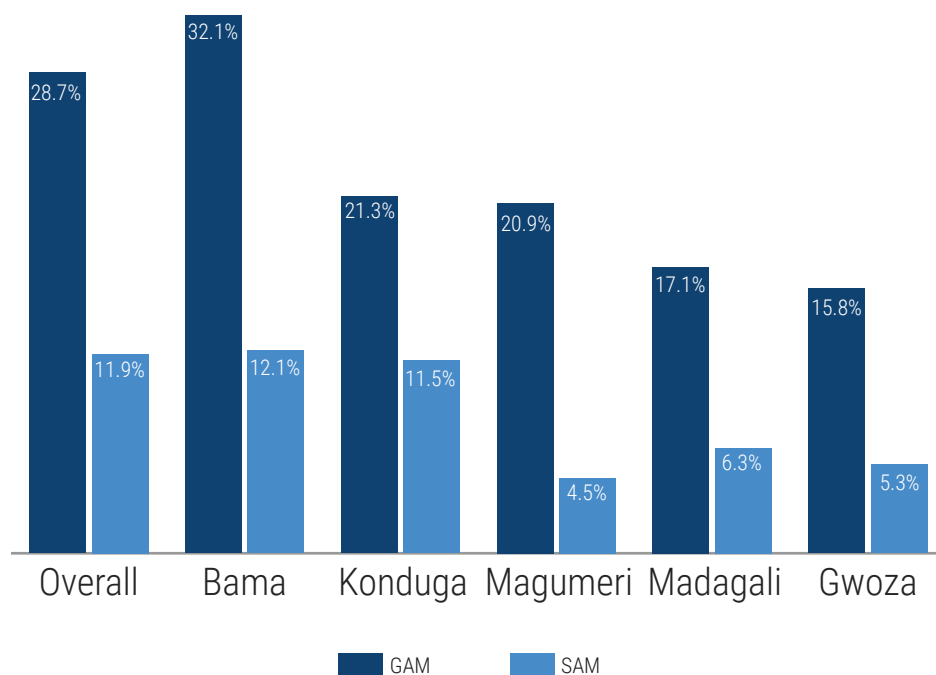
GAM and SAM rates among new arrivals from inaccessible areas (June to September 2021)



Mortality rates



New arrivals: GAM and SAM rates per location



38% of the women are currently breastfeeding or pregnant. Moreover, 16% of the IDP households report that they have a family member with a physical disability. These vulnerabilities are compounded when the family members speak languages other than Hausa or Kanuri.

Movement restriction is widespread—34% of IDP households surveyed for the MSNA reported movement restrictions during the preceding three months—and can be a major factor in increasing IDP households' vulnerabilities (curtailing their coping strategies) even though it may help safeguard their physical security.

At least 1.1% of IDP households report having a child who had married before the age of 17, and while this seems a small proportion, it equates to some 5,000 married children.

IDPs in either rural or urban settings also face a relatively prominent level of discrimination. Employment offers are few, and they have difficulty accessing services partly because of their lack of proper documentation or language barriers. There are reports that camp officials sometimes delay services for IDPs because of their origins.

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

For most of the analysed indicators, IDPs in and out of camps score similarly. However, there are some significant exceptions. The proportion of out-of-camp respondents who reported that their household lives in a "makeshift shelter made from blankets or local materials" is 20%; among sampled IDPs in camps, it is 33%. A slightly higher proportion of out-of-camp respondents reported income from a business or commerce (38% versus 30%) or from the household's agricultural produce (37% versus 28%). More IDP respondents in camps reported humanitarian aid including cash-for-work as their main source of income (20% versus 11%). More out-of-camp IDPs reported having a female in the household who is pregnant (15% versus 8%). More out-of-camp IDPs

reported that their household has access to soap (61% versus 50%).

Drivers of severity and underlying factors

Displacement drives severity both in what IDPs have lost and in their conditions while displaced. Loss of assets, livelihoods, community (indeed family in many cases), social structures, local governance (customary and statutory) and social services forces IDP households to significantly depend on humanitarian aid. The paucity of livelihood opportunities, social services and social infrastructure in the locations of displacement leave harsh living conditions that force families to adopt extremely harmful coping strategies for survival. In many IDP locations, insecurity constrains humanitarian aid that might otherwise improve their conditions. Insecurity even affects some IDPs' places of refuge, whether camps or host communities: unpredictable attacks force many households to displace multiple times. Limits on access to land for camp expansion or farming cause over-congestion in camps and camp-like settings, generating conditions conducive for outbreaks of diseases such as malaria and cholera.

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

Living standards

The key issues that worsen IDPs' living conditions are congestion and inadequate access to shelter, security and safety, health, education, water and sanitation, hygiene, and livelihood opportunities.

The shelter conditions for IDPs are sub-standard: 33% of IDPs in camps or camp-like settings live in self-made or makeshift shelters, and around 23% in emergency shelters, many in deteriorated condition. According to the 2021 MSNA around 70,000 IDPs live in the open: that means over 14,000 households remain without shelter altogether. Fortunately, 95% of IDPs in camps or camp-like settings use a relatively

safe water source (piped water, handpumps, trucked water, or protected wells), and only 5% have to resort to unprotected wells and other unsafe water sources. Among IDPs in host communities, 4% resort to unprotected water sources. Only 35% of IDPs in camp or camp-like settings have functioning latrines that are shared by fewer than four families, and the situation is much worse in host-community sites for IDPs. Toilets were described as not hygienic.

One of the most pervasive factors that aggravates living conditions of IDPs is the current congestion in many of the camps. Around 430,000 IDPs—more than half of IDPs living in camps—reside in highly congested conditions.

Many IDPs, especially those who live outside camps or in informal settlements, do not have the appropriate complaint and feedback mechanisms for the services they receive from humanitarian partners and the government.

Many IDPs are living without access to adequate health care. More than 6% of the IDPs—equating to some 125,000 people—do not have access to primary health care services within a one-hour walk from their location. The vaccination coverage for IDP households, especially for those living outside camps, is far from universal. (The Health sector does not calculate precise coverage percentages among IDPs because the dynamic nature of this population precludes a reliable denominator.) The Health Sector reports that this is partially due to movement restrictions and measures to contain the spread of COVID-19, unavailability of vaccines, or postponements of campaigns for reasons such as insecurity.

Though significant efforts have been made to improve education coverage in IDP communities, still only 1% of IDP families report that all their children attend schools (when open) in Borno and Yobe states, and 8% in Adamawa. Moreover, the teacher-student ratio in many camps is not conducive to learning. Considering only registered teachers, the overall average student-to-teacher ratio across the BAY states is 1:55, and highest in Yobe (1:69) followed by Borno (1:60). This drops significantly when the volunteer workforce is calculated as part of the ratio: that yields an overall

average of 1:39. Although the government policy is to educate children in their mother tongue in early years, in practice this is not currently feasible, leaving thousands of children behind before they start.

IDPs living in host communities or residing on private land risk eviction. Some 19% of IDPs outside the camp and camp-like settings face risk of eviction based on land and property issues; and within camp and camp-like settings, 6% (72,000 IDPs) report that they risk being evicted.

Coping mechanisms

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

Among IDPs in camps and camp-like settings, daily wage labour is the main income source (reported by 61%), followed by commercial activity (30%) and farming (28%). Among IDPs in host communities, a similar majority (55%) reported income from casual daily labour, followed by petty trade (30%) and daily labour (28%). Some 88% of IDP households have reported that they do not earn enough for their monthly consumption. A family emergency forces many of the IDPs to fall into debt or sell productive assets. Moreover, 4% of IDP households report resorting to begging as a coping mechanism, which erodes their dignity.

Physical and mental wellbeing

One of the main factors that affect IDPs' physical and mental well-being is food insecurity. IDPs' ability to access land or other livelihood opportunities in the BAY states is highly constrained by insecurity: both those who are confined to garrison-town camps and those who reside with host communities are having greater trouble than the other affected groups in

meeting their daily food needs, and rely heavily on humanitarian aid for their survival.

Depending on age and gender, other key factors affecting physical and mental well-being are protection, insecurity, including the grinding impact of exposure to ongoing violence or attacks and education exclusion. Many households in the BAY states will continue to lose their loved ones because of endemic and preventable diseases like malaria and cholera: an estimated 73 children under five lost their lives to malaria in Borno State in 2020. The high prevalence of chronic and acute malnutrition worsens vulnerability to infectious disease: 45% of deaths in children under five years of age are due to nutrition-related factors. The lack of neonatal and postnatal obstetric care has contributed significantly to the mortality and morbidity of mothers and children.

Based on the latest Nutrition and Food Security Surveillance Round X (October 2021), an estimated 1,376,000 children under five suffer from acute malnutrition (316,000 severe, 1,060,000 moderate) across the BAY states. (This is a sharp increase from the Round IX figures in late 2020 – 290,000 severe, 510,000 moderate; a total of 800,000 children under five who were suffering acute malnutrition.) One in every five children with severe acute malnutrition (SAM) and one in every 15 children with moderate acute malnutrition (MAM) risk dying if not treated in time.

Protection remains a great concern for many IDP families and individuals, especially for girls and women who are at higher risk of gender-based violence in many of the camps and camp-like settings. Low literacy levels in the north-east, particularly among women (31.8% females), compound challenges. The difficulties that MSNA respondents described affect both operational effectiveness and accountability, from the inclusiveness of needs assessments and feedback and complaints mechanisms to access to services and the effectiveness of behaviour change campaigns. Lack of secure sanitation facilities, safe firewood collection, and overall protective systems in some camps and camp-like settings heighten GBV risks. Where essential goods and services are in short supply,

affected people resort to negative coping strategies including transactional sex. Moreover, women, men, boys, and girls have been forced to be combatants or suicide bombers, or are ordered to provide intelligence about military operations. At the same time, the high incidence of family separation, including children and adults, have affected the mental health of the IDP population. The experience of crisis and displacement exacts a heavy toll on mental health. Still relevant are the findings of a 2019 study (using survey data collected in 2017):

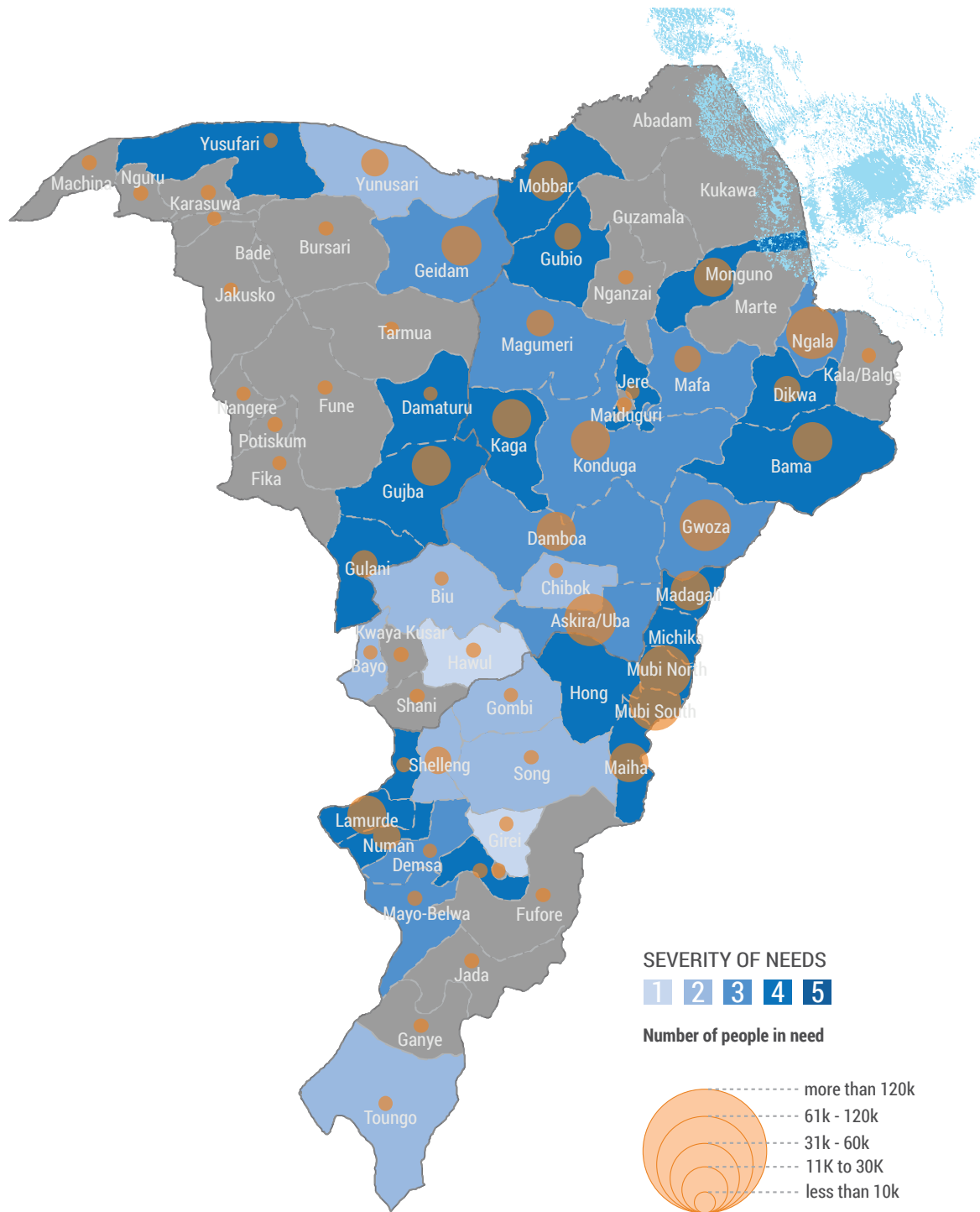
“...a high burden of mental health needs: 60% of participants strongly endorsed [reported] at least one mental health symptom, and 75% endorsed functional impairment associated with mental health symptoms. Unexpectedly, we found that adult men had the highest rates of symptom burden, suggesting that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

According to the United Nations Children’s Fund (UNICEF) in late 2019,

“Self-reported psychosocial distress amongst children was extremely pervasive. Culturally relevant manifestations of psychosocial problems amongst children were identified as ‘thinking too much’ and ‘worrying all the time’, indicating high levels of anxiety. An overall sense of distrust was manifested in children’s levels of suspiciousness and hyper-vigilance. Self-reported and teacher-reported anger, aggressiveness and irritability were common complaints. Children and protection workers shared concerns regarding sleep-related difficulties such as nightmares, disturbed sleep and sleeplessness; flashbacks of horror experiences; trouble

Returnees

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
1.5M	4.1%	6.8%	43.1%	45.7%	0.3%



Selection of JIAF descriptive statistics: Returnees

Average duration of a (round) trip to fetch water	Less than 30 minutes	75%
	30 minutes or more	12%
	Other	13%
Enough water for drinking, cooking, bathing and washing	Yes	77%
	No	23%
Travel time to access primary healthcare facility	0 - 14 minutes	22%
	15 - 29 minutes	48%
	30 - 59 minutes	25%
	60 - 180 minutes	3%
	Other	2%
Type of shelter	A masonry house	20%
	A mud / brick / traditional house	24%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A makeshift shelter made from blankets or local materials	25%
	A communal shelter or transit shade constructed by an organisation	4%
	A transitional shelter solution	3%
	An emergency shelter provided by an organisation	17%
Main source(s) of income	None, the household lives out in the open	3%
	Income from salaried work	13%
	Income from casual or daily labour	47%
	Income from a business or commerce	45%
	Income from the household's agricultural produce	48%
	Income from social benefits or assistance received via the government	2%
	Income from family and friends (including remittances)	11%
	Income from support of organisations (including cash for work)	6%
	Income from pensions	2%
	There was no income	1%

Sufficient access to firewood or fuel to meet daily energy needs	Yes	64%
	No	36%
Female head of household		19%
Head of household with a disability		12%
At least one household member with a chronic illness		20%
Household with a girl or woman who is breastfeeding		23%

Humanitarian conditions: intersectoral severity of needs

Out of the 1.5 million returnees in need, 97% reside in LGAs that are classified as having extreme or severe inter-sectoral humanitarian needs. According to the 2021 MSNA, almost 1 million returnees have ‘extreme’ severity of intersectoral needs, while another 455,000 face ‘severe’ needs. This amounts to 83% of returnees who face extreme or severe needs.

It seems likely that the hard-to-endure conditions in some returnees’ former places of displacement acted as a ‘push’ factor in their decision to return. As a small snapshot, though not reflecting a representative sample, of the 3,588 people who left camps in the week of 4-10 October 2021 in Borno and Adamawa states, “ETT [Emergency Tracking Tool] assessments identified the following movement triggers: voluntary relocation (1,743 individuals or 49%), poor living conditions (815 individuals or 23%), improved security (703 individuals or 20%), conflict/attack (155 individuals or 4%), involuntary relocation (75 individuals or 2%), seasonal farming (51 individuals or 1%) and military operations (46 individuals or 1%).” The hope of receiving return packages from the government may have been an unstated factor.

Many of these households resettled in their villages after several years of being detached from livelihoods and traditional solidarity systems. The conflict has left 30% of returnee families having one or more vulnerable family members, 18% being female-headed. About 20% of returnee households have a family member with chronic illness, and 36% have a family member currently pregnant or lactating.

A significant number of households who had intended to return to their original home villages to rebuild their lives have ended up instead in towns within their home LGA, primarily because they found or came to expect insecure or untenable conditions in their village areas. As such, they are now facing secondary displacement and need humanitarian aid, but now in environments that are congested and where humanitarian access is a problem. This adds to the population who are located in hard-to-reach areas. In many such areas, the returning population is unable to safely access farmland, which attenuates the sustainability of returns and precludes food security. According to DTM, of the 2 million IDPs in the BAY states, only 341,000 or 17% have been displaced just once; 51% have been displaced twice, 27% three times, and 5% more than three times.

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

Drivers of severity and underlying factors

The lack of access to basic services, livelihoods opportunities and security impinge on the lives of returnees. The rehabilitation or reconstruction of essential infrastructure and the re-establishment of basic services continue to suffer delays, and many of the return locations are still affected by insecurity. Conflict (both inter-communal violence and military operations) and sparseness of human, social, physical,

and financial capital remain the major driver of severe needs for returnees. Households have limited educational levels because of unequal investment in formal and vocational education infrastructure in the past; this reduces households' ability to obtain decent employment.

Physical and mental wellbeing

Despite having returned home, most IDP-returnee households still rely on humanitarian aid. One key and persistent issue that impairs returnees' physical and mental well-being is security. IDPs who have returned to areas where the government recently regained control continue to suffer due to insecurity such as NSAG attacks in their LGAs, particularly in Borno State. Around 7% of returnee households have suffered security incidents affecting household members in the past three months. Reports indicate that some of the people returning are exposed to unexploded ordnance and improvised explosives. These particularly endanger children.

Returnees have poor access to water: 23% of returnees report insufficient safe water for drinking, cooking, washing and personal hygiene. Moreover, 95% of households do not have proper hand-washing facilities and 43% do not have access to soap. Many returnee families struggle to feed their children adequately. According to the Nutrition Sector, the GAM rates for returnee children under five, as of September 2020, are 7.5% in Adamawa, 10.5% in Borno, and 13.6% in Yobe states. One out of five returnee children is chronically malnourished.

Thirty-two percent of childbirths in the year before the 2021 MSNA were not conducted with qualified birth attendants, endangering many mothers and their children. The Health sector estimates some 600,000 returnee women need access to safe delivery attended by a skilled birth attendant, and that 700,000 returnee women and adolescent girls will be seeking access to family planning to avert an unintended pregnancy.

Although the government policy is to educate children in their mother tongue in early years, in practice, this

isn't possible, leaving thousands of children with an educational disadvantage from the start.

Of the returnee households who reported a health care need in the three months prior to data collection, 43% in Borno and 31% in Adamawa and Yobe reported being unable to access healthcare when they required it. **Living conditions**

Necessary infrastructure and services remain very limited in return areas. The main drivers aggravating living conditions for returnees, similar to IDPs, are inadequate shelters and livelihoods opportunities. Likewise, access to basic services such as health care, education and water and sanitation is inadequate. These problems are compounded by lack of civil documentation and secure tenure of housing, land and property. About 4% (around 60,000 people) of the returnees have no access to primary health care facilities within an hour's walk from their homes. Less than 5% of families can send all their children to school. The student-per-teacher ratio remains high (for example, 1 teacher to 73 students in Yobe State), with definite effects on the quality of education as well as child health and safety. Most returnees struggle with shelter: 48% of returnee households live in partially destroyed shelters, 80% reported that they suffer insulation or enclosure issues, and around 3% live in the open. As many as 63% share a shelter with other households.

Many returnee households have lost their civil documentation: 45% do not have immediate access to valid identification documents, which exposes them to risk of eviction from their homes.

Coping mechanisms

Livelihood opportunities in the areas of return are minimal, mainly confined to subsistence agriculture, small-scale livestock herding, and petty trade. Young male returnees tend to be limited to casual agricultural employment. Labour exploitation is quite common among returnees working on others' farms in return areas; some have reported that they decided to abandon their jobs and return to the camps because of penurious labour exploitation. On average 33%

of returnee households in the three BAY states have reported movement restrictions in the 30 days before the MSNA data collection that have limited their livelihood options. Moreover, farming households struggle to get basic farming inputs, such as seeds and tools. A significant majority (65%) have to rely on high-interest credit to fulfil their input needs. Similarly households also take out loans in case of unforeseen

family emergency. Most often, returnee households find it difficult to sell their agricultural produce in towns due to high transport costs. As such, they are forced to sell to a wholesaler at lower prices, too low for economic security.

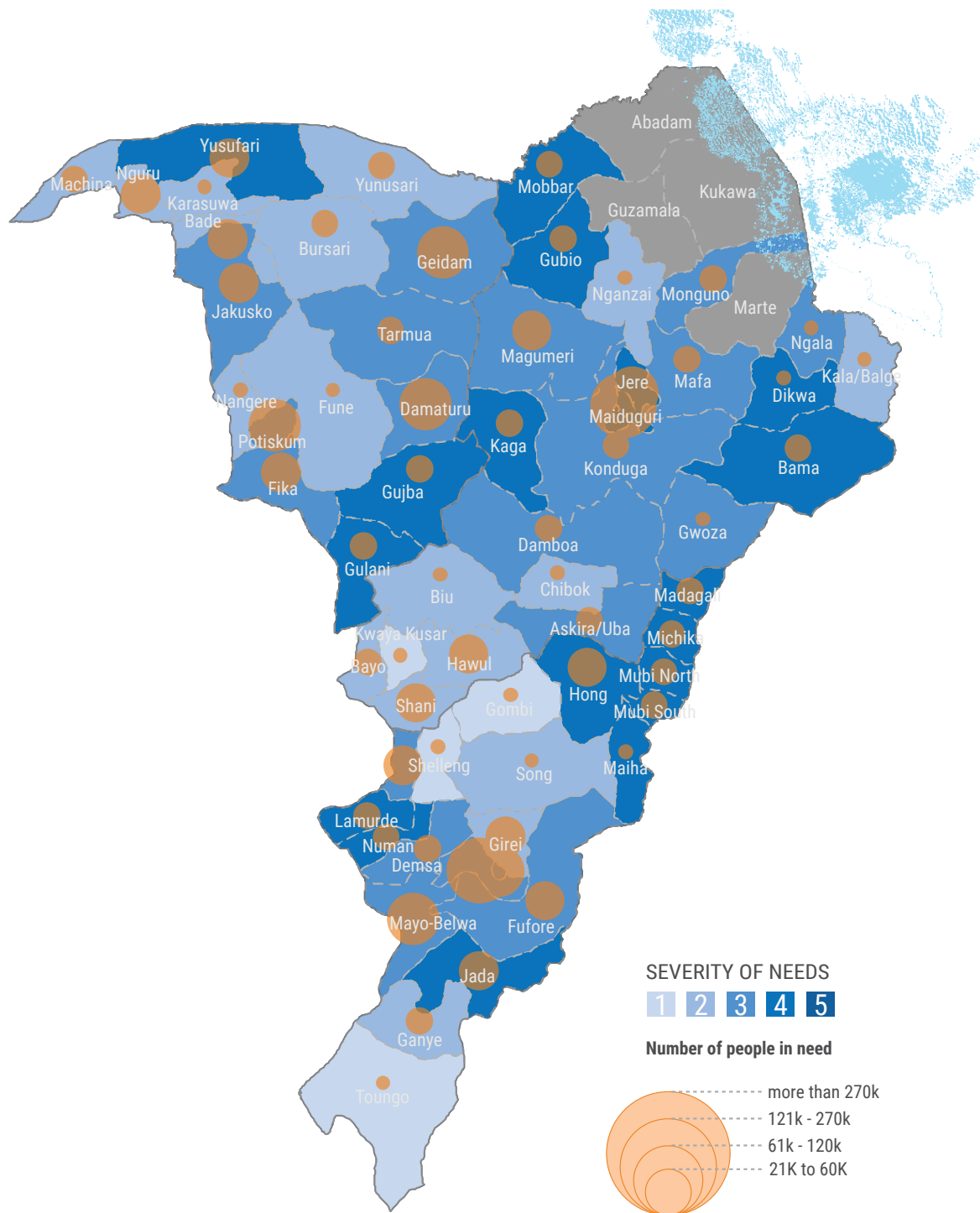
YOBE STATE, NIGERIA

An elderly, blind man survived an escape from Gubio, Borno State following violent attacks by non-state armed groups, but now worries over access to aid in an informal settlement in Damaturu, Yobe State.



Host Community

PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
3.9M	11.2%	35.8%	35.7%	17.3%	0%



Selection of JIAF descriptive statistics: Host Community

Average duration of a (round) trip to fetch water	Less than 30 minutes	64%
	30 minutes or more	10%
	Other	26%
Enough water for drinking, cooking, bathing and washing	Yes	83%
	No	17%
Travel time to access primary healthcare facility	0 - 14 minutes	28%
	15 - 29 minutes	37%
	30 - 59 minutes	28%
	60 - 180 minutes	6%
	Other	1%
Type of shelter	A masonry house	47%
	A mud / brick / traditional house	44%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	0%
	A makeshift shelter made from blankets or local materials	4%
	A communal shelter or transit shade constructed by an organization	0%
	A transitional shelter solution	2%
	An emergency shelter provided by an organization	0%
	None, the household lives out in the open	1%

Main source(s) of income	Income from salaried work	26%
	Income from casual or daily labour	37%
	Income from a business or commerce	51%
	Income from the household's agricultural produce	39%
	Income from social benefits or assistance received via the government	2%
	Income from family and friends (including remittances)	7%
	Income from support of organizations (including cash for work)	1%
	Income from pensions	4%
	There was no income	1%
Sufficient access to firewood or fuel to meet daily energy needs	Yes	76%
	No	24%
Female head of household		15%
Head of household with a disability		9%
At least one household member with a chronic illness		14%
Household with a girl or woman who is breastfeeding		25%

Humanitarian conditions: intersectoral severity of needs

Almost 4.5 million people live in the 49 LGAs that host IDPs and are classified as having extreme and severe intersectoral vulnerabilities and needs. Many of these people face challenges similar to those of IDPs and returnees. Many of these locations suffer insecurity because of fighting between security forces and NSAGs, or cordon-and-search operations. Like IDPs and returnees, host community members also face security-derived movement restrictions. Current family structures deepen host communities' vulnerability: there is a high dependency ratio (children to adults), 15% of the households are female-headed, and 14% of households have a family member with a mental or physical disability (per the Washington Group Short Set of Questions). A full 34% of host-community households have one or more pregnant or lactating women or girls in the family.

Host communities in many locations suffer insecurity and the overall lack of basic services. Many services like schools, hospitals, and other institutions are not fully functioning. In many LGAs local government officials, including the judiciary, are absent from their offices from fear for their safety, creating a vacuum of civil administration and rule of law.

Drivers of severity and underlying factors

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

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

impede farmers from accessing their farms or searching for work.

Lastly, the after-effects of 2020's economic recession in Nigeria because of COVID-19 still significantly lower households' capacity to procure essential food items.

Physical and mental wellbeing

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

Food insecurity is the broadest factor affecting host communities. The November 2021 Cadre Harmonisé projects 3.5 million people in the BAY states will be in food insecurity phase 3 ('crisis') or phase 4 ('emergency') during the 2022 lean season. Of these, 1.6 million are members of IDP-hosting communities. Global acute malnutrition rates among children under five, including in host communities, are 6.1% in Adamawa, 11.8% in Borno, and 14.1% in Yobe States, as of October 2021.

Poor access to health services is costing lives: many children die because of preventable diseases like malaria, acute watery diarrhoea, measles and cholera. The Nutrition & Food Security Surveillance Round September 2021 revealed the crude mortality rate of children under five (deaths in children under five, per 10,000 children under five, per day) in Adamawa, Borno and Yobe states to be 0.27, 0.55 and 0.78 respectively – in each state, a steep rise on the rate in the same period in 2020. This under-five mortality rate equates to 79 children per day in BAY states, and is approximately 1.5 times higher than the average of sub-Saharan African countries. A significant part of the host-community population (17%) do not have sufficient access to water for domestic use. Moreover, 94% of the households do not have proper handwashing facilities, and 21% lack access to soap. These are signs of major vulnerability.

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

Living conditions

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

Many households also report lacking civil documentation (likely a developmental problem which the current crisis exacerbates), which impedes their access to credit and government services. Host communities' shelter situation is generally better than that of most IDP households; however, 57% of host-community houses are partially dilapidated because the owners cannot invest in rehabilitation. Many children from different age groups share the same room with their parents.

Coping mechanisms

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

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

CHILDREN AGED 0-59 MONTHS

State	GAM RATES %		
	All	Boys	Girls
Adamawa	6.1	7.4	4.7
Borno	11.8	11.8	11.7
Yobe	14.1	16	12.2

		IDPs	Returnees	Host communities
Average duration of a (round) trip to fetch water	Less than 30 minutes	73%	75%	64%
	30 minutes or more	20%	12%	10%
	Other	7%	13%	26%
Enough water for drinking, cooking, bathing and washing	Yes	82%	77%	83%
	No	18%	23%	17%
Travel time to access primary healthcare facility	0 - 14 minutes	31%	22%	28%
	15 - 29 minutes	38%	48%	37%
	30 - 59 minutes	23%	25%	28%
	60 - 180 minutes	6%	3%	6%
	Other	2%	2%	1%

Type of shelter	A masonry house	20%	19%	47%
	A mud / brick / traditional house	24%	63%	44%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%	0%	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%	2%	0%
	A makeshift shelter made from blankets or local materials	25%	6%	4%
	A communal shelter or transit shade constructed by an organisation	4%	2%	0%
	A transitional shelter solution	3%	3%	2%
	An emergency shelter provided by an organisation	17%	3%	0%
	None, the household lives out in the open	3%	3%	1%
Main source(s) of income	Income from salaried work	6%	13%	26%
	Income from casual or daily labour	57%	47%	37%
	Income from a business or commerce	35%	45%	51%
	Income from the household's agricultural produce	34%	48%	39%
	Income from social benefits or assistance received via the government	5%	2%	2%
	Income from family and friends (including remittances)	12%	11%	7%
	Income from support of organisations (including cash for work)	14%	6%	1%
	Income from pensions	1%	2%	4%
	There was no income	2%	1%	1%
Sufficient access to firewood or fuel to meet daily energy needs	Yes	59%	64%	76%
	No	41%	36%	24%
Female head of household		21%	19%	15%
Head of household with a disability		10%	12%	9%
At least one member of household with a chronic illness		13%	20%	14%
Household with a girl or woman who is breastfeeding		28%	23%	25%

1.5

Perceptions of Affected People (AAP)

Accountability to affected people is a commitment by the humanitarian community to use power responsibly and put the people they seek to assist at the centre of humanitarian response. It ensures that the needs, preferences and views of people affected by crisis inform each stage of the humanitarian programme cycle, thereby improving planning, programming and quality of services. This engagement empowers affected people to be meaningful participants in the response and makes assistance more relevant and appropriate to their needs.

The North-east Nigeria Community Engagement and Accountability Working Group works to strengthen two-way communication between humanitarians and affected people, ensure the timely delivery of life-saving information and empower local capacity. With active members from community-based and civil-society organizations, local, national and international NGOs, and UN agencies, the group was successfully revived in 2021 and is now setting the basis to improve accountability and support sectors to give agency to communities, through both conventional modalities (feedback mechanisms such as suggestion boxes, focus group discussions, surveys, etc.) as well as innovative methods (posters, radio talk-shows, town hall forums with community leaders, and in-depth interviews, all in local languages). Translators without Borders has even developed a multilingual conversational artificial-intelligence chatbot to disseminate information and listen to people's concerns.

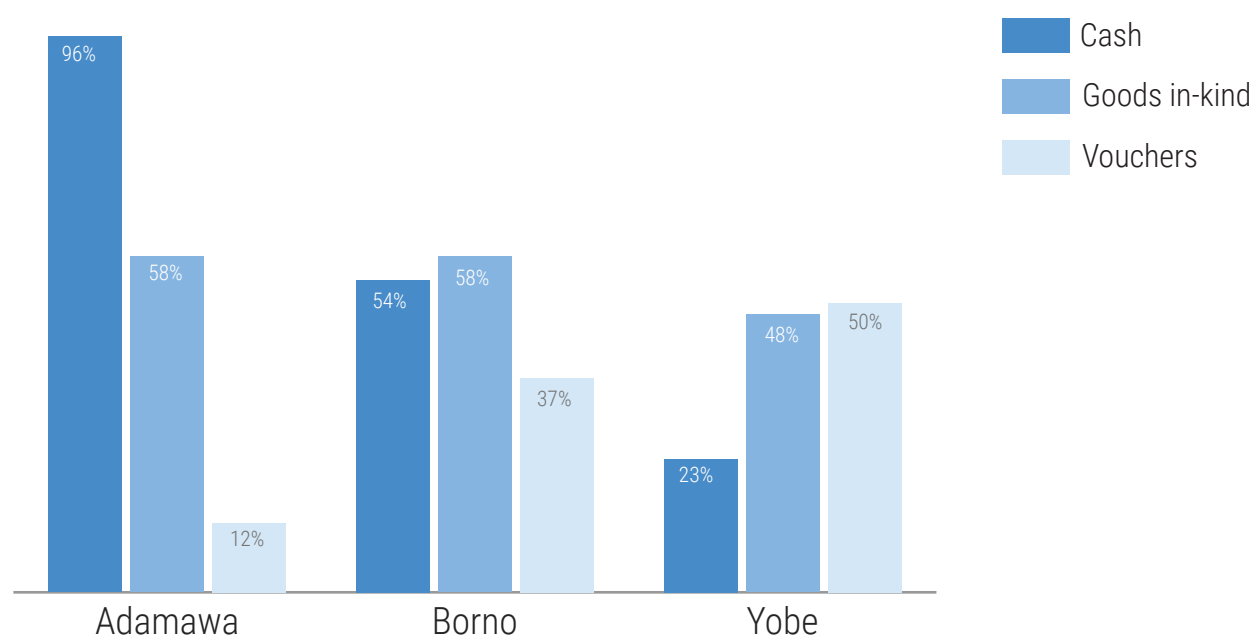
In recent dialogue and exchanges with affected people through the MSNA and complementary surveys, 79.8% of respondents stated they had not received any aid over the past three months. (Not all of those automatically needed aid, but it is a safe assumption that most did.) Among those who had received aid over this period, 65% said they were

satisfied and 35% said they were not. The main reason given for dissatisfaction with aid received was insufficient quantity; respondents also mentioned insufficient quality and items not suited to their needs. Affected people also critiqued humanitarians' targeting and reach: their perception is that the humanitarian community has missed or are unable to reach between 20% and 60% of community members who need services.

The top-priority needs that MSNA respondents expressed are food (93%), livelihoods and income-generation (68%), and health (41%). When asked how people would prefer to receive aid and which type of aid, the majority preferred food assistance (89%), physical cash (55%), and in-kind non-food items (43%). Although cash is popular, it is not unanimously so: in a 2020 Ground Truth Solutions survey, many CVA recipients reported a preference for in-kind aid. Goods in kind were almost as popular as cash overall (55% and 59% of respondents respectively), while only 33% preferred vouchers. Both men and women reported preference for cash followed by in-kind aid, with men being more likely (by 11 percentage points) than women to prefer aid in kind. The relative popularity of in-kind assistance likely owes to declining household spending power, caused by rapid price inflation across the BAY states and devaluation of the naira, especially if transfer values are not appropriately adjusted to reflect price fluctuations. Also, cash's usefulness would depend largely on the availability of goods and access to functioning markets.

A measure of the complexity of CVA vs. in-kind preferences is the fact that Ground Truth's respondents (in surveys in September 2020) differed starkly in their preferences among BAY states: in Adamawa cash was by far the most popular, whereas in Yobe it was the least popular. In-kind assistance

How do you prefer to receive aid?



had similar popularity across all three states, but vouchers were the most popular in Yobe, and by a wide margin the least popular in Adamawa. Local market conditions, community structures, age and disability, experience with receiving in-kind assistance, and security probably all play a role in these preferences.

Respondents also indicated that the value of CVA was not sufficient to meet all their family's basic needs.

Trust is a critical factor in communicating and engaging with communities. IMSNA respondents indicated that their most trusted sources of information and messaging about humanitarian aid were community leaders (67%), religious leaders (52%) and their government representatives (42%) – essentially, the more local and familiar the better. Information directly from international and national aid agencies was the most trusted source for only 29% and 13% respectively. The language, format and channel through which messages are disseminated plays an important role in building trust. Radio programmes and hotlines are valued as channels to get information from another source. Community members reported that engagement and mutual trust would be improved if they could communicate in local languages, including via remote communication channels. Hotlines were seen as good, but not quick

enough; people wanted information in real time. Equally important is listening and responding to people's concerns.

The language used, as well as contextual and cultural aspects, are important for how effectively a message is delivered. Households would rather receive information in their primary language, and prefer direct face-to-face communication, whether receiving information, providing feedback on needs and satisfaction levels, or requesting information. However, they also want information quickly and directly, particularly if there is an emergency. Personal interaction seems to resonate more: asking people directly how they are and what more can be done to support them. It is also a subtle and powerful way of creating trust and greater understanding between humanitarians and the people they seek to assist.

It is on this premise that the dedicated members of the North-east Nigeria Community Engagement and Accountability Working Group, who are active in all three BAY states, have come together to address localization and capacity gaps. The group aims to build local partners' capacity so as to boost complementarity and reach in the affected areas, and to fill communication and information gaps to meet the needs of the affected people and empower them to help themselves and each other.

1.6

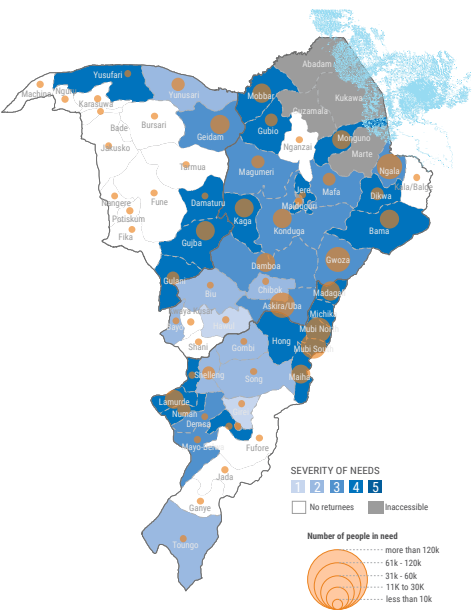
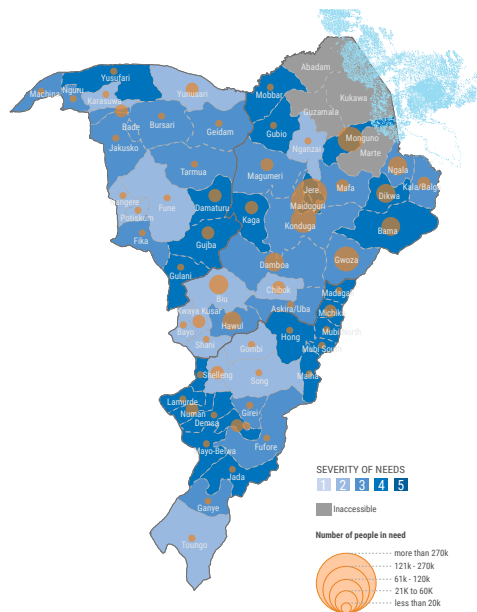
Severity of Needs

The maps below show the projected severity of needs (amalgamated across the three target groups). The LGAs closest to the four completely inaccessible LGAs all rank among the most severe, but, equally, there are LGAs with a severe rating across all three

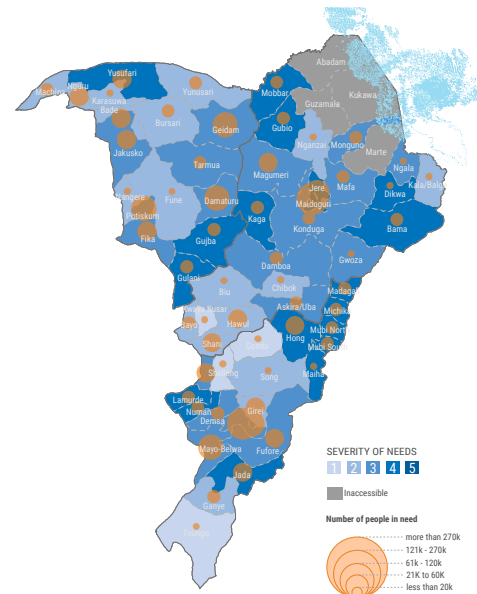
states. The comparative maps o show that while there are some distinct geographical differences between the different target groups, on the whole the concentrations are similar.

INTERNALLY DISPLACED PERSONS

RETURNEES



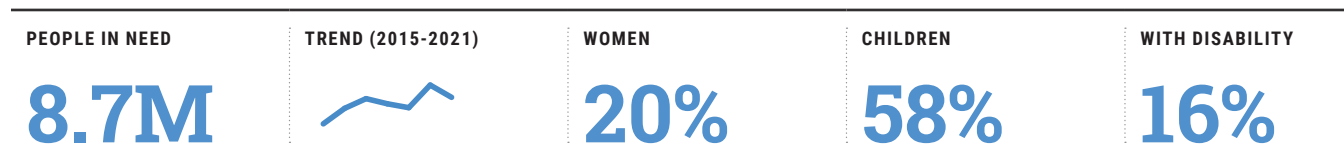
HOST COMMUNITY



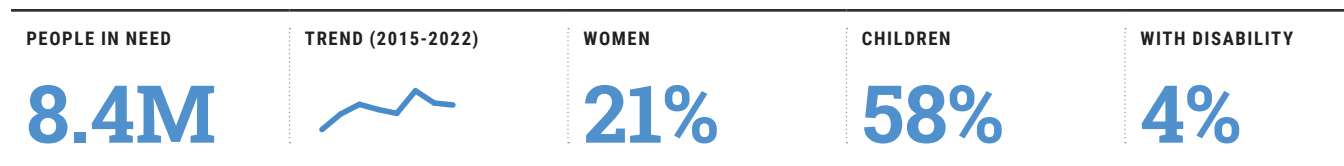
1.7

Number of People in Need

Current figures



Projected figures (2022)












LOCATION, NIGERIA

Aisha, 25, feeds her baby boy Sadiki, 1, with Plumpy'Sup, a peanut-based paste for treatment of malnutrition as she and other mothers attend a WFP famine assessment and nutrition distribution in an IDP camp in Bama, Borno State on June 15, 2021. Now, 1.74 million children under five years are expected to suffer from acute malnutrition.



PiN by severity phase and location

AREA	POPULATION GROUP	TOTAL POPULATION (M)	NUMBER OF PEOPLE IN EACH SEVERITY PHASE (%)					PIN VARIATION WITH 2020 (%)
			MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	
Adamawa	IDPs	0.20M	0.3	0.7	1.1	3.9	10.9	10% ✓
Adamawa	Returnees	0.74M	4.6	2.0	5.5	12.8	56.5	22% ▲
Adamawa	Host community	1.51M	38.3	13.9	26.1	8.6	0.00	3% ✓
Adamawa	Inaccessible		0.00	0.0	0.7	0.0	0.00	
Borno	IDPs	1.83M	0.2	2.3	15.5	29.5	32.6	44% ✓
Borno	Returnees	0.62M	2.4	1.5	9.5	5.0	0.00	11% ▲
Borno	Host community	1.19M	44.8	24.5	10.0	19.4	0.00	
Borno	Inaccessible		8.8	4.5	5.5	8.7	0.00	
Yobe	IDPs	0.19M	0.00	1.2	2.0	2.6	0.00	
Yobe	Returnees	0.14M	0.00	0.1	1.0	2.4	0.00	
Yobe	Host community	1.21M	0.5	47.2	21.8	5.7	0.00	
Yobe	Inaccessible		0.00	2.1	1.3	1.5	0.00	
Sub-total		7.63	0.99	3.08	4.54	3.81	0.00	10% ✓
Total PiN							8.4M	3% ✓

AREA	BY GENDER FEMALE / MALE (%)	BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	[IDPS]	[RETURNEES]	[HOST COMMUNITY]
Adamawa	53 47 	60 36 4 	3.9% 	0.20M	0.74M	1.51M
Borno	54 46 	60 36 4 	4.0% 	1.83M	0.62M	1.19M
Yobe	53 47 	62 37 1 	5.4% 	0.19M	0.14M	1.21M

1.8

Overview of Humanitarian Needs in Nigeria's North-west

PRIMARY HEALTH CENTER DENBUGA, JEGA, KEBBI STATE, NIGERIA

Abubakar Umar at the UNICEF health supported Primary Health Center Dumbegu, Jega, Kebbi State, Nigeria.

Photo: UNICEF/UN0376869/Esiebo



In mid-2021 the HCT considered the needs and response options in Nigeria's north-western states. It decided that the response would be different from that of the coordinated international response in the north-east: rather, the international response would be through local and national systems, with limited, timely direct implementation where those systems could not meet immediate life-threatening needs. This HNO presents a summary of the needs analysis for the north-west, to provide a wider perspective and give a sense of national trends.

Situation overview

Nigeria's north-west, one of the country's six geopolitical zones, with over 40 million people, comprises 7 of the country's 36 states: Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara. Most of the population (about 80%) are farmers, pastoralists or agro-pastoralists. Illiteracy in the region is exceptionally high. More than 39% of children in the north-west – with the exception of Kaduna State – are out of school. The region has the highest poverty rate in Nigeria. According to the National Bureau of Statistics (NBS), the seven states have poverty levels well above the national average (40%); Sokoto has the highest levels at 87.7%, followed by Jigawa with 87% and Zamfara with 74%. The high poverty level is a key reason for the high mortality rate for children under five (210/10,000/year). Fewer than 1 in 4 children are vaccinated, mainly due to attitudes and beliefs around vaccination and antenatal visits, and a preference for traditional health and birth practices. The region also presents some of the worst nutrition indicators in the country: Kebbi has the highest prevalence of stunting (66%) and Sokoto the highest prevalence of severe wasting (6.5%) among children under five. The NBS in 2019 puts the north-west's unemployment rate at 23.1%, of which youth unemployment is 55.4% (with the usual caveat that these statistics count formal employment but not the informal sector).

For over a decade the area has suffered a prevalence of armed robberies, banditry and cattle rustling. The latter, in particular, has escalated inter-communal conflicts between predominantly Hausa farming communities and Fulani herding communities.

Communities have formed self-defence groups, fuelling a cycle of retaliatory and disproportionate violence. Some of these groups have morphed into organized criminal gangs ("bandits"), which attack villages on motorcycles and commit a range of crimes. The levels of violence have increased significantly since 2017-18 and non-state criminal and other armed groups have grown in number, become more organized and use increasingly sophisticated weaponry. The violence in the north-west now poses a serious security threat to the whole region and Nigeria at large. Attacks have intensified, with an increase in mass kidnappings, maiming of people, rape, loss of lives, population displacements, loss of cattle, destruction of property, food insecurity, and disruption of livelihoods and socio-economic life in general. An atmosphere of uncertainty now prevails, a situation that has become worrisome to the Government and the wider population. In its drive to restore security, Government security forces have conducted military operations and other measures such as closing down markets and cellular networks, all of which have serious consequences for affected populations.

The international humanitarian community has done no language mapping of the population in north-west Nigeria, and assessments and responses are, to an extent, based on assumptions about the languages spoken and preferred by the affected people.

Driving factors

The population's traditional source of livelihood is farming (particularly for Hausa communities) and cattle-herding (especially for Fulani communities). Environmental, ecological and demographic changes have compounded the scarcity of land and water, sparking fierce and often violent competition over resources. Traditional conflict-resolution mechanisms have been eroded by population growth, corruption and increasing levels of violence. Political exclusion and lack of basic services have also become major grievances, which armed groups have exploited to recruit young people. Land-grabbing by elites, unchecked expansion of farmland, and failure to protect grazing reserves have all contributed to escalating conflict. Rural security and policing are absent in most areas, forcing communities to arm

themselves for protection. The proliferation of small arms flowing in from the Sahel and central Africa has further escalated the violence. Most of the violence takes place in rural areas where security forces have little or no presence. In a context of extreme poverty, high unemployment (particularly among youth), long-running conflicts and inter-communal grievances, young people are resorting to crime, attracted by the potential financial rewards and the need for self-protection.

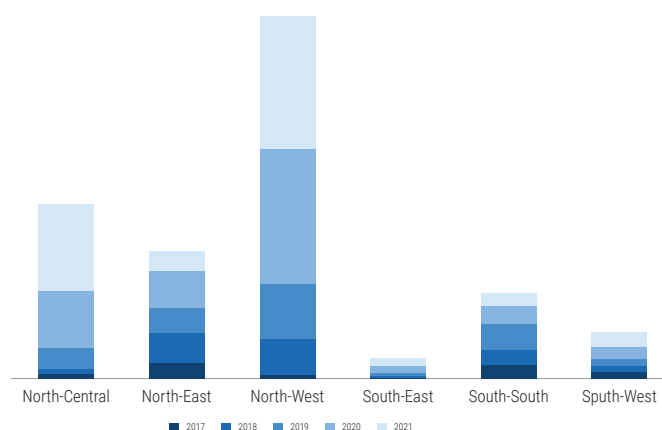
The growing humanitarian crisis - Impact

Mortality

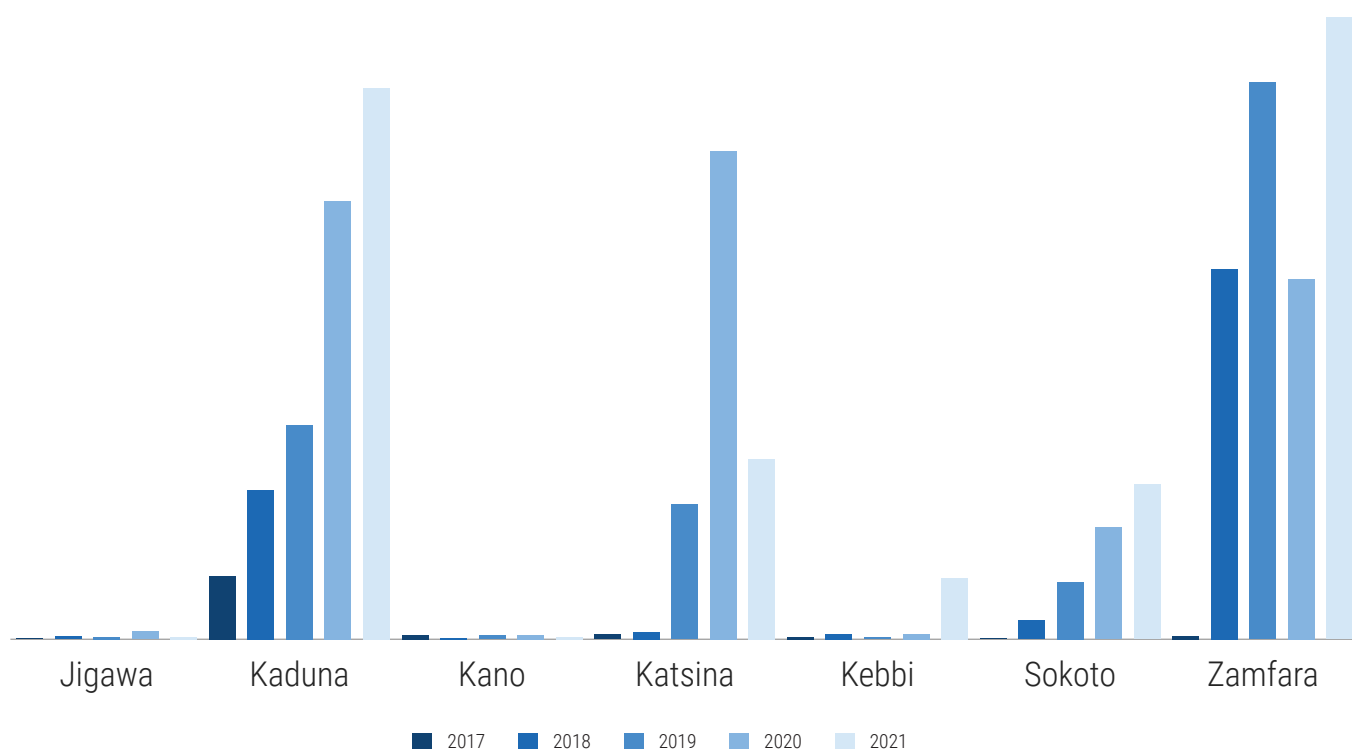
The facts are stark: the situation in the north-west is in some respects as severe as – if not worse than – the crisis in the north-east. According to ACLED statistics, the number of people killed and kidnapped has grown exponentially since 2017. More than 2,000 people were killed in 2019 in the seven states, over 2,800 in 2020, and more than 3,100 fatalities were recorded

between January and October 2021. On average, 10 people were killed every day in the north-west in 2021. The region also leads in kidnappings, with 1,439 people kidnapped in 2021, compared to 942 in the north-central, 211 in the north-east, 169 in the south-west, 140 in the south-south, and 77 in the south-east. To date, 48% of all the people kidnapped in Nigeria in 2021 have been in the north-west.

Kidnapping



Fatalities North-West



Displacement

An estimated 80,000 Nigerian nationals have sought refuge in Niger's Maradi region (bordering the north-west) as lawless violence has increased. The Displacement Tracking Matrix (DTM) estimates that more than 453,000 people are internally displaced in Zamfara, Katsina, Sokoto, Kano and Kaduna as of September 2021. More than 150,000 and 140,000 displaced people live in Katsina and Zamfara respectively, per the DTM – an increase by 14% and 38%, respectively, since June 2021. The DTM also shows that armed banditry and kidnapping were the most reported reasons for displacement in the states of Zamfara (95%), Sokoto (85%) and Katsina (75%). The large majority (72%) of IDPs are children or women; 27% are under six years old. Only 17% of IDPs are living in camps or camp-like settings. The majority of the IDP locations thus remain unknown or not recognised as such by local authorities. DTM figures may be an underestimate of the prevailing situation: Zamfara State authorities for example confirmed that the state is dealing with over 700,000 IDPs. The public buildings that IDPs use as temporary shelters are insufficiently equipped, often lacking essentials such as safe water sources, toilets, sleeping tents, bedding, blankets, and cooking and washing utensils. The 83% of IDPs not in camps are moving to cities and towns to live within extended families and host communities, making it difficult to verify their exact locations, numbers or needs. Rapid displacement because of conflict also disrupts people's livelihoods. As a coping mechanism, displaced people have begun begging on the streets and engaging in menial jobs to survive. Fear and mistrust among IDPs have spread in camps as it is believed that informants and spies from banditry groups may have infiltrated IDP settlements and are relaying military plans to the bandits.

Livelihoods, food security and Malnutrition

The long-term impact of the COVID-19 pandemic is clearly evident, not only health but also on livelihoods. In particular, government COVID-19 containment measures like restrictions on movement and on mass gatherings, including in markets, has entailed the loss of jobs. This in turn has reduced the population's

income and their ability to buy food. In addition, the loss of homes, farmland, cattle, and livelihoods has thrown entire villages into a cycle of displacement, poverty, dependency, and neglect. The latest Cadre Harmonisé (CH) assessment findings show that food insecurity and malnutrition in the region are increasing: the CH projects more than 5.8 million people living in the north-west (except Zamfara) will be in 'crisis' phase in 2022. Almost 20,000 people in Sokoto will be in the (even more severe) 'emergency' phase. In the projected period, these areas would most likely resort to more extreme levels of emergency livelihood-coping strategies, which severely deplete livelihood assets, thus locking them into a cycle of acute food insecurity. As a result, acute malnutrition will be widespread across the north-west states. In the first four months of 2021, the MSF teams in Anka, Zurmi and Shinkafi treated 10,300 children for severe acute malnutrition, measles, malaria, watery diarrhoea and respiratory infections - a 54% increase from the same period last year. This is largely attributable to food shortages, displacement, poor living conditions, and a lack of access to healthcare.

The Nigeria Famine Early Warning Systems Network projection for October 2021 to January 2022 indicates that households in the north-west worst affected by kidnapping, banditry, and herder-farmer conflict, particularly in Sokoto, Zamfara, and Katsina States, will remain displaced and have difficulty generating normal livelihoods. These populations are mainly dependent on limited community support and markets to access food; but they also face a scarcity of income-earning opportunities during the lean season. Therefore, these households will continue to suffer food consumption gaps, and may require life-saving assistance.

Sustained and concrete interventions are required to address the root causes of the conflict and criminality, and must be guided by an in-depth analysis and conflict-sensitive approaches. Livelihoods have been disrupted, as fear and insecurity among the population have increased. IDPs and host communities are competing for scarce

resources such as water, land and food, further exacerbating the natural resource-based conflicts that characterize the region.

Education

Armed groups in the north-west have specifically targeted schools. Between March 2020 and June 2021, over 1,400 students and staff were kidnapped in several school abductions in Kankara and Mahuta (Katsina State), Kagara and Tegin (Niger State), Jangebe and Maradun (Zamfara State), Mando, Afaka and Kasarami (Kaduna State), and Birnin Yauri (Kebbi State). While kidnappings of individuals by armed groups in the north-west to extort ransom money have been common for some time, the mass abduction of schoolchildren by bandits is a new development in the region. As a result, since December 2020, authorities have shut down hundreds of schools across seven states until better security arrangements are in place or the risk of mass abductions subsides. The use of some school premises as IDPs camps is also disrupting learning. Lower enrolment and attendance, resulting from insecurity, could add to Nigeria's population of out-of-school children, already estimated at over 10 million – among the highest in the world.

WASH and healthcare

The north-western states already have the worst health outcomes in Nigeria, including the lowest proportions of vaccinated children. Outside the main cities most people have extremely limited access to medical care: local clinics are regularly short of medicines, supplies, and health-worker staff. These clinics often have to charge fees, putting them out of reach of many, in particular people who have lost their livelihoods and those that are displaced. This allows the emergence of vaccine-preventable diseases such as measles among the most vulnerable. The insecurity presents an additional obstacle, and many patients only present themselves when they are in a critical, life-threatening condition. The absence of functioning referral systems further exposes people to higher risks of mortality. MSF teams in Zamfara have witnessed an alarming rise in preventable illnesses

associated with a lack of food, drinking water, shelter, and vaccinations.

In both IDP camps and host communities, the sanitation facilities are grossly inadequate for people's needs. Open defecation is rampant, increasing the risk of outbreaks of cholera and other similar diseases. Indiscriminate dumping of waste near living quarters – as there are no designated rubbish tips – worsens environmental health. The outbreak of diseases like cholera, measles, and malaria is prevalent in IDP camps and overcrowded host communities. Hand-dug wells are the primary source of water in the affected areas, and during floods, most dug wells and sanitation facilities (toilet and pit latrines) are submerged or washed away. The faecal content sometimes flows with flood water into and pollutes surface-water bodies, causing disease outbreaks.

Cholera continues to pose one of the highest health risks in the north-west zone. It occurs during the dry season when there is an acute shortage of water and during the rainy season when floodwaters mix with faecal matter and contaminate drinking water sources. The intake of contaminated food is also a contributing factor. Of the 93,932 suspected cases nationwide in 2021 (as of 24 October), 61% or 57,724 were in seven states in the north-west. The north-west is thus the epicentre of the national outbreak. Women, children and the elderly are the most affected.

Protection

Over 40 million people living in the six affected states face intensified protection concerns as the crisis has escalated. Women and girls are susceptible to kidnapping, sexual violence, and abuse, including rape. With the continuation of attacks by bandits, the affected population has begun to lose confidence in the army and police and their ability to prevent these. Residents and survivors in affected states complain that the police and army are often slow to respond – and sometimes fail to act at all – when they are attacked. Affected communities have started to rely on local vigilantes for protection as a result. In some instances, people arm themselves to resist attacks.

The government's focus on fighting the NSAGs in the north-east may also be detracting from its response to insecurity in the north-west.

Following attacks, or the threat of imminent attacks, many people are forced to walk, sometimes for days, to find a place of relative safety. This creates particular protection and health risks for the most vulnerable, including the elderly, pregnant women, children, and people with disabilities. While efforts have been made to facilitate returns for some communities, humanitarian teams have observed several premature and unsafe relocations of displaced people. The insecurity and absence of shelter and basic services in many return areas will worsen their vulnerability to violence and to health and protection risks.

Conclusion

Primary needs are access to food, WASH, education, health, nutrition, shelter, and protection from severe physical risks across all seven north-western states. As immediate needs become more acute, basic services need to be implemented in the most

affected LGAs. Ensuring that the most vulnerable people, including those in remote areas, can access free, quality assistance should be the priority for authorities and humanitarian actors.

The HCT's analysis in mid-2021 regarding the north-west concludes that there will not be an internationally coordinated response because: (1) it is not an internal conflict, and the Government has not invited international actors to respond at scale; (2) the causes are lack of development, banditry (breakdown of rule of law), inter-communal conflict, inadequate provision of essential services and other aspects of governance. This means that development interventions are needed. Where the situation deteriorates to humanitarian-crisis levels, interventions should be time-bound, limited in scope (focusing on where there are crisis-level excess mortality and morbidity and large-scale and lasting displacement), with a clear exit strategy – handing over to development actors, relying on national or local coordination structures, and working closely with Government. Any expansion must not be to the detriment of the north-east operation, (i.e., the divergence of capacity and resources).

ANKA, ZAMFARA STATE, NIGERIA

Displaced mothers with their children wait to register and collect their prepaid cards during a WFP cash intervention in a camp sheltering internally displaced people (IDPs) in Anka, Zamfara state, northwestern Nigeria.

Photo: WFP



Part 2:

Risk Analysis and Monitoring of Situation and Needs

MAIDUGURI, BORNO STATE, NIGERIA

Hajiya Mariam, a 48-year-old mother of 12, was displaced in 2015 from Baga, a fishing community in Borno State close to Lake Chad. She said the hardships women face in the camps is exacerbated by domestic violence related to hunger and drug abuse.



2.1 Risk Analysis

The 2022 Risk Analysis is part of the humanitarian community's Emergency Response Preparedness (ERP) efforts, coordinated through the BAY states' Inter-Sector Coordination Group (ISCG). The ISCG began working on this innovative way of developing Risk Analysis a year ago during the 2021 HNO. Through the risk analysis team, the ISCG held initial consultations with local stakeholders and state authorities to encourage local ownership of the process.

The 2022 Risk Analysis is a highly collaborative process, based on a shared understanding among partners. 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 1,076 contributions, it synthesized and analysed the vulnerabilities of the most affected population groups (IDPs, 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 to examine 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.

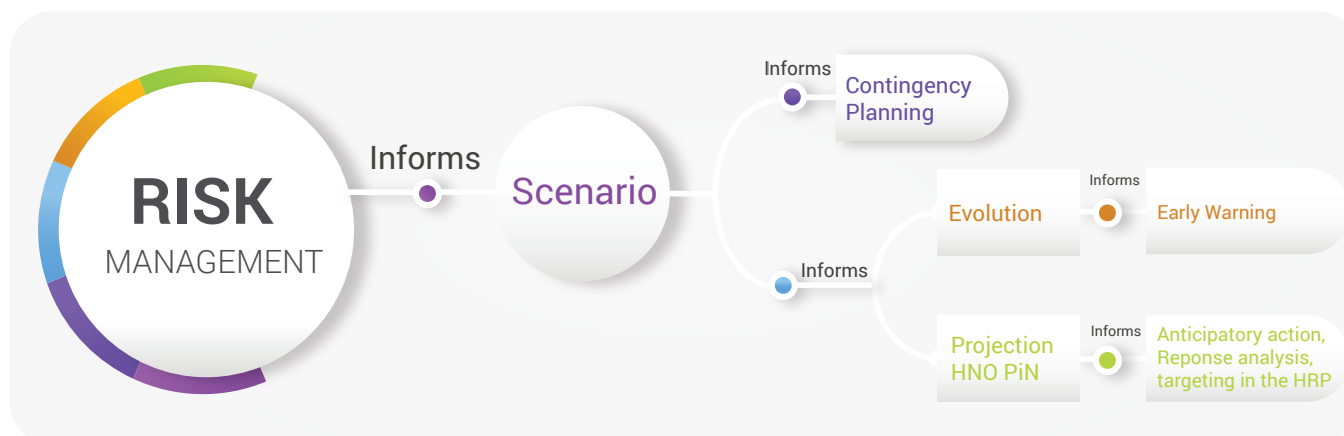
Workshops were then organized at the state level to consolidate risks and their interconnections, and develop planning assumptions for a forward-looking response. The humanitarian community has agreed to monitor the risk analysis on a quarterly basis.

The four main outputs of the analysis for 2022 are:

- Risk analysis
- Scenario-building
- Most likely evolution
- Elements of initial contingency plans

The Risk Management Logic/Concept

The underlying logic of this guidance



Identified risks and outputs

For 2022, the analysis identified six key risks and estimated the level of risk for each LGA in the BAY states:

- 1. Escalation of attacks by non-state armed groups
- 2. Disease outbreaks
- 3. Drastic increase in price of goods
- 4. Loss of productive assets
- 5. Floods
- 6. Inter-communal violence

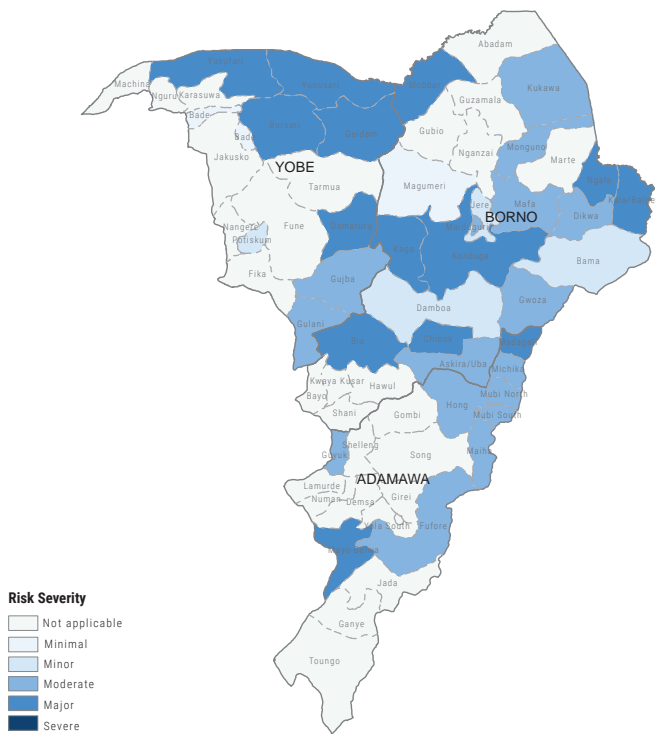
Escalation of attacks by non-state armed groups

The violent conflict in Nigeria is classified as one of the eight deadliest wars of the 21st century. In addition, the Global Terrorism Index puts the country in third position behind Afghanistan and Iraq.

Displacement in north-east Nigeria continues to be driven by the active presence of NSAGs. Violent armed confrontations have frequently led to significant displacement and greater needs. No fewer than 2.1 million people have been forced to flee their homes. The increase in attacks by NSAGs have heavily restricted the movement of civilians and individuals trapped in these violent conflict-affected areas fear death, abduction and abuse, with many still missing.

Areas in central and eastern Borno, northern and western Adamawa, and north-east Yobe are at major risk. Up to 38% of LGAs in the BAY states are projected to experience very high levels of insecurity. A further 43% are likely to experience moderate levels, 14% minor levels and 5% minimal levels. Attacks in these areas are expected to continue in 2022, resulting in further loss of life and livelihoods.

Risk of escalation of attacks by non-state armed groups in 2022



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	High			High			High			High		
Adamawa	High			Moderate			High			Moderate		
Yobe	Moderate			Moderate			Moderate			Moderate		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

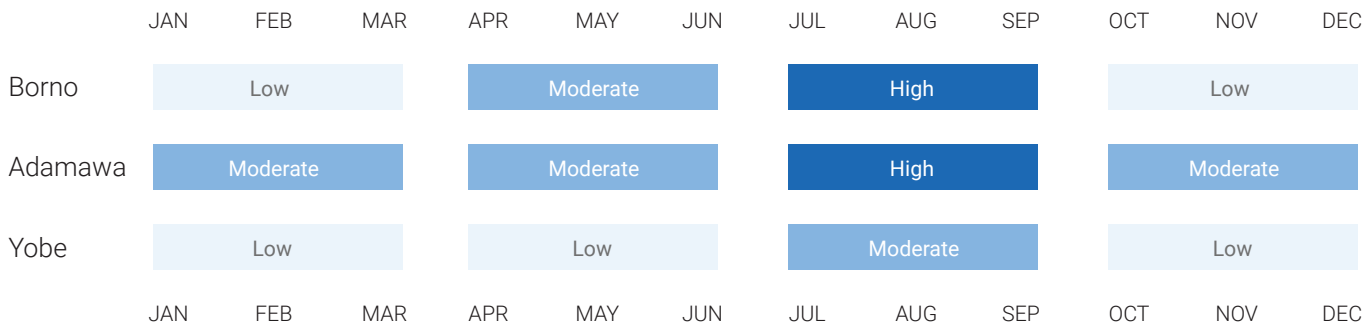
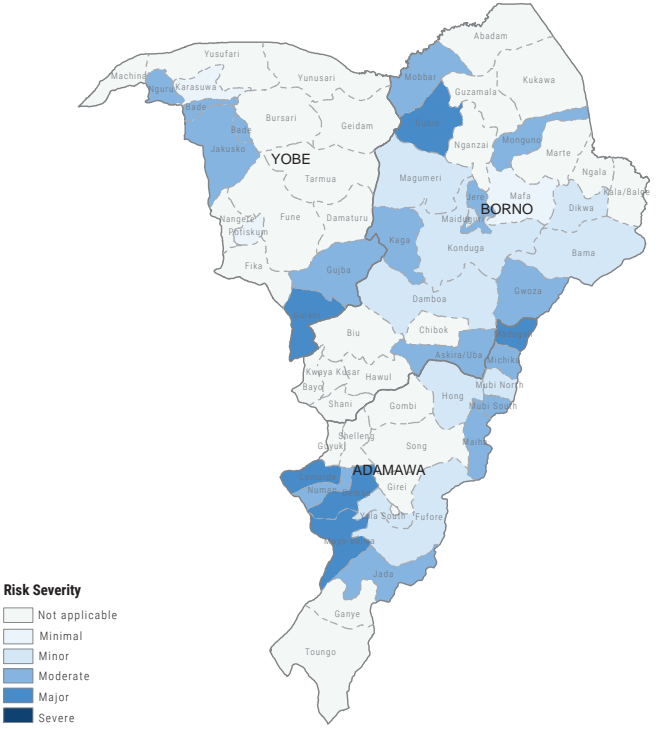
Disease outbreak

The BAY states have experienced outbreaks of contagious disease that pose a major risk to populations in different areas. The most common include meningitis, cholera, COVID-19, measles, yellow fever and malaria. The volatile security situation hampers access to health facilities, potable water and hygiene materials, and restricts the movement of health workers, drugs and medical supplies.

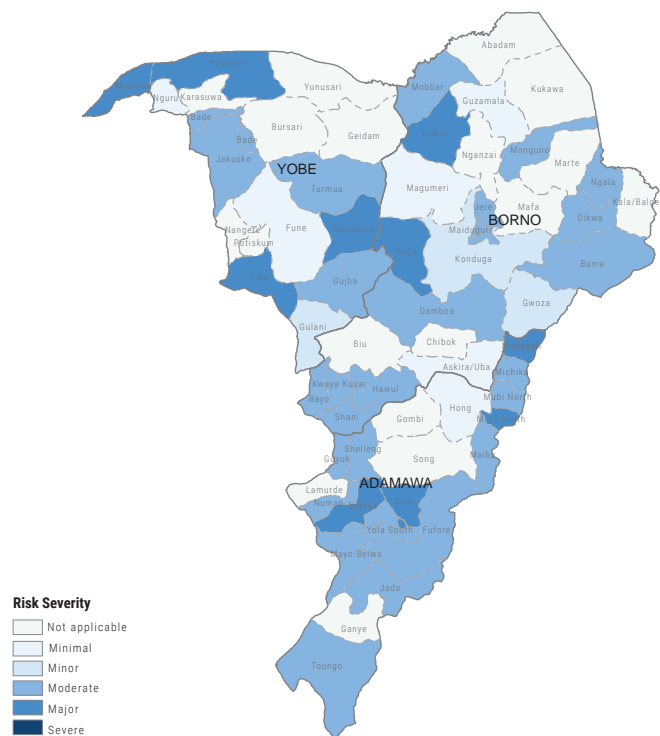
Due to the ongoing violent conflict, most health workers are reluctant to work in inaccessible areas, creating a shortage of doctors, nurses and midwives. Much of the health infrastructure is out of action: 12.4% is fully damaged, 10.2% is non-functioning and 11.4% is partially functioning.

The COVID-19 pandemic continues to ravage populations in 55 LGAs across the BAY states, with 44% of the reported cases in Borno, 39% in Adamawa and 17% in Yobe.

Nineteen percent of LGAs are predicted to have major disease outbreaks in 2022, 44% are at moderate risk, 28% minor risk and 8% minimal risk. Cholera, malaria, Lassa fever and COVID-19 are expected to be of greater concern in 2022, both to young and elderly populations across the BAY states.



Twenty-three percent of LGAs are at major risk of a drastic increase in prices, 58% at moderate risk, 6% at minor risk and 13% at minimal risk.



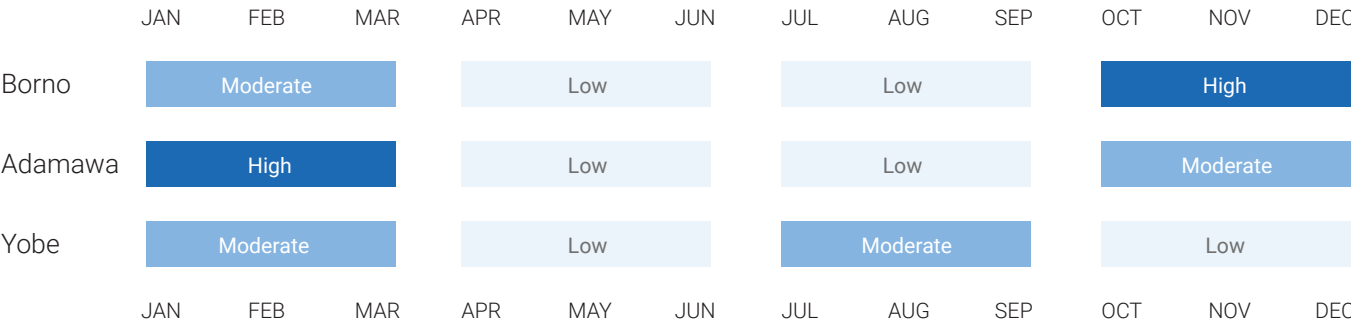
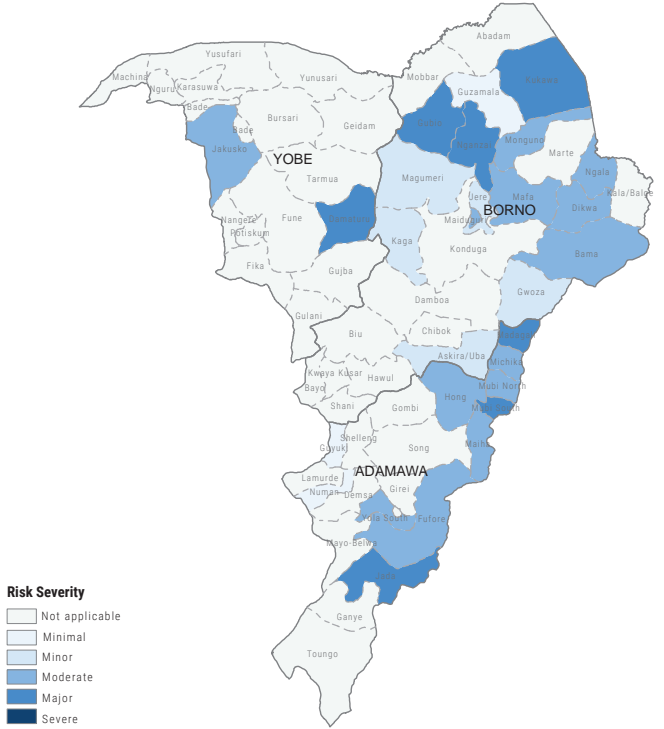
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	Low			Moderate			High			High		
Adamawa	High			Moderate			High			Moderate		
Yobe	Moderate			High			High			Low		

Loss of productive assets

Productive assets are an important element of sustainable growth. Since the beginning of the violent conflict in Borno, Adamawa and Yobe states, the affected population has faced ongoing economic shocks, threats to their livelihoods and barriers to acquiring financing and other market services that could help them cope with the crisis.

As a result, many have resorted to negative coping strategies such as liquidating their productive assets, taking children out of school, or reducing consumption of food or essential services. The depletion of asset stocks has reduced the ability of affected populations to escape the poverty trap.

Twenty-five percent of LGAs across Borno, Adamawa and Yobe states are projected to be at major risk, 46% at moderate risk, 18% at minor risk, and 11% at minimal risk.



Floods

The economy in the BAY states is highly reliant on farming and pastoralism, which means that livelihoods and food security are intimately linked with weather trends and environmental conditions. In recent years, changes to the climate and ecosystem – such as increasing rainfall variability, overexploitation of soil, overgrazing and desertification have contributed to a food scarcity crisis that continues to threaten over 3.5 million and spark competition over resources.

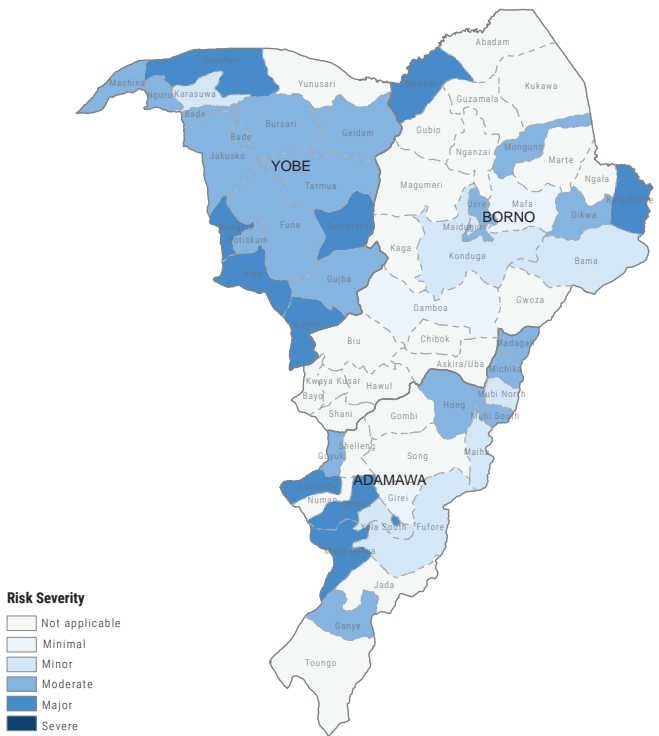
Recurrent natural disasters over recent decades amplify this risk. The BAY states have experienced an increased frequency of floods in the past few years, resulting in displacement, destruction of basic amenities, and increased risk of waterborne disease and malaria.

The risk of further heavy rainfall and floods remains high, particularly in seven LGAs in Borno State (Maiduguri, Monguno, Dikwa, Mobbar, Kala/Balge and Jere), eleven in Adamawa State (Yola South, Mubi South, Madagali, Michika, Guyuk, Ganye, Lamurde, Hong, Demsa, Numan, and Mayo-Belwa) and twelve in Yobe State (Yusufari, Fika, Damaturu, Gulani, Jakusko, Tarmua, Bade, Geidam, Nguru, Machina, Fune and Nangere).

Following flooding, there is often an increase in humanitarian needs such as for emergency

shelter and household supplies, water purification tablets, emergency latrines, hygiene kits, food items, health services, vector control and the draining of stagnant water.

In 2022, 26% of LGAs across the BAY states are projected to be at major risk of flooding, 48% at moderate risk, 19% at minor risk and 7% at minimal risk. Flooding in the third quarter of 2022 is expected to be severe.

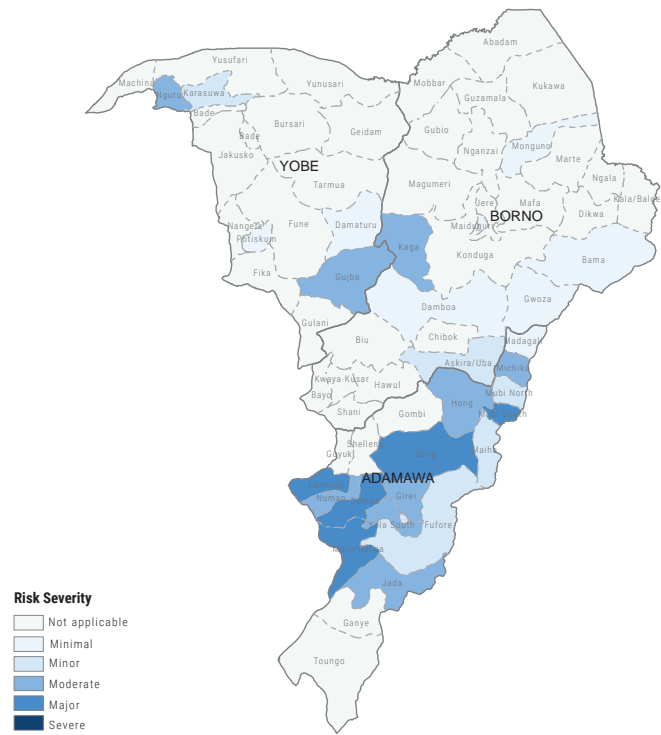


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Borno		Low		Low			High			Low		
Adamawa		Low		Moderate			High			Low		
Yobe		Low		Moderate			High			Low		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Inter-communal violence

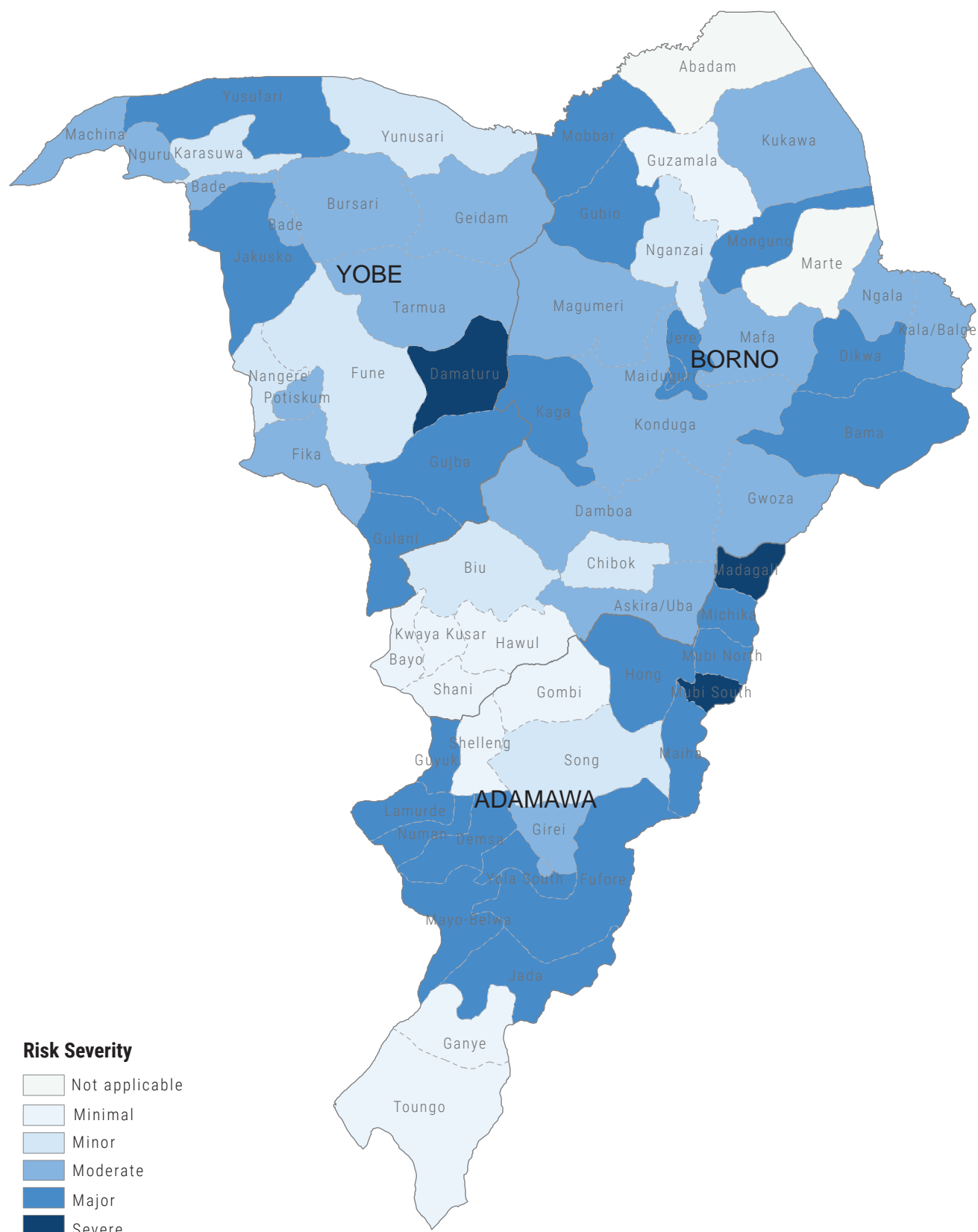
Inter-communal clashes in Borno, Adamawa and Yobe, however episodic, are not a new phenomenon. Eruptions of inter-communal violence are common within this multi-ethnic setting. Over the years, the Government (at all levels) has been unable to successfully resolve this issue. There have been ongoing inter-communal clashes over land ownership, which have resulted in casualties, injuries, the destruction of property and multiple displacements.

Despite the increase in agricultural support to mitigate the impact of alarming food insecurity during the lean season, there are still frequent spates of inter-communal violence, especially in farming communities. Since the beginning of 2018, just over 1,370 deaths have been recorded. In the coming year, 17% of LGAs in the BAY states are projected to be at major risk of inter-communal clashes, 34% at moderate risk, 21% at minor risk and 28% at minimal risk.

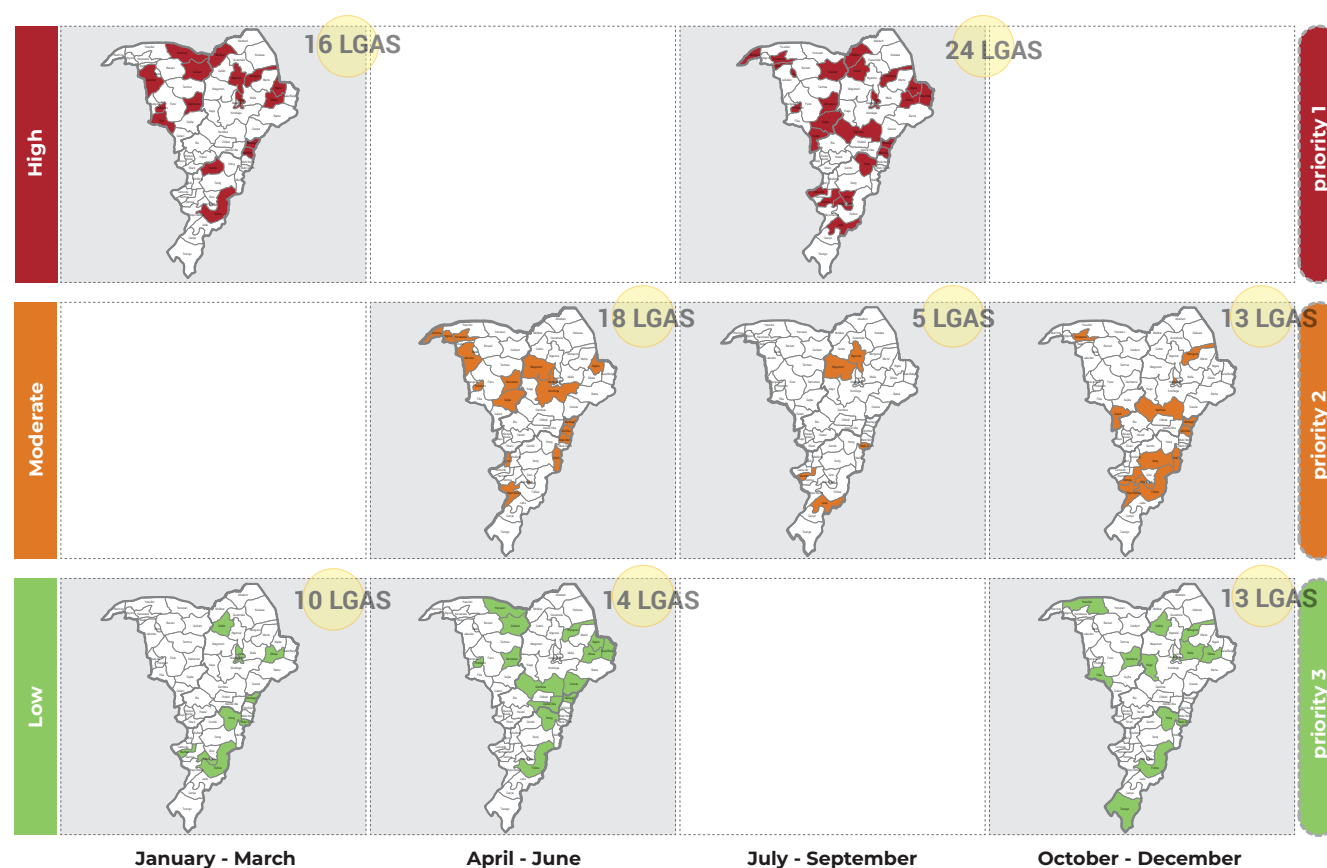


	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno		Low			Low		High			Moderate		
Adamawa		Low			Low		High			Moderate		
Yobe		Low			Low		Moderate			Moderate		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

The compounded risk



Perception of risk area priorities



An estimated population of 1.2 million people who are at JIAF severity level 2 – thus not currently needing humanitarian aid – in the LGAs at high risk could shift to a higher severity level (3, 4 or 5), and thus need humanitarian aid, if necessary strong mitigation measures for the six risks are not implemented in those areas. Likewise, unmitigated risks could propel people who already need humanitarian aid into catastrophic humanitarian needs. Therefore, a risk-monitoring system is immediately required in these locations to stop hazards from generating

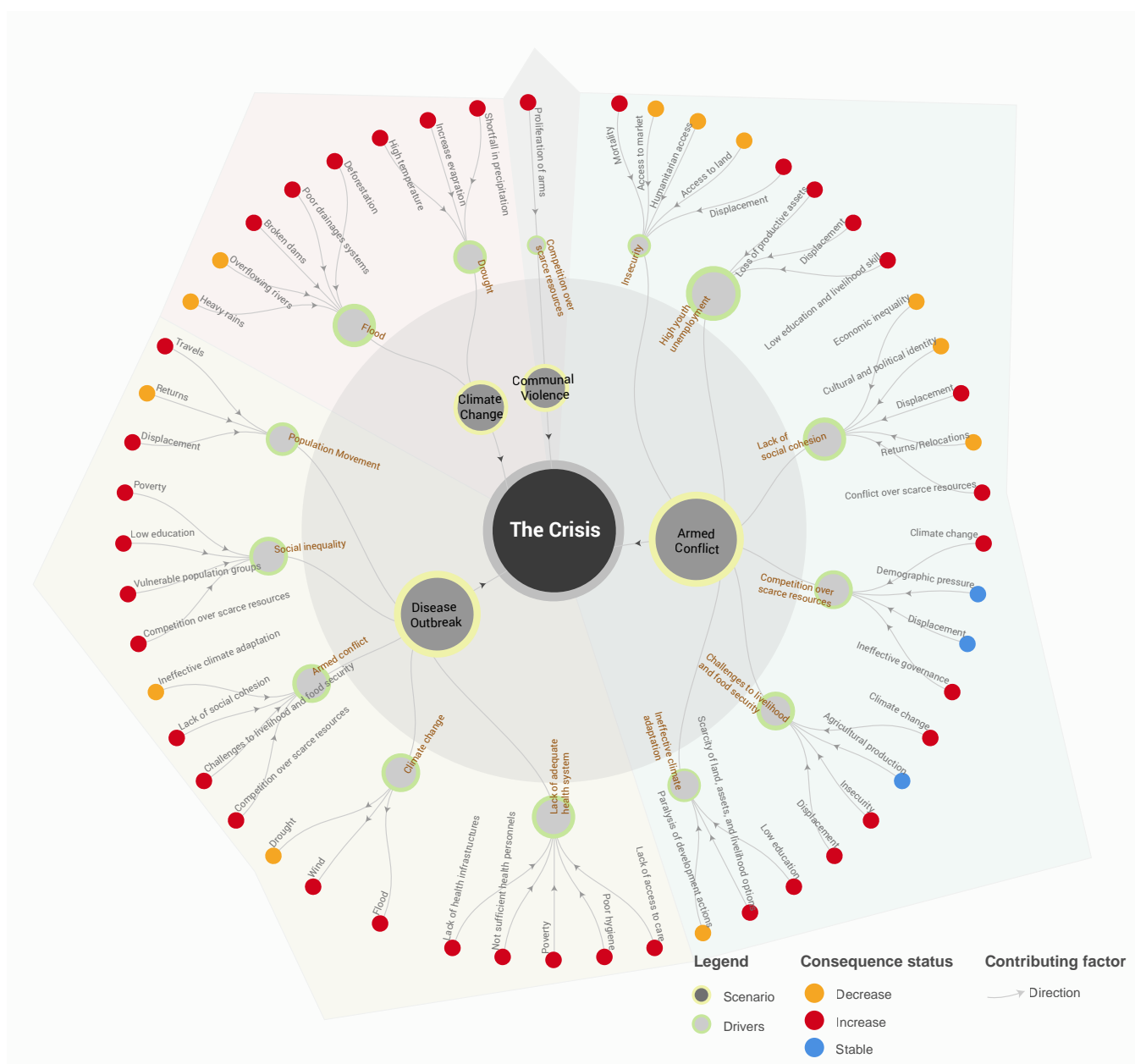
severe humanitarian needs among the vulnerable population, particularly during the lean season. Without preventative or mitigating measures, floods, communal violence, infectious diseases, and food insecurity will worsen the humanitarian situation in high-risk locations.

An early warning system for moderate-risk locations also has to be set up starting from the 2nd quarter of 2022. The early warning will help to closely monitor how the residual risk is evolving.

Most-likely scenario

During a risk analysis workshop, the humanitarian actors and the state authorities collaboratively built the most likely scenario for 2022 using the “chain of plausibility” approach. A scenario projects alternative ways in which a situation might evolve. It is a set of informed assumptions about a situation that may require humanitarian action. Building scenarios involves speculating about an uncertain future and

envisaging different possible outcomes for a given initial situation. However, scenarios have certain limitations: history cannot predict the future with certainty. New and unexpected variables will always influence future pathways. Despite these unknowns, projections enable policymakers to consider alternative futures and plan more strategically. This analysis allows deeper reflection on different scenarios across different sectors, which can then steer action in a more desired direction.



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
Displacement	Expected to increase	<ul style="list-style-type: none"> Continued displacement; more vulnerability due to secondary displacement. Secondary displacements triggered by closure of camps in the 1st quarter Lack of access to basic services Emergence of new hotspots due to violent conflicts/attacks Increasing disruption of livelihoods and basic social services. 	Large (70%)	During rainy season, humanitarian's access to IDPs has more physical constraints (road flooding etc.). During the dry season, livelihoods and access to food are limited	70% - 90%
Returns and relocations	Increase	<ul style="list-style-type: none"> Decreased safety and security (Increased exposure to risk and vulnerability) Overstretching capacity of existing resources Loss of livelihood No or damaged educational structure or human resources Overcrowded classrooms 	Larger (10%)	1st quarter of 2022	90%
Security threats and conflict	Increase	<ul style="list-style-type: none"> Security constraints due to worsening and changing conflict dynamics. One NSAG, ISWAP, is stronger and more coordinated and linked to ISIS Collaboration between ISWAP and bandits in the north-west Change in NSAG modus operandi – abduction and demand for ransom No clearly defined leader of ISWAP, making negotiation difficult and possible splintering into more factions Despite the surrender of ex-combatants, without corresponding surrender of weapons the spate of attacks has not abated 	Larger (15%)	Continuous	60%

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
Flooding	Increase (due to poor drainage, env. factors, poor planning, climate change)	<ul style="list-style-type: none"> 3-10% + 		Rainy Season	50-70%
Control and prevention of communicable diseases	The same due to poor camp living conditions and lack of access to WASH facilities	COVID-19 and cholera; endemic, but 2021 outbreak is on a new scale	0%	Rainy season for cholera and continuous for Covid-19	60-80%
Inflation, food-price rises and naira depreciation	Decrease	<ul style="list-style-type: none"> Due to decent food production in late 2021, food prices will return to normal Naira depreciation is expected to stabilise in early 2022 	0%	Throughout	70%
Humanitarian access	Decrease	<ul style="list-style-type: none"> Constrained access for humanitarian actors Shrinking of humanitarian space Transitioning of the super-camp strategy Growing geographic scope of inaccessible areas Continued limitations on timely and principled delivery of humanitarian aid due to bureaucratic impediments. 	30-40%	Throughout	70%

Projected evolution of needs

North-east Nigeria is affected by a combination of poverty, climate change and violent conflict, which has resulted in a widespread and severe humanitarian crisis that has a devastating impact on the lives of millions of people, particularly women and children. In 2022, more than 8.4 million people are projected to be in need of life-saving assistance and protection. This includes over 1 million children under five who will suffer from severe acute malnutrition. According to the November 2021 CH figures, the food security situation remains fragile, with some 3.5 million people likely to experience severe levels of food insecurity (IPC3 and above) in the lean season of 2022, with Mobbar and Gubio LGAs of Borno State (450K people) at emergency levels, and over 13,000 people in famine-like conditions. Seasonal malaria and acute

respiratory infections will remain chronic, exacerbated by poor shelter and WASH facilities. Morbidity and fatality rates will remain high due to poor health-care coverage and incidences of co-morbidities and/or malnutrition. Basic social services, including education and infrastructure reconstruction, will continue to be disrupted and will remain in dire need of strengthening.

According to IOM DTM Round 37, the displacement situation in Borno will remain complex in 2022, with new displacements expected to occur as the Borno State Government continues closing camps in Maiduguri and returning some people to their home areas. Some estimate that around 2.4 million people are expected to remain displaced in the BAY states in 2022. The majority of the displaced will continue

to live within host communities, who are themselves among the world's poorest. A large number of people will remain in overcrowded camps and informal settlements without access to any livelihood activities, relying on humanitarian assistance for their survival. Women and girls will remain vulnerable to exploitation, particularly in areas affected by severe food insecurity and displacement.

Humanitarian partners' attempts to scale up response has been stalled by insecurity, access constraints and the Covid-19 pandemic. Despite this, humanitarian response in support of national and local efforts was effective in reaching over six million people throughout the BAY states in 2021. Needs, however, remain high and protection gaps are expected to persist. Continued support in 2022 is therefore essential. The financial requirements for humanitarian response in 2021 total US\$1.06 billion. As of mid-November, only 58% of the required funding had been received.

Challenges

The humanitarian response in north-east Nigeria is at a crossroads. While the Government-driven recovery and development activities must be scaled up, humanitarian needs are expected to continue in the foreseeable future, as new populations become accessible and displacements continue. Voluntary returns from Cameroon and Niger will also need to be accompanied by emergency support packages by humanitarian partners in support of government efforts.

The protection of civilians remains a major challenge across the BAY states with millions of women,

children and men directly targeted by violence, deprived of their livelihoods and at high risk of human rights violations including kidnappings, arbitrary detention, rape, and sexual exploitation and abuse. Before the crisis, women and girls were particularly vulnerable to sexual violence and exploitation. The onset of the north-eastern armed conflict has exacerbated this. The conflict also continues to hinder safe and unimpeded humanitarian access. Finally, in 2022, the humanitarian operation will require additional and more predictable funding in order to be sustained and reach a scale that is commensurate with the needs of the affected population.

Opportunities

With the surrender of ex-combatants of the JAS faction and the scale-up of disarmament-demobilization-and-reintegration operations, new areas are likely to become accessible. Humanitarian actors have an opportunity to reach additional vulnerable populations with assistance and protection, while recognizing that the primary responsibility for assisting and protecting the population rests with the affected-country government. Furthermore, through strengthening links with development actors, there are renewed opportunities for collectively reducing needs, risk and vulnerability, including through building resilience, systems strengthening and supporting early recovery. Significant efforts are being made in this regard in all BAY states, with some states having developed joint strategies to improve peoples' lives in the medium to longer term, while ensuring a continued focus on meeting their immediate humanitarian needs. At the national level, through its specialized agencies, there is considerable commitment by the Federal Government to addressing the north-



LOCATION, NIGERIA

A crowd waits at the distribution centre in Gashua, Yobe State in February 2021.

Photo: OCHA/WFP

2.2 Monitoring of Situation and Needs

The scale and severity of the crisis in northeast Nigeria underline the need for ongoing monitoring to gauge any changes in need to guide programming and emergency response preparedness and readiness. Therefore, in 2022, the humanitarian partners in Nigeria have agreed to focus on a robust integrated monitoring system.

The Assessment and Analysis Working Group (AAWG), co-chaired by OCHA and REACH, is the primary coordination forum for conducting regular situation and needs reviews and identifying priority locations for close monitoring and response scale up. In addition to its bi-weekly meetings, the AAWG

will convene experts across relevant fields for horizon scanning 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 the monitoring of sectors' outcome-level objectives and indicators, in that many of those indicators also serve as needs indicators in the following MSNA.

In 2022, the AAWG plans to conduct some coordinated assessments on population returns. To monitor sudden changes in people's needs following

shocks such as conflict or flooding, inter-sector Initial Rapid Needs Analysis (IRNA) teams led by OCHA will be deployed to affected areas. The assessment framework will be done in early 2022 to allow for trends analysis over time. 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 a defined list of indicators from the existing humanitarian monitoring mechanisms. The aim is to fill the resulting information gap on those indicators.

As in previous years, the periodic Cadre Harmonisé analysis will be conducted twice a year in March and October 2022. 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

The overall goal of the FNSS is to provide regular and updated information on the influencing factors and nutritional conditions of particular at-risk sub-groups of children and women among IDPs, returnees and

host communities in the ten domains of northeast Nigeria. Repeated surveys will be conducted every four months on standardized groupings of LGAs representing both emergency-affected areas and livelihood zones.

The Famine Monitoring System (FMS) has been put in place by the Food Security Sector and Nutrition Sector under the Nigerian Government's leadership to track trends in acute food and nutrition security. This is carried out in areas that have been identified as Phase 4 areas (emergency), to develop and issue an alert in case famine emerges. The FMS, in essence, is designed to support the Cadre Harmonisé (CH) analysis of the inaccessible areas in the BAY states. The data is collected monthly.

The Displacement Tracking Matrix (DTM) offers ongoing and immediate insights concerning population movements, whether caused by conflict or natural disasters. The DTM will continue (quarterly) to analyse trends in population movements, including displacements, returns, and new arrivals from areas considered inaccessible to international humanitarian partners.

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		2

Part 3:

Sectoral Analysis

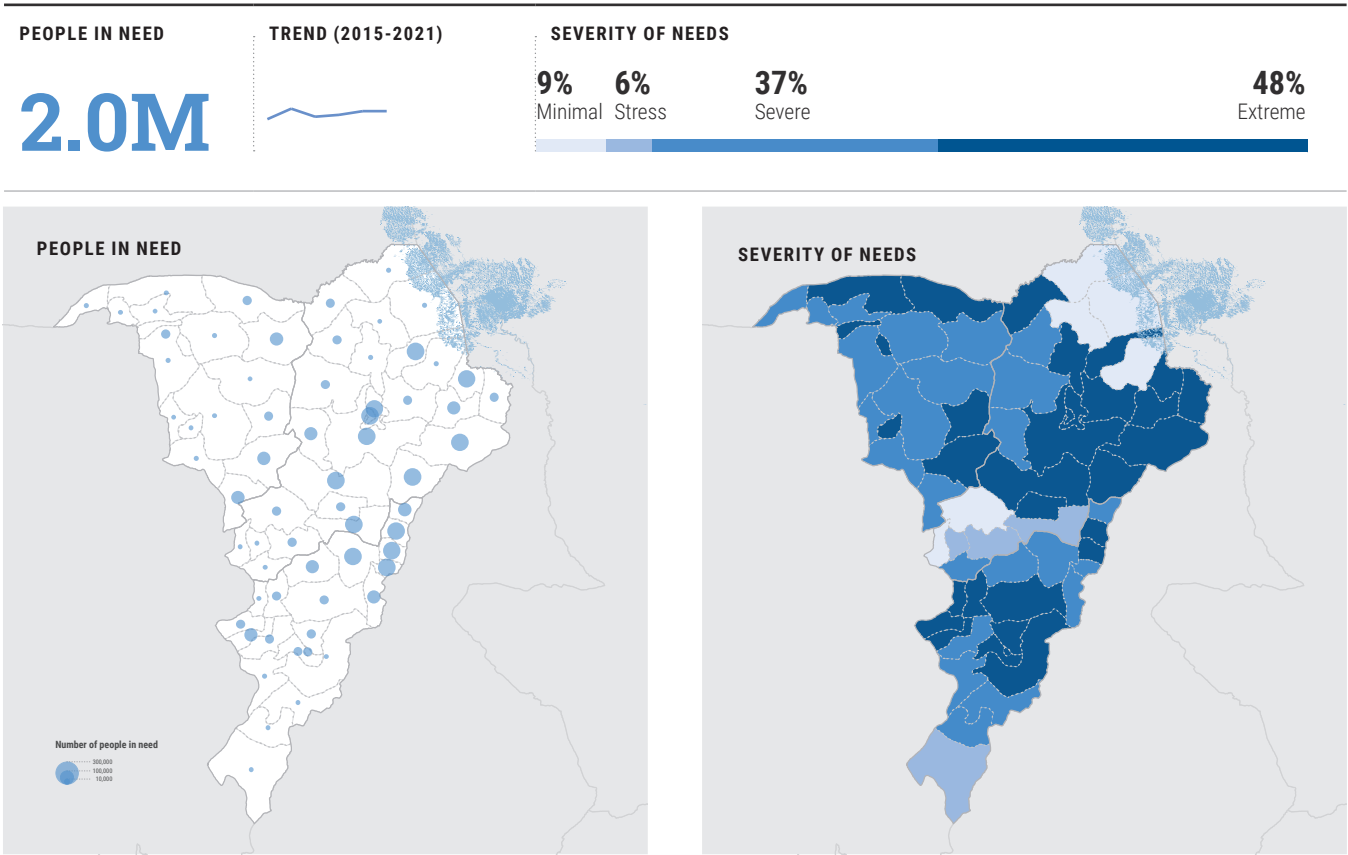
TUM, BORNO STATE, NIGERIA

Internally displaced women support each other during the harvest season in Tum, Borno State

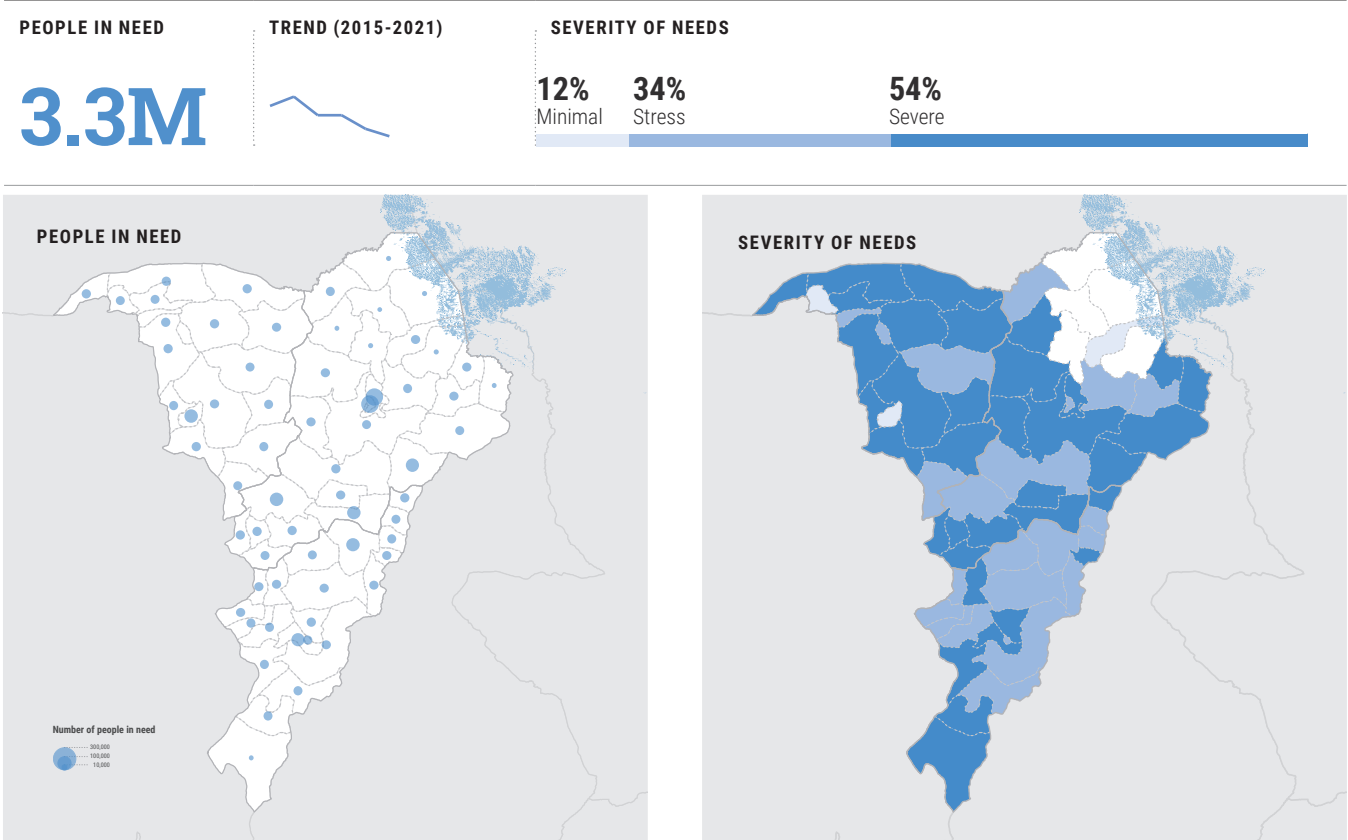
Photo: Jesuit Refugee Services/Uchenna Okoro



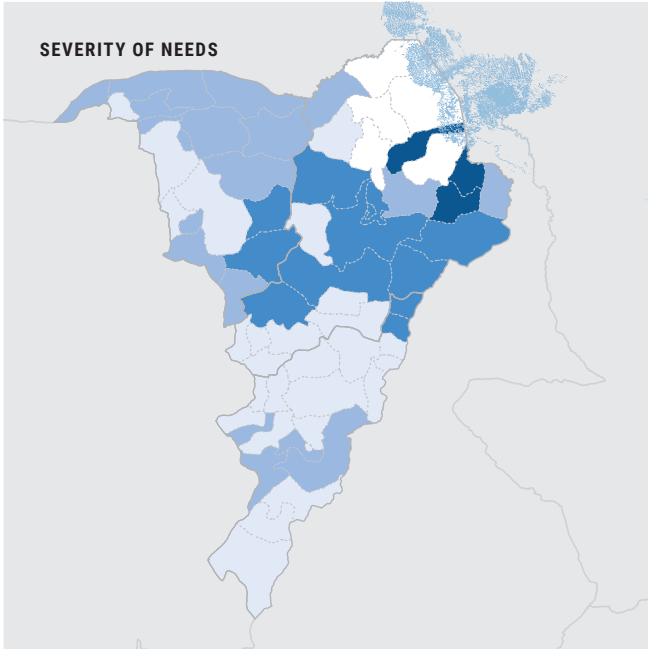
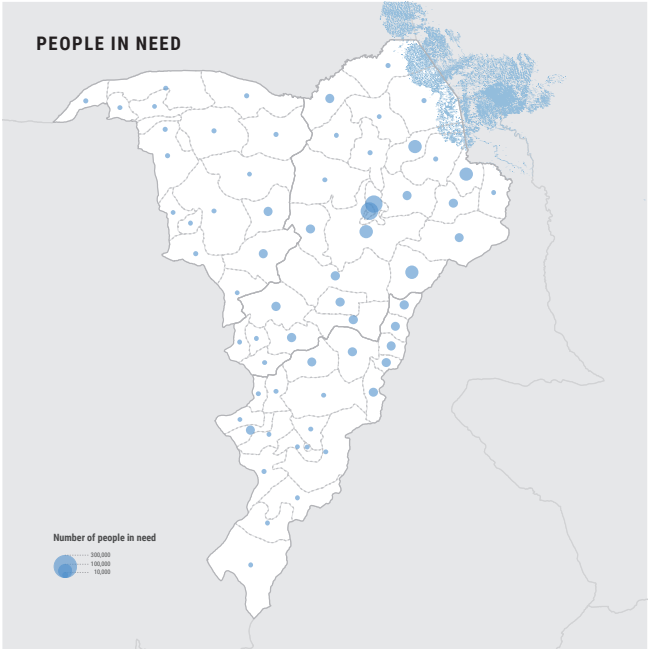
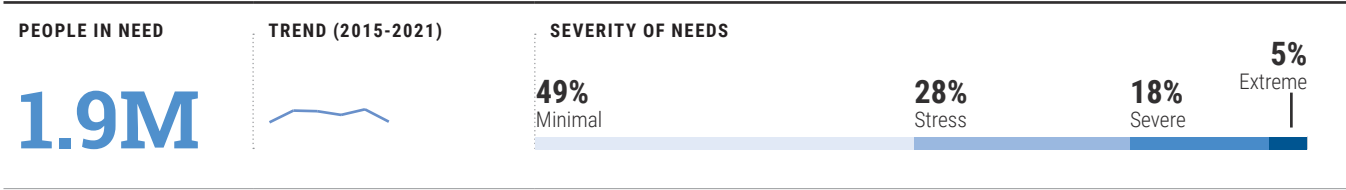
3.1 CCCM



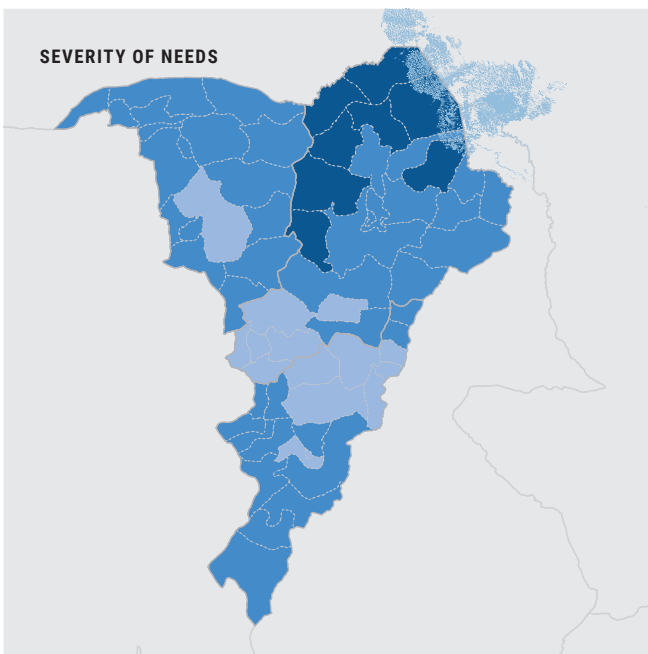
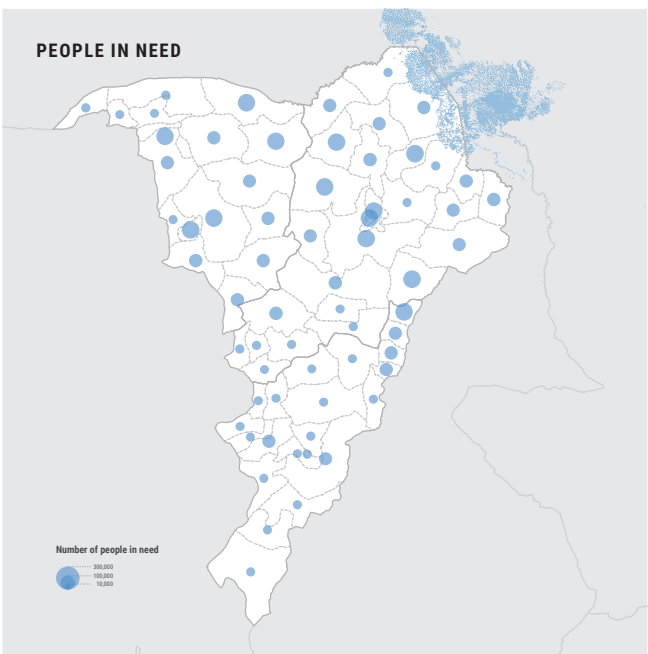
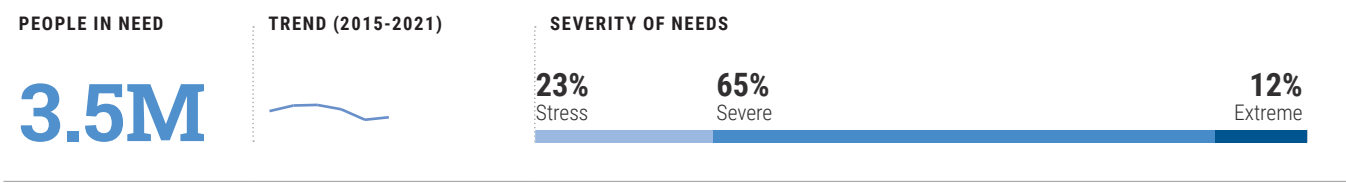
3.2 Early Recovery and Livelihoods



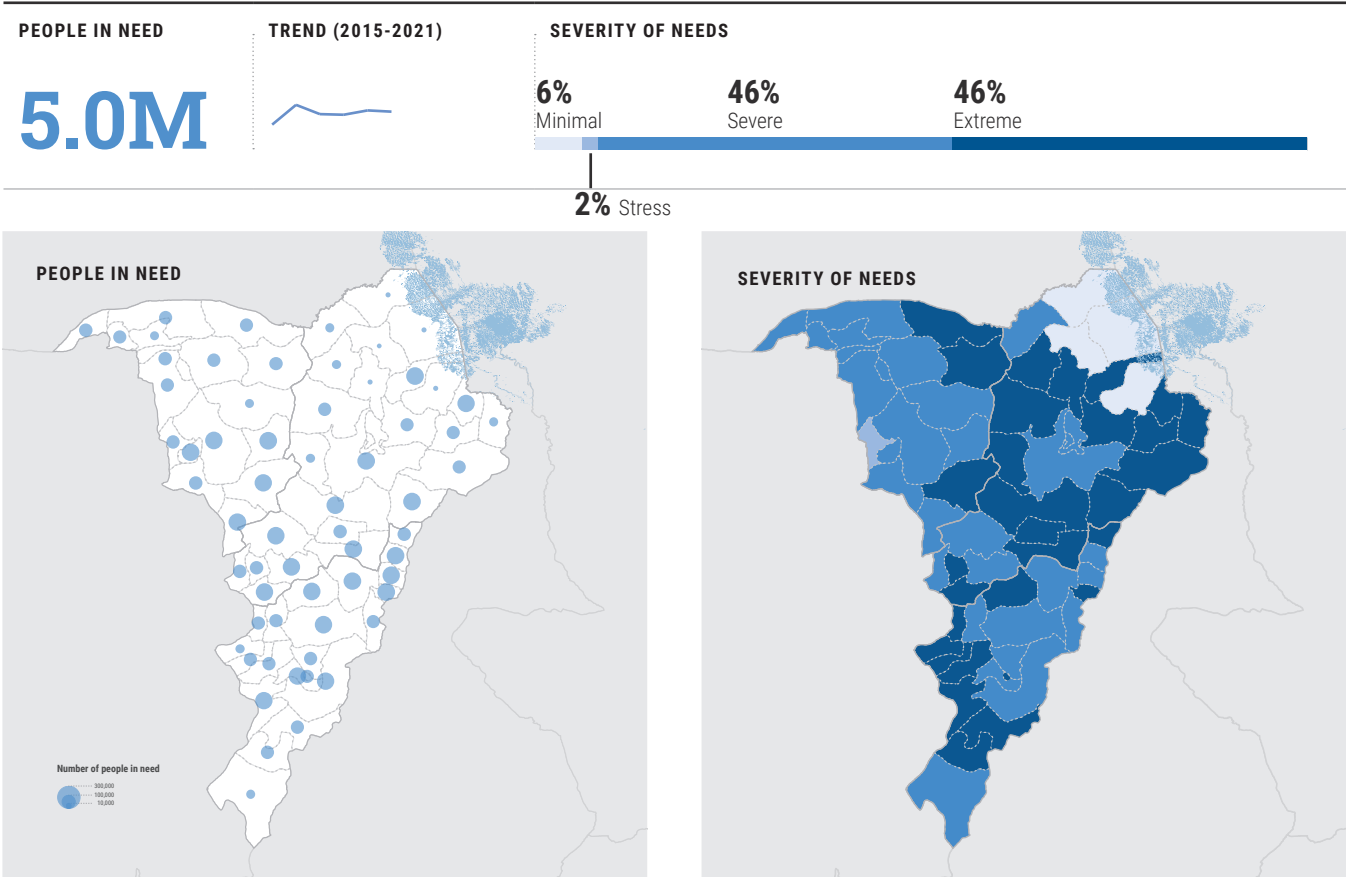
3.3 Education



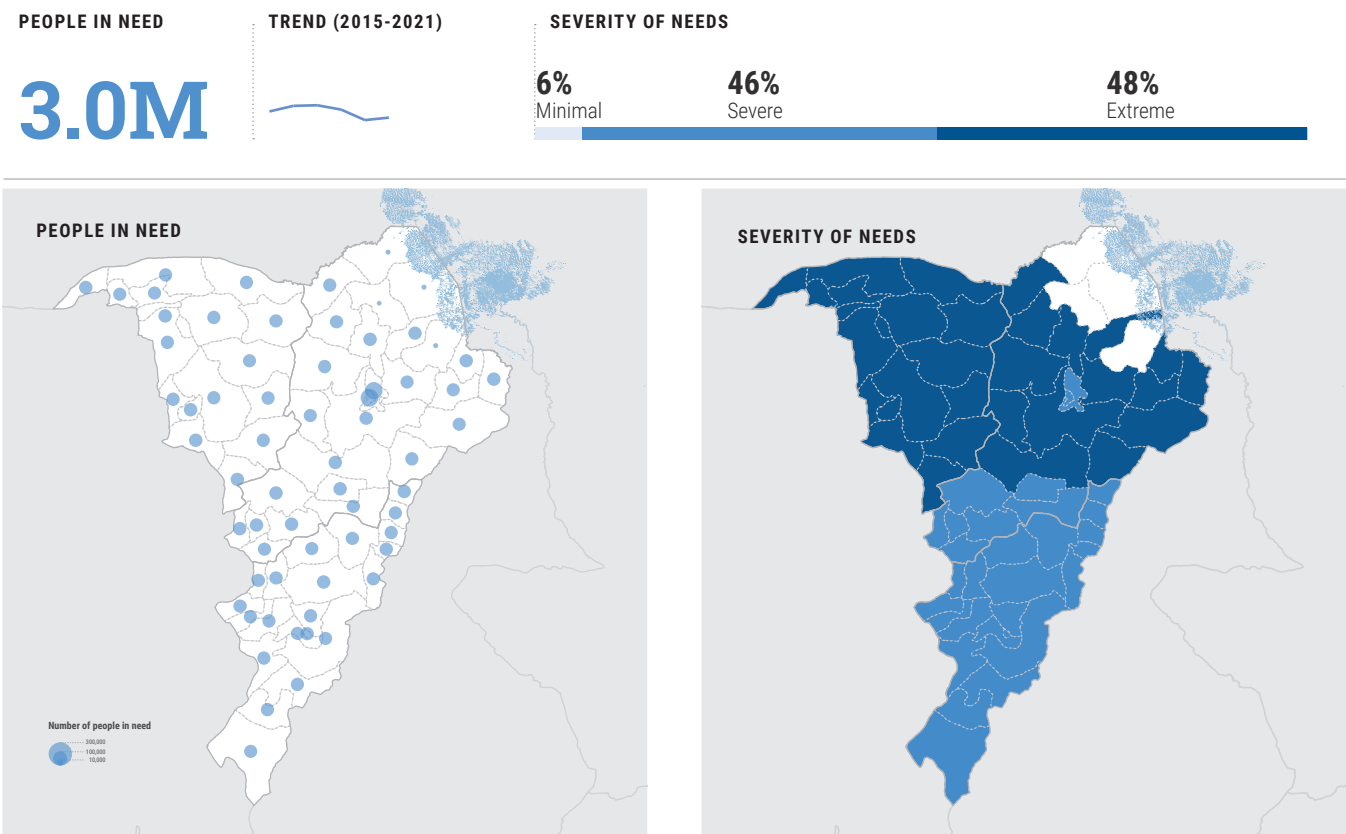
3.4 Food Security



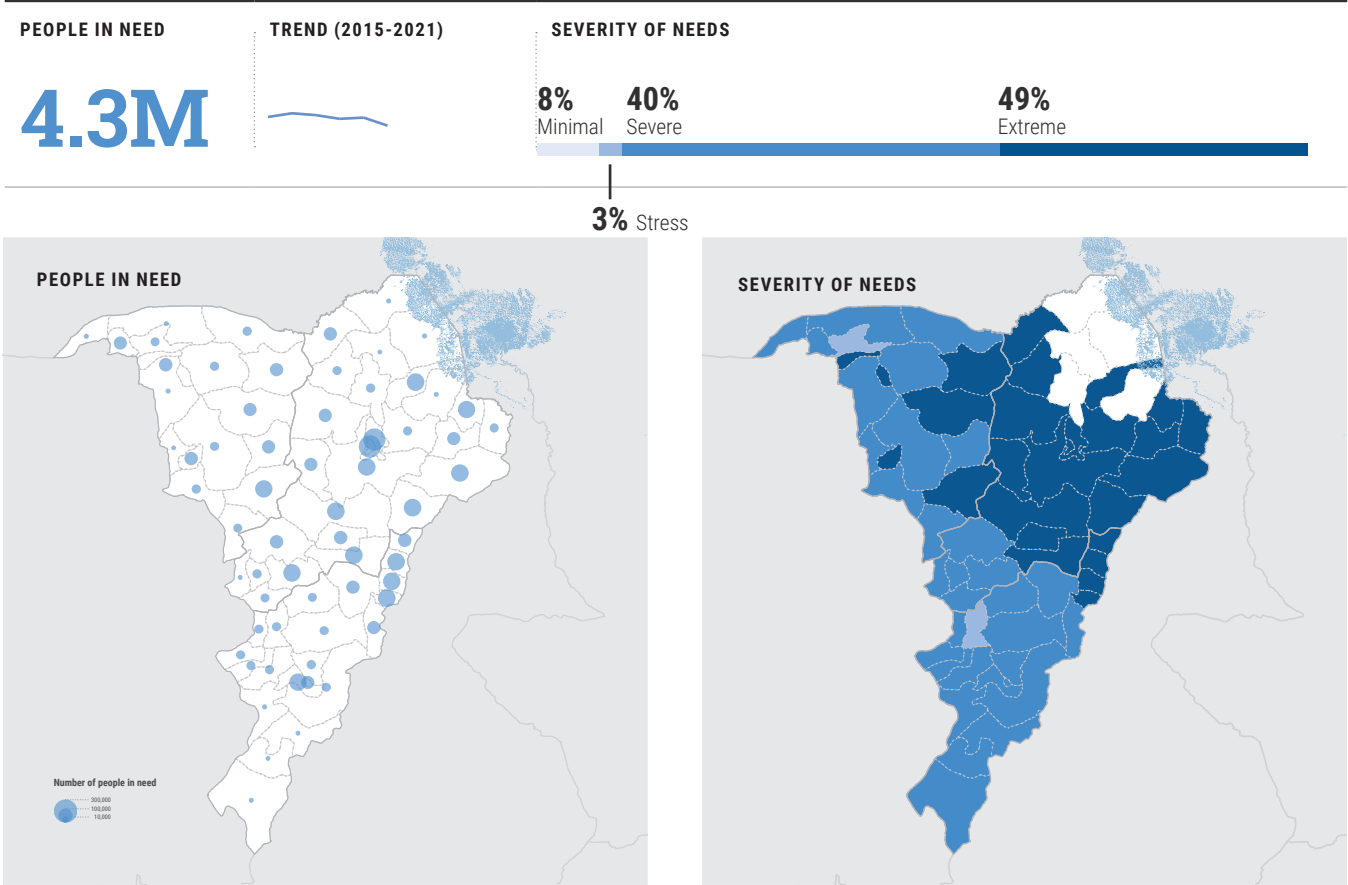
3.5 Health



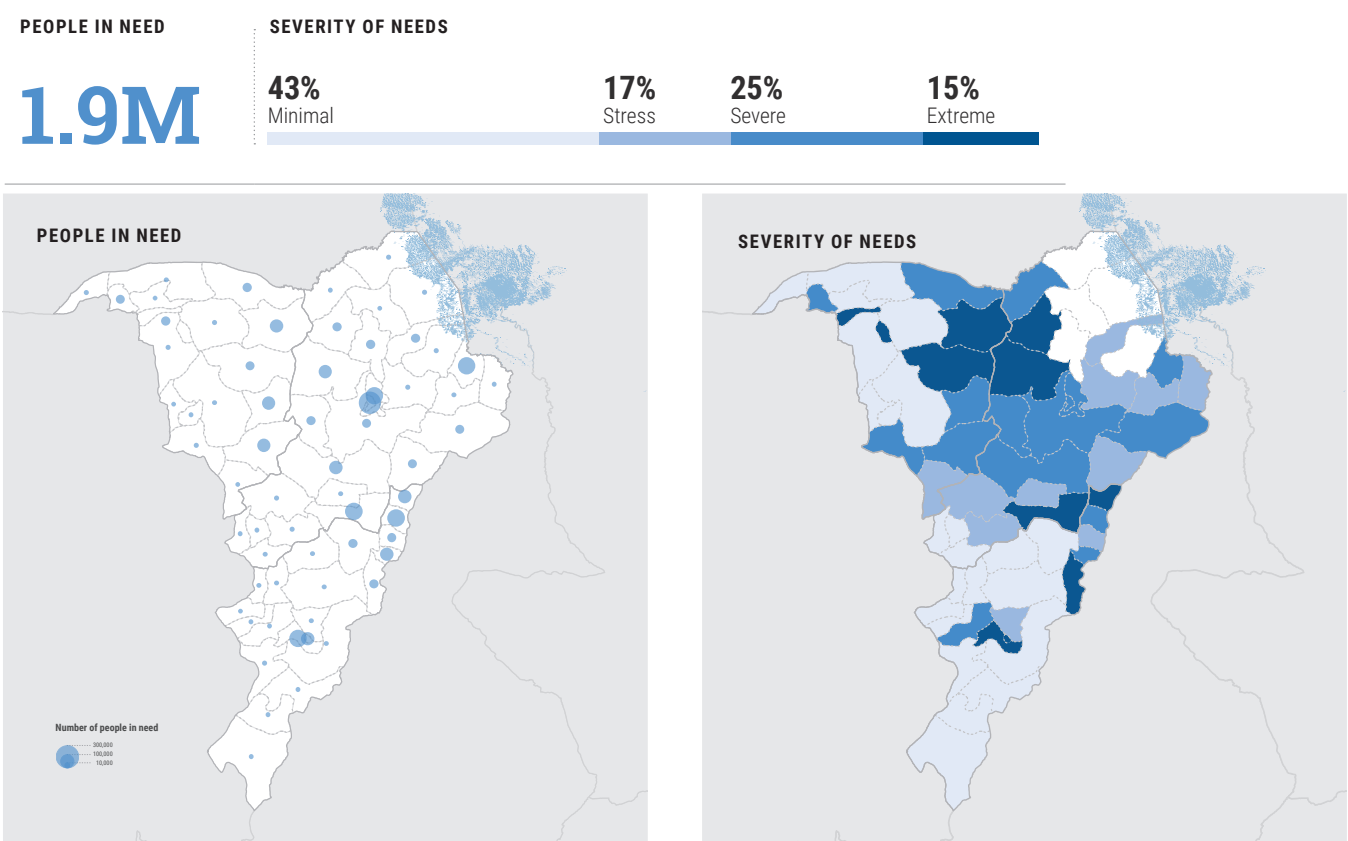
3.6 Nutrition



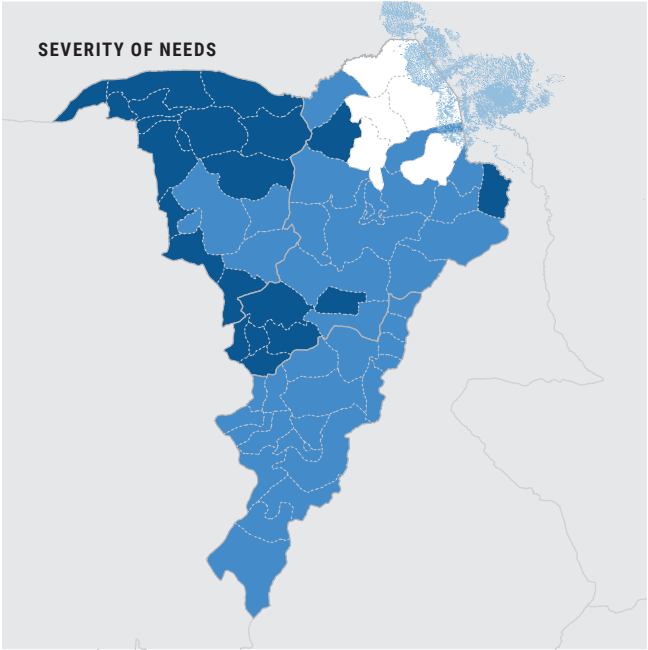
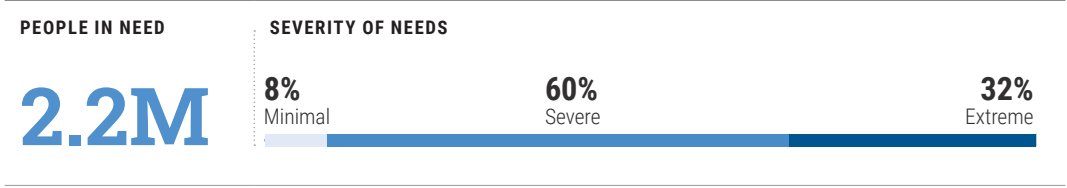
3.7 Protection



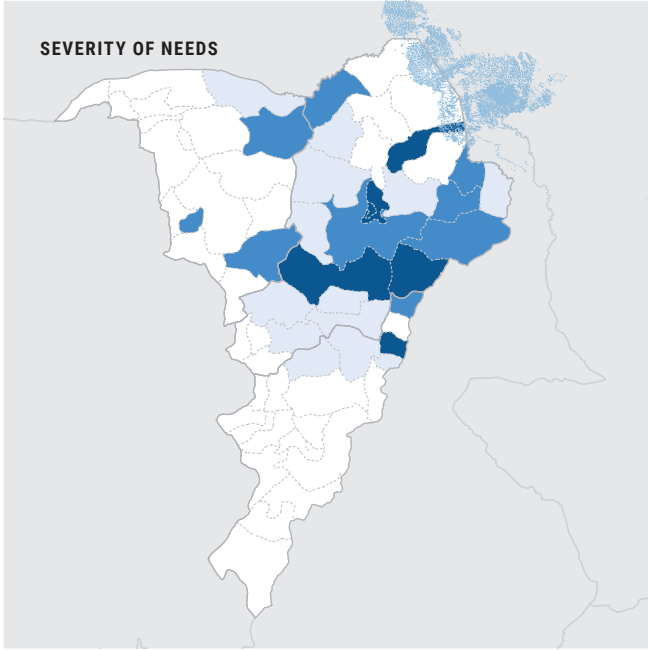
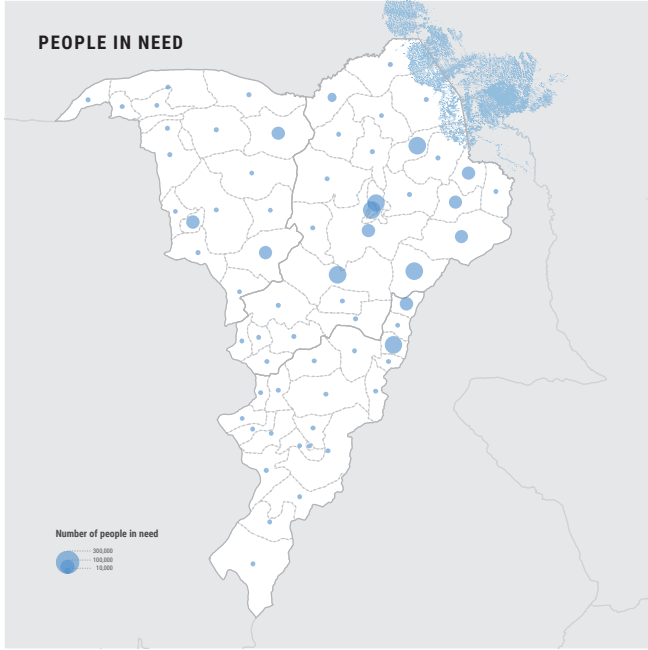
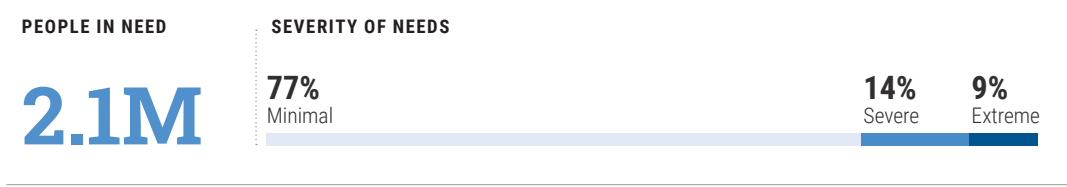
3.7.1 Child Protection



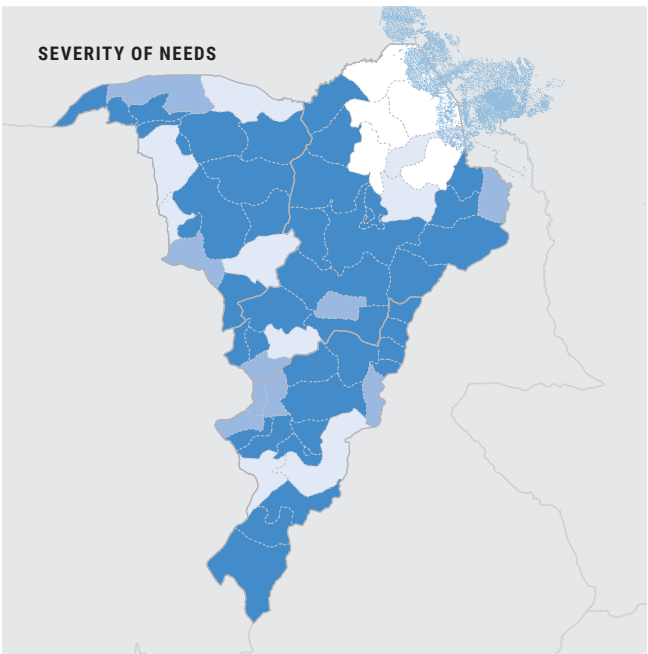
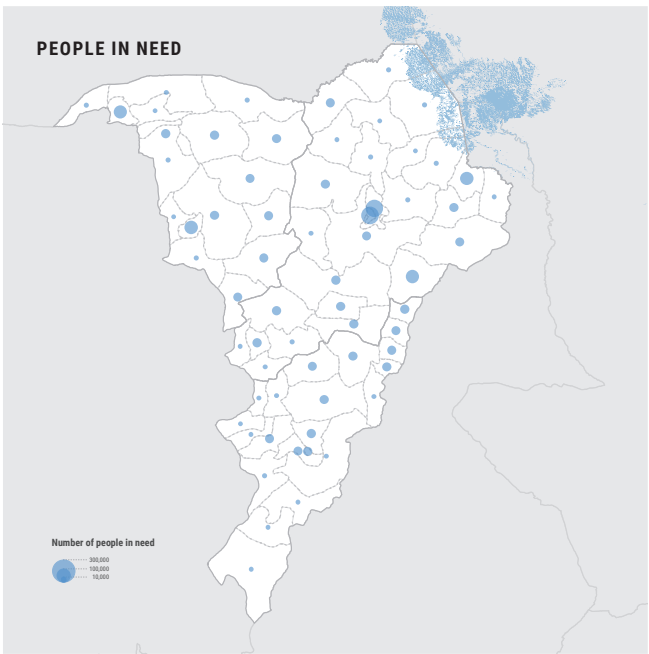
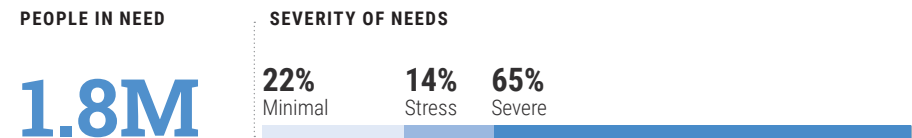
3.7.2 GBV



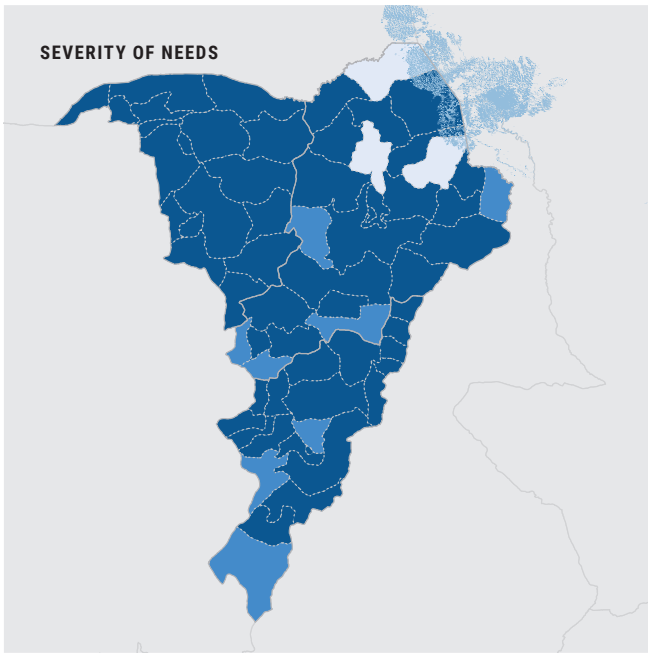
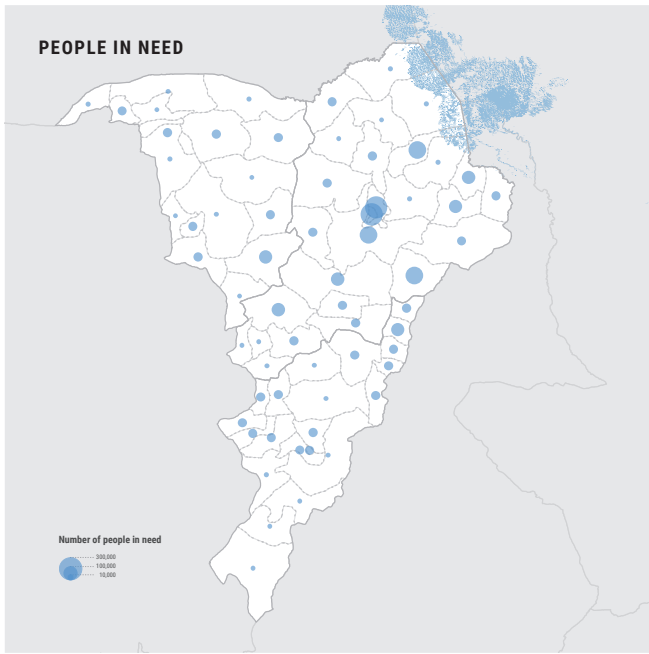
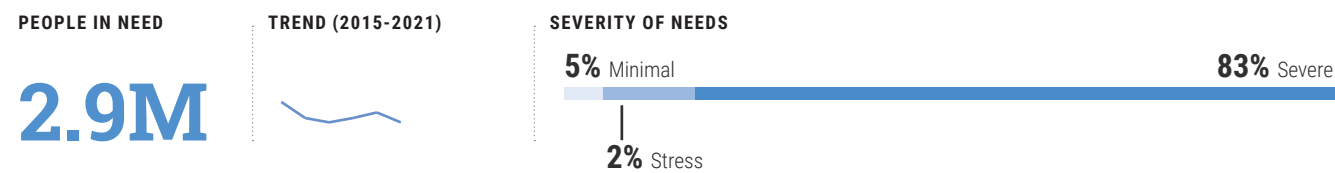
3.7.3 Mine Action



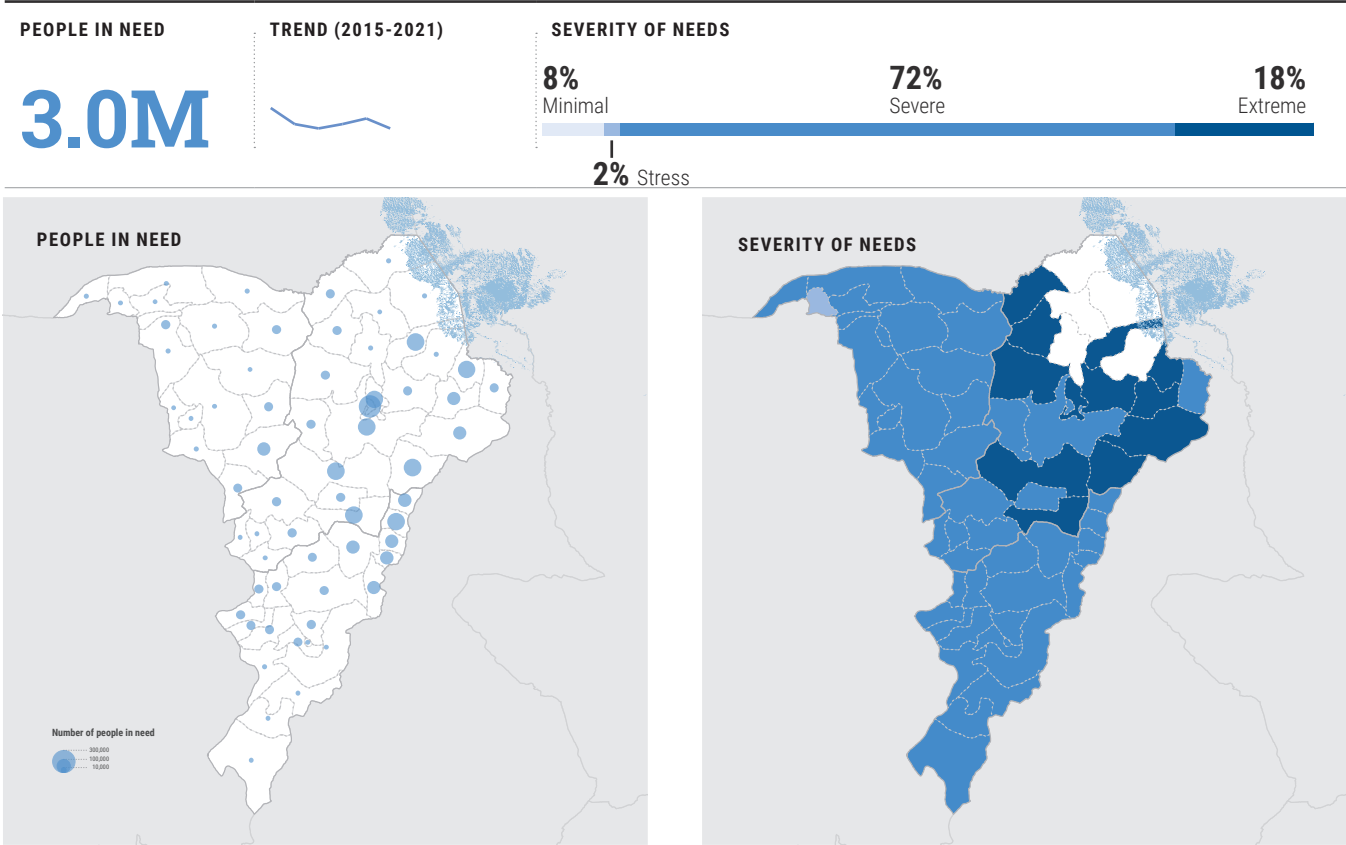
3.7.4 Housing, Land and Property



3.8 Shelter and NFI



3.9 WASH



PEOPLE IN NEED

SEVERITY OF NEEDS

3.1

Camp Coordination and Camp Management



PEOPLE IN NEED	WOMEN	CHILDREN
2.0M	19%	57%

Overview of the affected people

Major gaps in camp coordination and camp management (CCCM) structures in formal and informal displacement sites continue to impact the living standards of affected people in north-east Nigeria, including access to critical services for an estimated 2.05 million displaced persons.

Borno State hosts the majority of IDPs in need (1,633,829), with Adamawa and Yobe host 209,322 and 162,394 displaced individuals respectively, both in camps and host communities. In Borno State, an estimated 855,097 IDPs are living in camps and camp-like settings. Over 91% 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 and 9% in camp and camp-like settings. Yobe has some 17,457 IDPs living in camps and camp-like settings.

People with specific needs are particularly affected by the crisis in north-east Nigeria and have very limited access to specialized services. Some 78% (1,564,325) of the IDP population are women and children, 4% (80,222) elderly and 23% (461,275) children under the age of five. Forty-four per cent of IDPs (890,421) live in 295 IDP sites (camps, collective centres and camp-like settings) and 66% (1,115,124) are taking shelter across 1,308 host community locations in the BAY states.

Analysis of humanitarian needs

According to DTM R37, published in August 2021, high levels of congestion are an ongoing challenge in more

than 156 of the 1,603 displacement settings assessed in the BAY states, including in government buildings allocated to shelter IDPs and reception centres. The average available area per individual is between 6-24m², well below the Sphere standard of 45m².

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

The destruction of shelters by strong winds, flash flooding, heavy rains and outbreaks of fire have further deteriorated the situation. There is a high risk of flooding during the rainy season; 59 camps in Borno State (hosting 70,586 families) are situated in flood-prone areas. Some 15% 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 66% of assessed camps (195 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 communities of origin.

Without minimal coordination and management structures in place, people in these displacement locations, especially in hard-to-reach areas, will have limited access to CCCM services. Unless these gaps are addressed, the protective environment of camp and camp-like settings will continue to deteriorate, resulting in aggravated risks and abuse. 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, occupied or destroyed houses, ongoing economic challenges, and limited livelihood options, which further erode coping capacities.

Projection of needs

The majority of displaced people are expected to remain in displacement in 2022, and will continue to need CCCM services. However, the Borno State Government continues to advocate for camp closures (to date they have successfully closed down NYSC, Mogcolis and Farm Center, with Bakasi, Gubio and Teachers Village next on the list). The CCCM Sector and humanitarian partners predict that the relocation of IDPs will further escalate secondary displacement in LGAs of return. Projected arrivals from inaccessible LGAs will also require support from the sector.

The methodology for targeting includes the use of DTM and site tracker assessments, OCHA projections for inaccessible areas, baseline trend analysis for new arrivals and population movements based on

the DTM's Emergency Tracking Tool, and camp management and profiling information in sites. In total, the sector assessed that over 1.34 million IDPs in 818 areas will be in critical need of targeted CCCM services. The sector is also considering localized information and communications interventions for local integration and durable solutions for IDPs in host communities.

Monitoring

The CCCM Sector will regularly monitor the situation and scale up CCCM site facilitation responses in displacement areas (camps, camp-like settings and host community settlements). 4W and other tools, including site trackers, situation reports, and ad-hoc and flash reports, will strengthen camp management structures across north-east Nigeria. In addition, the sector will prepare and maintain an updated workplan to guide the implementation of the response. The sector Information Management team will provide technical information management support and keep a record of all response activities.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	2,005,545			
June 2022				
December 2022				

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of population in need of site management services.	CCCM	DTM, SITE TRACKER	Monthly
02	% of population in sites with inclusive and representative governance structures	CCCM	DTM, SITE TRACKER	Quarterly
03	% of IDPs in need of improved living conditions.	CCCM	DTM, SITE TRACKER	Monthly

3.2 Early Recovery and Livelihoods



PEOPLE IN NEED	WOMEN	CHILDREN
3.3M	30%	35%

Number of people in need

The 2021 MSNA was used to calculate the number of people in need of early recovery and livelihood (ERL) support in 2022 using the following indicators: 1) number of people without access to basic infrastructure, and 2) percentage of households without livelihood assets. The indicator values were divided into severity scales from one to five to indicate the intensity of need. The percentage of severity scores from three to five was used to calculate the number of people in need for each population group in each LGA.

(The ERL Sector is not considering IDPs in camps or camp-like settings as needing ERL support because of the heavy practical constraints on creating livelihood opportunities in and around IDP camps.)

Overview of the affected people

Due to the protracted conflict and the economic impact of the COVID-19 pandemic, almost 3.4 million people have very low levels of resilience and struggle to cope on their own. Of these, 30% are women, 51% host community members, 16% returnees and 20% IDPs living in host communities. Some 13% are living in inaccessible areas in which livelihoods and coping mechanisms have been particularly affected.

Needs are especially high among IDPs and returnees, particularly given the ongoing IDP return/relocation operations by the Borno State Government which have relocated over 27,000 individuals in 2021. Although the severity of the conflict is at its lowest in the last eight years, the relocation of IDPs to some of the most conflict-affected areas has proven to

be premature. Access to critical services, facilities and livelihood opportunities are very limited, and humanitarian access is intermittent or impossible in some of the return areas. Increasing tensions with host community members have been widely reported in areas of return, linked to access to and use of land, basic services and employment/livelihood opportunities, and the additional pressure that this places on already meagre communal resources.

In general, IDPs living in host communities suffer the most as they receive minimal humanitarian assistance, get little information on the protection and assistance available to them, and have limited access to the types of basic services available in formal camps. This is particularly true in regards to spontaneous movements and new arrivals in informal settlements.

Analysis of humanitarian needs

The ERL needs across the BAY states remain high, with limited income opportunities for affected populations due to the impacts of the protracted conflict and multiple displacements. Although the COVID-19 pandemic did not significantly affect the functionality of the health care system, the economic downturn has severely impacted the livelihoods of populations in the BAY states, including their ability to afford health care services.

Despite the relative improvements in the overall security situation, the impacts of the conflict remain severe and continue to negatively affect and erode livelihood opportunities, forcing more people to resort to negative coping mechanisms. Some 55% of

households across the BAY states have no livelihoods assets – a clear indication of the population's vulnerability and lack of self-sufficiency. Many are forced to consume seed stocks saved for next season, while others rely on family support and external assistance to survive. Some 45% of households rely on casual labour and therefore lack stable income. Seventy-two percent of households in the BAY states earn monthly incomes lower than 35,000 naira, far below minimum expenditure basket (MEB) levels - and even below survival MEB levels - making it impossible for them to meet their basic needs.

In this context, displacement is the main cause of livelihood loss and limited access to basic services. Many locations have little capacity to support existing populations, let alone absorb returnees and/or new arrivals. Across the BAY states, 38% of people have no access to functional markets within a 30-minute walk, and over 16% have no access to primary education within a 30-minute walk. IDPs and returnees are particularly affected, leading to further marginalization and exclusion. The protracted conflict has weakened access to justice, security and rule-of-law services/institutions. Over 46% of people have no access to community-led security initiatives, and 44% do not have police facilities/presence in their vicinity.

ERL is a critical determinant of severity of need for other sectors. Given that 55% of people in the BAY states do not own productive assets and are highly dependent on humanitarian assistance, they are largely unable to meet their own basic needs. Access to livelihoods is directly proportional to the needs in other sectors including food security, education and access to water and sanitation, and healthcare. Progress in ERL services will reduce the needs in other sectors, thus enabling people to meet their own basic needs in a sustainable manner.

Societal determinants such as age, language and gender play crucial roles in access to livelihoods and basic services in the BAY states. Inequalities and abuse induced by the interplay of these factors can contribute to human rights violations for the most vulnerable, particularly women and IDPs. A

major implication could be the increased inability of vulnerable community members to access productive assets that could restore sustainable livelihoods. Safety and security are essential preconditions for individuals to freely engage in livelihood activities and access basic services in their community – demonstrating the strong connection with protection. Some 27% of households in the BAY states are worried that girls and women in their families may face protection concerns such as sexual and non-sexual harassment, violence and kidnapping. This is likely to hamper the ability of vulnerable women and girls to restore livelihoods and access communal infrastructure or facilities, particularly if they do not speak Hausa or Kanuri.

Projection of needs

In the most likely scenario, the number of people in need is expected to increase throughout 2022. According to available information and trend analysis conducted in 2021, the number of returnees (especially in Borno) is anticipated to increase substantially due to the relocation process facilitated by the Borno State Government as well as spontaneous and regulated repatriation from Niger, Chad and Cameroon.

Ongoing insecurity, including attacks by NSAGs and clashes with government forces (which are projected to continue in the coming year), is likely to trigger further displacement and impact displaced people/returnees settled across host communities. As a result, needs in host communities will increase as the growing number of returnees and IDPs further stretches already limited resources and coping mechanisms.

Monitoring

The sector will monitor ongoing activities and emerging trends mainly through information and monthly reports received by partners, as well as specific assessments to investigate new trends. In particular, the indicators used to calculate people in need will be monitored as they are critical in informing early recovery and livelihood needs and trends.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	3,164,470	704,844	666,351	1,793,276
June 2022	3,322,694	740,086	699,668	1,882,940
December 2022	3,582,976	777,090	734,651	2,071,234

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HH with no livelihood assets	ERL	MSNA, 5W, specific surveys and assessments	Yearly, monthly, ad hoc



MUBI, ADAMAWA STATE, NIGERIA

A participant in a three-month training programme on sewing practices her technique in Mubi, Adamawa State. The project is run by UNHCR and Caritas and provides returned IDPs and refugees with livelihoods skills to help re-build their lives

Photo: OCHA/Christina Powell

3.3 Education



PEOPLE IN NEED	WOMEN	CHILDREN
1.9M	1%	98%

Number of people in need

Educational needs were estimated using indicators from three data sources: the MSNA (percentage of children attending formal education), the EDUCATION MANAGEMENT INFORMATION SYSTEM (EMIS) (for student-teacher ratio) and the JOINT EDUCATION NEEDS ASSESSMENT (JENA) (for percentage of children with access to hygiene facilities, such as latrines). The LGA-level severity phases from the JIAF were applied to the households. The percentage of households in JIAF severity phases 3-5 was used to estimate the number of people in need for each population group. All the IDPs and most of the returnees (80%) were considered.

Overview of the affected people

As a result of the protracted crisis in north-east Nigeria, IDPs and returnees – many of whom have suffered multiple displacements – have lost productive assets and livelihoods, and now rely on basic assistance from partners and the Government. With critical needs competing for meagre resources, IDPs and returnees are forced to make difficult decisions and prioritize life-saving needs such as food, with little or no resources left for education.

The continued displacement creates access barriers to both formal and informal education services. This has led to high dropout rates and large numbers of out-of-school children. An estimated 900,000 children have limited access to education services. Fifty-six per cent of displaced children across the BAY states do not attend school. Girls are also affected by cultural barriers to education that precede the crisis;

they have limited access to quality education services (especially secondary school) and are at risk of early/forced marriage. Of all the non-specialized schools, only 19% reported additional provisions for children with disabilities, despite a majority (67%) teaching at least one child with special needs. This may be because of the inability of the education system to provide appropriate services and facilities for specific needs.

According to UNICEF, some 2,295 teachers have been killed across the BAY states since the start of the conflict, while many others have been displaced, contributing to severe shortages of qualified teachers. According to JENA 2021, the average student-teacher ratio across the BAY states is 69:1; Yobe has the highest (95:1), followed by Borno (67:1) and Adamawa (42:1).

Analysis of humanitarian needs

The impact of the crisis on the education system has been severe, leaving generations of children without learning opportunities. This in turn, increases their vulnerability. Access to education, especially for displaced children, remains a major need. IOM observed that in camps and camp-like settings, no children were attending school in 6% of sites and less than 25% of children were attending school in 25% of sites. Strengthening the education system, promoting access to inclusive quality education services, and protecting schools from attacks are key priorities in the north-east.

Many schools have been damaged, destroyed and/or forced to close. In 2020, UNICEF estimated that

some 1,400 schools have been damaged by the conflict across the BAY states, most of which have not been rehabilitated. In Adamawa State, only 30% of schools have sufficient learning materials, with lower proportions in Borno (26%) and Yobe (25%). Only 47% of schools in Borno have adequate furniture, 32% in Yobe and 26% in Adamawa. Parents' and guardians' inability to afford educational materials was reported as the main barrier to school attendance/enrolment for both boys and girls (47%). Only 29% of schools in the BAY states have teachers with the minimum level of teaching qualification, while in 36% of schools, half or less of their teaching workforce has the minimum required teaching qualification. Education resources are often in English, which most children do not speak at home. (Multiple longitudinal studies have found that foundational education in the language spoken in the home is much more likely to lead to educational success).

Due to new displacement, ongoing relocations and the impact of the COVID-19 pandemic, children in the conflict-affected BAY states are missing out on education services or are lagging behind in academic progress. Catch-up or bridging programmes such as remote and radio learning are needed to address this. Approximately 44% of schools in the BAY states reported that more than half their students received radio lessons during school closures triggered by the COVID-19 pandemic.

The delivery of vital education services to the most affected and vulnerable people in hard-to-reach areas is hampered by access constraints caused by frequent attacks and clashes targeting civilians and school facilities. Several roads are unsafe, and service providers and vendors are unable to reach affected areas. Additionally, road access challenges due to flooding during the rainy season often increases the cost of services such as the delivery of teaching and learning items, and school construction and rehabilitation materials.

Major gaps exist in specialized child protection services and structured mental health and psychosocial support services (MHPSS) for children traumatised by conflict – which impacts students' school performance. Insufficient hygiene and poor or

non-existent WASH facilities put children at risk of contracting COVID-19 and water-borne diseases such as cholera. Gender-based violence and child/forced marriages are major protection risks that contribute to low enrolment and retention of girls in schools.

Projection of needs

It is projected that education needs will remain critical in 2022, and are likely to significantly increase during the second half of the year due to flooding in the rainy season. Ongoing insecurity could result in continued attacks and clashes targeting or affecting educational facilities. Insecurity could also further impede humanitarian access and the movement of vital education supplies along major supply routes, worsening the education gaps, especially in hard-to-reach areas.

Protection and socio-economic barriers beyond the Education Sector will also need to be addressed to facilitate better access to education, particularly for displaced school-age boys and girls. COVID-19 and school closures have reversed progress to increase school enrolment and caused more children to drop out of school – and the trend may continue in the coming year.

Monitoring

Education sector partners will assess and monitor access to education services using data disaggregated by age, grade, gender, language and location, helping to ensure an inclusive child-centred response. Needs will be monitored through partner reports, assessments, periodic monitoring and joint visits to schools in several LGAs in the BAY states. Children's safe access to protective learning environments will be the main indicator, as well as the number of out-of-school children, and teacher availability and capacity. Other important indicators include safety in and around schools, availability of supplies, WASH facilities and access to alternative education. The sector will use five indicators to estimate education needs and severity in the BAY states (see table below).

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
April - September 2022	1.9M	785K	606K	476K

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of conflict affected children that are out-of-school (Binary Severity)	Household-based indicator	MSNA	Annual
02	Pupil-Teacher Ratio	Area-based indicator	EMIS - ASC	Annual
03	% children in schools without access to hygienic latrines	Area-based indicator	JENA	Bi-annual
04	Number of attacks on schools and education personnel in the last 12 months	Area-based	Sector database	Regular
05	% of closed school/non functional schools	Area-based	EMIS - ASC	Annual



DALORI IDP CAMP, BORNO STATE, NIGERIA

Students listen to their teacher in a school in Dalori IDP camp in Maiduguri, which was built by UNICEF and run by the Restoration of Hope Initiative (ROHI).

Photo: OCHA/Damilola Onafuwa

3.4 Food Security



PEOPLE IN NEED

WOMEN

CHILDREN

3.5M **24%** **56%**

Number of people in need

The Cadre Harmonisé (CH) analysis – used to determine current and projected levels of food and nutrition insecurity – is usually conducted at the LGA- or district-level, based on guidelines provided in the Permanent Interstate Committee for Drought Control in the Sahel (CILSS) CH Manual version 2.0. The classification of areas into food insecurity phases is based on available data and the impact of contributing factors (i.e., hazards and vulnerability, livelihood characteristics and market dynamics) on outcome indicators such as food consumption, evolution of livelihoods, malnutrition and mortality.

The assessed areas and corresponding populations are classified into five phases: Phase 1 – Minimal; Phase 2 – Under Pressure (Stressed); Phase 3 – Crisis; Phase 4 – Emergency; and Phase 5 – Catastrophe/Famine. The number of food-insecure people (i.e., people in need) corresponds to the population in CH Phases 3 to 5.

Overview of the affected people

As a result of the ongoing crisis and high food prices, almost 1 in every 4 (22%) people living in Borno, Adamawa and Yobe States will be food insecure and in urgent need of food assistance in the 2022 lean season – as projected by the October 2021 CH analysis.

Just under half a million (473,397) are projected to be at Phase 4 levels or above in the 2022 lean season – while alarming, this represents a 39% reduction from 772,175 people in the 2021 lean season. The most

food-insecure LGAs (Phase 4), Mobbar and Gubio, are both in Borno State. There is also a population of about 13,551 vulnerable individuals facing catastrophic levels of food insecurity (Phase 5), again in Borno State (in Bama, Gubio and Magumeri LGAs).

In addition, 14 LGAs in Borno, 10 LGAs in Yobe, and 4 LGAs in Adamawa are projected to be in Phase 3. This means that, in total, there will be fewer LGAs in Phase 3 and 4 during the 2022 lean season than in the previous year (38 in 2021) – although this still leaves 30 LGAs facing crisis levels or above of food insecurity. However, it is important to note that three LGAs (Abadam, Guzamala and Marte) that were previously categorized as Phase 4 for the peak of the 2021 lean season, were not part of the 2022 projections as samples did not meet the minimum threshold required for a representative analysis.

There have been some notable changes in levels of food security in certain areas. In Adamawa, Madagali LGA went from CH Phase 4 in 2021 to Phase 3 in 2022 projections; however, Jada LGA deteriorated from Phase 2 to 3. In Yobe State, Karasuwa and Jakusko have moved from CH Phase 3 to 2, and Machina from CH Phase 3 to 1.

Despite advocacy and resource mobilization efforts to scale-up emergency food assistance and agricultural livelihoods support to avert a potential catastrophic deterioration in some areas during the lean season, there was still an estimated 1.6 million people left unreached across the BAY states as of September 2021. Response partners faced acute funding shortages that diminished their capacity to take up

additional referrals, including critical protection and GBV-related cases, and returnees.

Analysis of humanitarian needs

Over 12 years of conflict, high inflation rates have contributed to soaring food commodity prices. This has been compounded by the economic downturn following the onset of the COVID-19 pandemic. Environmental factors (flooding, erratic rainfall) and widespread poverty are also driving food insecurity in the BAY states.

As of September 2021, the cost of the **minimum survival food basket has increased by more than 30%** in both Borno and Yobe states compared to September 2020, and by nearly 70% compared to September 2019. This has had a severe impact on food access for market-reliant households. High inflation, restrictions on trade, and higher transport costs for vehicles traveling on insecure roads have led to massive price hikes.

The reliance on food assistance to meet daily needs is high among vulnerable households because of limited access to livelihood opportunities or income generating activities – largely due to the limited availability of land (as a result of widespread insecurity) for the production of both livestock and crops. Limited access to agricultural inputs such as fertilizers (which are heavily restricted), further reduces productivity and production. However, the October 2021 crop change analysis indicates increases in access to land for production in Borno State, including in some hard-to-reach and inaccessible areas such as Abadam, Marte, Monguno, Guzamala, Kukawa, Ngala and Kala Balge. This provides an opportunity for increasing resilience activities in those locations. Limited access to water – especially for dry season farming, fisheries and livestock production – further reduces livelihood opportunities and productivity for farming households.

With the ongoing COVID-19 pandemic and the increase in cases of acute watery diarrhoea and cholera, the Food Security Sector needs to strengthen links with the WASH Sector to ensure continuity

of joint and/or complementary distributions of WASH supplies and food, as well as messaging on positive hygiene practices and compliance at distribution points.

There is a need to further strengthen coordination with the Protection Sector to ensure that the most vulnerable (including women, people with disabilities and children) across affected communities are reached and assisted. Strengthening two-way feedback is also important, especially at times when needs are high. The Protection Sector will continue to support the Food Security Sector to review approaches, including referral mechanisms and transfer modalities to identify and mitigate protection risks. The Protection Sector will also support wider mainstreaming and prevention of sexual exploitation and abuse (PSEA). In 2021, the Protection and Food Security sectors ran a gender, protection and disability mainstreaming training course for operational partners across the BAY states.

The CCCM Sector will support social distancing during distributions, and engage in community awareness and engagement activities to identify and address programming gaps. The Health Sector will continue to provide multilingual health messaging and primary health care services (including temperature checks) at programming sites and food distribution points.

Insecurity remains a big challenge as it limits access to arable land for agricultural production, market operations and movements of food and complementary non-food items (NFIs). Many areas remain contaminated with unexploded ordnance and will require mine risk/demining services under the Protection Sector to ensure safe access to farmland for agricultural activities.

To strengthen monitoring in inaccessible areas, the Government-led Food Security and Nutrition (Famine Monitoring System) task force will continue to assess new arrivals, integrating health and WASH indicators to ensure comprehensive data.

Projection of needs

The October 2021 CH projects that up to 3.5 million people will be food-insecure and in urgent need of humanitarian assistance at the peak of the 2022 lean season (between June and August 2022) – while formidable, this is a 20% reduction from the projections for same period in 2021 (4.4 million). However, the figure is above that for the pre-COVID period between 2018 and 2019, which implies that needs are still relatively high. Furthermore, Borno State, has a population of 13,551 vulnerable people in Phase 5 - Catastrophe.

Of the 3.5 million people projected to be food-insecure 28% are girls, 31% boys, 19% women and 18% men. IDPs make up 16%, host community members 62%, inaccessible or hard-to-reach populations 8%, and returnees 14%.

To avert a potential catastrophic situation, many FSS partners scaled up their programmes this year, reaching around 2.5 million of the 4.4 million people in need with food assistance, and 1.2 million of the targeted 3 million people with agricultural livelihood support during the peak of the 2021 lean season. However, 2022 will likely witness a significant drop (possibly to fewer than 1.5 million people) in people targeted for food assistance due to expected funding shortages. Some key sector partners have already confirmed plans to reduce coverage. WFP, the largest partner, has reduced their beneficiary target from 1.7 million down to about 600,000. Other key INGO partners providing cash voucher assistance have not only reduced beneficiary numbers but also food basket transfer values. This comes at a time when there are populations in inaccessible areas at high risk of catastrophic food insecurity (CH Phase 5), and about 459,846 in Phase 4 (Emergency) – as indicated both in the Famine Monitoring Bulletins and the October 2021 CH report. There is therefore a need to continue supporting affected and vulnerable households to meet their minimum food needs. This will also help mitigate/prevent the adoption of negative coping strategies and malnutrition, particularly for households unable to access income through livelihood opportunities. Food security

partners continue to report serious needs but are unable to provide assistance to referrals from the Protection Sector due to funding gaps. Overall, the gap between funding and people in need is expected to be higher in 2022 than in 2021.

Since the 3rd quarter of 2021, there has been an increase in the number of new arrivals, including ex-combatants and their families. The Borno State Government-led relocations and returns will continue to increase the numbers of returnees, some into areas where there is very limited or no humanitarian or recovery assistance due to access challenges. These areas will need critical attention, especially with regards to food and livelihoods assistance.

Since February 2021, attacks have been reported in several areas across the BAY states, especially in Kala Balge, Mobbar, Guzamala, Konduga, Marte and Damboa LGAs of Borno State, and in Geidam, Yusufari and Tarmua LGAs in Yobe State, driving further displacement. Due to the ongoing conflict and reductions in income used to purchase agricultural inputs, stocks from the current harvest are expected to be low. For many displaced and vulnerable households, these will last for no more than three months.

Despite the continued conflict, access to land has improved in some areas since 2021. In these areas, there are opportunities for recovery and sustainable livelihood activities to provide a longer-term sustainable source of food and income for communities. In addition, state government ministries of agriculture are also facilitating the fast-tracking of fertilizer clearances for food security partners.

Overall, improvements in food security over the last year are fragile: needs are almost certain to rebound if food assistance scales down.

Monitoring

The Sector uses the Cadre Harmonise (CH) analysis for October 2021 to project the food security needs for 2022. Further CH analyses will be conducted in March and October 2022 to provide updates and monitor the

ongoing situation. The ultimate indicator will be the number of people in need of food security assistance, which will include those in CH Phases 3-5.

In between the March and October CH rounds for 2022, the Sector will continue to leverage the World Food Programme's Mobile Vulnerability Analysis and Mapping (mVAM) tool to monitor trends in food security. This will provide early warning and trigger a more detailed rapid assessment, as and where needed, to provide detailed guidance on areas that require immediate assistance.

The Sector will use the Famine Monitoring System (FMS) to monitor the food security and nutrition status of populations coming out of inaccessible

areas. This system was established after the March 2021 CH, which reported famine-like consumption patterns for some populations from inaccessible LGAs. A Task Force led by the Government was set-up to provide comprehensive information on the food security and nutritional needs of the population in inaccessible areas and produce timely monthly FMS bulletins. The sector will also continue to monitor the price of a food basket on a monthly basis and make recommendations accordingly.

The FSS will rely on FAO's planned collaboration with government agencies to monitor household access to agro-inputs, livestock body condition scores and terms of trade among herders on a quarterly basis.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
June - August 2022	3,477,176	560,617	490,158	285,015

Indicators

#	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	Raw data collected from new arrivals	Monthly
03	Monthly Key Food Security Indicators (FCS and Coping Strategies)	mVAM	WFP	Monthly
04	Food Price Monitoring	FSS	Various Partners	Monthly
05	Household access to agro-inputs	FSS	FAO	Quarterly
06	Livestock body condition scores	FSS	FAO	Quarterly
07	Terms of trade among herders	FSS	FAO	Quarterly

YOBE STATE, NIGERIA

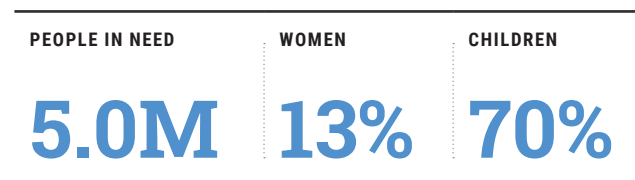
Mother of 15 children, Amina (45), eats outside her home with her children in Yobe State.

Photo: WFP





3.5 Health



Overview of the affected people

The spike in insecurity and hostilities over the last six months has had serious implications for health service delivery, hampering the movement of health workers and patients seeking treatment, as well as the supply of drugs and other vital health commodities. This has triggered acute shortages of skilled healthcare workers, particularly doctors, nurses and midwives. New waves of mass displacement have also contributed to congestion in IDP camps and host communities, increasing the vulnerability and health needs of affected populations.

Access to health services is hindered by the high cost of medical care/services – as reported by 75% of IDPs, 61% of returnees and 80% of non-displaced households. Mental health challenges are also becoming more prevalent, especially in the context of attacks and GBV (female IDPs are frequently exposed to sexual violence, and forced into survival sex and early/forced marriages). Worldwide research indicates that around 20% of affected people in humanitarian emergencies develop mental health conditions.

In Q2 of 2021, the Health Sector and partners in Yobe recorded an increase in attacks and threats to health facilities and health-related infrastructure by NSAGs, disrupting the delivery of health services. There have also been attacks on communities and social infrastructure, which further complicates the humanitarian situation, particularly in a context where the COVID-19 pandemic is taking a huge toll on people's well-being and access to health services.

A recent operational assessment identified the key barriers to accessing health services: physical access,

insecurity and distance; cost of transportation; shortage of staff at health facilities; and a lack of medical supplies.

Analysis of humanitarian needs

About 5 million people are still in dire need of humanitarian health assistance. Among the key risks are the ongoing COVID-19 pandemic, cholera, measles, cVDPV2 (a form of vaccine-derived polio virus) and malnutrition. The BAY states have the highest maternal mortality rate in Nigeria, estimated at 1,549/100,000 live births. Approximately 18% of IDPs (396,000 people), 17% of people in host communities (663,000) and 23% of returnees (345,000) do not have sufficient access to safe water for drinking, cooking and personal hygiene.

Humanitarian access to people in need reduced significantly in Borno State partly due to the Government-led camp closures and relocation of IDPs to their original LGAs and other return sites, some of which are still inaccessible to partners. The humanitarian community is deeply concerned that if this trend continues, millions of crisis-affected people will not receive life-saving and essential assistance.

This is taking place against a backdrop of acute funding shortages. As of December 2021, of the \$83.7 million required for health response in 2021, only 49% had been contributed or committed, thus leaving a funding gap of 51%.

The current public health systems in the BAY states are not able to meet the needs of the affected populations. Health systems face a variety of challenges, including dilapidated infrastructure, lack

of qualified staff, gaps in the supply of medicines and medical supplies, and under-funding.

The Health Resources and Service Availability Monitoring (HeRAMs) assessment of 809 health facilities across 27 LGAs in Borno, indicates that only 41% are fully functional, while up to 48% of the facilities are not functioning at all. Some 11% are partially functioning. In addition, 64% of the assessed facilities were either completely (31%) or partially (33%) damaged. Damage to infrastructure (60%) and lack of access due to security constraints (32%) were the main reasons for health services being out of action. Of the fully and partially functioning facilities, just over 25% have operational in-patient services, 20% have trauma services, and only 25% have essential medicines and other vital supplies.

Access to health services is also hampered by high medical costs as reported by IDPs (75%), returnees (61%) and non-displaced households (80%).

The high prevalence of GBV is a key challenge in the BAY states, especially for female IDPs, who are frequently exposed to sexual violence, or forced into survival sex and forced/early marriages. Mental health challenges are also rife in the BAY states, with statistics indicating that around 20% of affected people in humanitarian emergencies develop mental health conditions. Women, girls, and children face grave protection risks including abduction by NSAGs, impeding access to critical services including health facilities especially those cited outside camp/living areas.

Data from the WHO Early Warning, Alert and Response System (EWARS) in October 2021 indicated that malaria compounded by malnutrition is the leading cause of morbidity (36% of cases) and mortality (25% of reported deaths). Malaria is the top health risk for populations in the BAY states.

Projection of needs

The increasing number of non-functional health facilities and the interruption in treatment of chronic

and communicable diseases such as tuberculosis, HIV/AIDS and hepatitis is increasing the risk of further spread. The Nigeria HIV/AIDS Indicator and Impact Survey report puts the prevalence of HIV in Borno at 1.1%; 1.1% in Adamawa; and 0.4% in Yobe. For Borno, this translates to about 75,000 persons living with HIV. However, records show that only about 17,000 clients are currently on antiretroviral drugs, meaning that more efforts are required to bridge the gap between testing/identifying and registering cases for appropriate care.

The continuous drop in funding could result in further deterioration of public health across the BAY states, causing increase in morbidity and mortality. Affected people remain at significant risk of epidemic diseases like cholera, measles and viral haemorrhagic fevers due to limited access to essential healthcare, seasonal patterns, and lack of access to potable water and sanitation infrastructure. Women and children are the most vulnerable to disease outbreaks, especially cholera. The COVID-19 pandemic is placing significant strain on healthcare facilities that are already overwhelmed. The risks posed by the COVID-19 pandemic, acute watery diarrhoea and other communicable diseases remain high, particularly for 2 million IDPs in the BAY states – and even more so for the 413,271 IDPs living in 51 highly congested camps across Borno.

Monitoring

The Health Sector will use the HRP monitoring framework to monitor the response and progress of service delivery. The monitoring framework is based on a set of standard health indicators (see table below). Monitoring activities will include joint monitoring visits with the government, partners and other sectors. A performance monitoring mechanism will be used to harmonize the response and minimize gaps and duplications. This will entail the development and management of information management products such as 5W, and supporting assessments such as MSNA, HeRAMS and after-action review processes to evaluate the success of specific health interventions.

The establishment of a robust and harmonized monitoring mechanism and enhanced technical capacity for health care providers is a major priority for the sector. At the moment, most implementing partners come with their specific services mandates (some only provide services for under-five children,

some only vaccination or MCH), resulting in a fragmented response.

The treatment of acute malnutrition with medical complications, especially among children, will be coordinated through joint programming with Nutrition

Focus on estimating needs for sexual and reproductive health (SRH)

People in need of SRH

BASIC STATISTICS		BAY STATES ESTIMATES
Number of women of reproductive age (WRA)		2,612,912
Number of adolescents (10-19)		2,612,912
Number of live births in the next 12 months		425,598
Number of currently pregnant women		319,198
Number of adults living with a sexually transmitted infection		387,638

BEST AVAILABLE ESTIMATES NEXT 12 MONTHS	UNITS
15,960	Pregnancies that end in miscarriage or unsafe abortion
2,447	Stillbirths
15,960	Currently pregnant women who will experience complications
21,280	Newborns who will experience complications
15,960	Currently pregnant women who will have access and be able to give birth in a health centre
15,960	Currently pregnant women who will need suturing of vaginal tears
5320/15960	Deliveries requiring a C-section

BEST AVAILABLE ESTIMATES	UNITS
2,272,098	Sexually active men
454,420	Sexually active men who use condoms
399,776	WRA who use modern contraceptives
79,955	WRA who use female condoms
79,955	WRA who use an implant
119,933	WRA who use combined oral contraceptive pills
219,877	WRA who use injectable contraception
19,989	WRA who use an IUD

BEST AVAILABLE ESTIMATES	UNITS
-	People living with HIV
-	People living with HIV, receiving ART
155,463	People seeking care for STI syndromes
52,258	Number of cases of sexual violence who will seek care
Status of abortion legislation	To save the woman's life
57,484	Abortions per 1,000 women of reproductive age

Note: Estimates based on the Minimum Initial Service Package for Reproductive Health in Humanitarian Settings Calculator

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
Quarter 1	998,057	298,691	277,196	391,581
Quarter 2	1,247,572	373,364	346,495	489,477
Quarter 3	1,497,086	448,037	415,795	587,372
Quarter 4	1,247,572	373,364	346,495	489,477

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Number of persons reached through mobile medical activities	Health	5Ws	Monthly
02	Number of out-patients reached in health facilities supported by health partners	Health	5Ws	Monthly
03	Number of health facilities providing sexual and reproductive healthcare service including family planning	Health	5Ws	Monthly
04	Number of children vaccinated for key diseases	Health	Expanded Programme of Immunization / State Ministries of Health	Quarterly
05	Percentage of health facilities supported by sector partners submitting weekly surveillance reports on time	Health	EWARS	Monthly

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
06	Number of outbreaks responded to and contained	Health	EWARS	Quarterly
07	Number of health facilities providing an essential package of health services	Health	5Ws	Monthly
08	Percentage of outbreak alerts investigated within 48 hours	Health	EWARS	Monthly
09	Number of people reached by health facilities providing an essential package of health services with partners support	Health	5Ws	Monthly
10	Number of health facilities providing Clinical Management of Rape (CMR)	Health	5Ws	Quarterly
11	Number of Health facilities with referral mechanism to higher level of care and receive feedback from the referral point	Health	5Ws	Monthly
12	Number of health facilities rehabilitated/revitalized by health Sector partners.	Health	State Ministries of Health, HeRAMS	Biannually

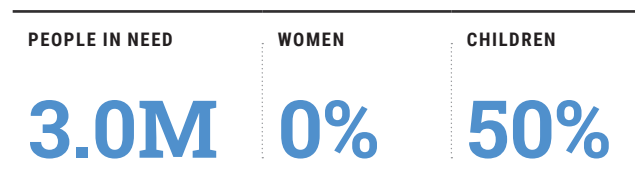


LOCATION, NIGERIA

An IDP holds a poster on good hygiene practices

Photo: NRC/Samuel Jegede

3.6 Nutrition



Number of people in need

The Nutrition Sector's people in need (PiN) predominantly comprises children under five and pregnant and lactating women (PLW) projected to suffer from acute malnutrition and micronutrient deficiencies across the BAY states in 2022.

The number of acutely malnourished children under five was estimated by applying a standard formula that includes the prevalence of global acute malnutrition (GAM) multiplied by incidence factor to the total population of children under five. The prevalence of malnutrition is based on the North East Nutrition and Food Security Surveillance (NFSS) Round 10, conducted in September 2021, complemented by surveys by sector partners. The proportion of PLW was determined using OCHA population statistics.

Blanket supplementary feeding programme (BSFP) needs were estimated by determining the number of children facing 'crisis' levels or above of food insecurity (CH Phase 3-5) according to the November 2021 Cadre Harmonisé.

The number of acutely malnourished PLW is based on the proportion of malnourished women of childbearing age as per the north-east NFSS Round X report (September 2021).

The sector will target pregnant women and caregivers of children below two years of age to promote appropriate maternal, infant and young-child-care practices in multiple languages and formats. The aim is to prevent a deterioration in the nutritional

status of children and PLW, and sustain the nutritional levels of those successfully treated for malnutrition. The sector will prioritize the provision of supplementary micronutrients and improved access to complementary feeding programmes.

Overview of the affected people

The ongoing conflict in the BAY states, aggravated by the socio-economic effects of COVID-19 and the outbreak of disease, continues to have direct impacts on the affected population's nutrition status. Approximately 1.4 million children under-five and 125,000 PLW will suffer from acute malnutrition across the BAY states in 2022. An estimated 1.1 million children and 2.2 million PLW will require nutrition assistance to minimize risks and the impacts of acute malnutrition and micronutrient deficiencies.

Women and children have limited resources or capacity to access/afford basic health, nutrition and WASH services, despite having higher physiological and health needs. This makes them extremely vulnerable to micronutrient deficiencies and acute malnutrition, increasing the risk of early death. Women are also less likely to speak and understand Hausa and Kanuri, the main languages of communication, with many unable to understand health-related information.

The most affected include women and children in host communities, and among IDPs in informal camps and new arrivals in camps and settlements. These groups suffer from both a lack of basic government services and limited access to humanitarian assistance. The same is true for women and children in hard-to-reach/

high-risk areas. Areas with historically low levels of development (such as LGAs in northern Yobe) also suffer from very high rates of acute malnutrition, aggravated by the low coverage of humanitarian assistance.

Female-headed households, and disabled, orphaned and separated or unaccompanied children face additional challenges in (safely) accessing humanitarian assistance and basic services, and are at higher risk of sexual exploitation and abuse and GBV, which often results in high rates of severe acute malnutrition (SAM).

Analysis of humanitarian needs

According to the north-east Nigeria NFSS, conducted in September 2021, GAM rates have significantly increased in Borno (11.8%) and Yobe (14.1%) – the highest levels since the start of nutrition surveillance in 2016. The GAM rate in Adamawa (6.1%) has remained stable but is still above the average threshold. Results from the monthly Famine Monitoring System indicate that new arrivals from inaccessible areas have extremely high rates of GAM (28%). The nutritional situation is expected to deteriorate further because of increased disease outbreaks (cholera and measles), expected poor harvests due to poor rainfall, continued population displacement, and the socio-economic effects of COVID-19.

The nutrition status of the affected population is an outcome of various critical underlying issues including access to health, WASH, food security, child protection and gender disparities. High morbidity rates are the main cause of acute malnutrition among children and women in the BAY states – particularly the high prevalence of diarrhoea among IDPs and poor urban populations due to the lack of WASH facilities in congested living conditions.

Limited access to farmland in garrison settlements, poor farming techniques, and cultural taboos relating to food choices are the major causes of poor food consumption patterns, especially across host communities.

The lack of adequate childcare for orphaned, abandoned and separated children is a major contributor to acute malnutrition. GBV survivors and children forced into early marriage are less likely to provide optimal care for their children.

Low literacy rates and limited language skills among women and lack of access to health facilities are the major drivers of poor breastfeeding practices and poor complementary feeding across all communities.

Children and women who are acutely malnourished have weaker immunity systems and are therefore vulnerable to frequent infections that may overburden health systems/services and further impoverish households due to the increase in health care costs. The long-term effects of acute malnutrition include impaired cognitive development and poor school performance; high infant mortality; and reduced physical capacity and productivity.

An estimated 320,000 children under five are expected to suffer from SAM and will need highly specialized nutrition and health services. This will require increasing the coverage of outpatient therapeutic programme centres in all accessible wards, and specialized nutrition inpatient care facilities, with at least one facility in each accessible LGA; and strengthening the identification and referral of severely malnourished children.

Approximately 1.06 million children and 125,000 PLW are expected to be moderately acutely malnourished (MAM) and will require immediate supplementary feeding and other nutrition and health services. The treatment of MAM cases requires a massive scale-up of the integration of the targeted supplementary feeding programme (TSFP) in the health system and significant resources to procure nutrition commodities.

To prevent acute malnutrition in vulnerable households, the Nutrition Sector will target approximately 450,000 children under two and 350,000 PLW, integrating BSFP into general food distribution programmes.

The Nutrition Sector will target an estimated 1.4 million children and 2.5 million PLW with multilingual and multi-format interventions to improve infant and young child feeding (IYCF) practices and promote access to appropriate complementary feeding including micronutrient supplementation. This aims to prevent the deterioration of the overall nutrition situation, limit the impact of increased morbidity, and prevent excess mortality across affected communities.

To address the influx of IDPs, the Nutrition Sector will work to ramp up response capacity/presence in locations with high caseloads of new arrivals and strengthen preparedness and contingency to respond to the needs of approximately 400,000 children and PLW.

The Nutrition Sector will strengthen the integration of nutrition-sensitive interventions including WASH, food security, health, livelihoods, child protection and GBV services.

Projection of needs

Nutrition levels may improve slightly with the expected harvest in the early months of 2022 – though not significantly as the harvest is projected to be poor – but will deteriorate significantly in the second half of the year. The cumulative effects of poor harvests in 2020 and 2021 means that many will run out of food stocks before the traditional lean season (July-September).

The escalation of conflict may lead to further population displacements and disruption of health and nutrition services, resulting in higher rates of acute malnutrition. Returnees are also at risk if basic services are not immediately restored in return areas.

The lack of basic services across inaccessible areas, especially in Borno State, may result in a significant deterioration in nutrition status, forcing many to move to accessible areas in search of assistance. This may overwhelm existing aid assistance and services in receiving camps causing widespread acute malnutrition.

The limited coverage of TSFP services may result in many moderately malnourished children slipping into severe acute malnutrition, and overwhelm the current capacity of nutrition services (integrated in the health system).

The current projections are based on the ability of communities to harvest and endure post-harvest losses from pests and looting; the containment of the current outbreak of cholera and measles; no significant escalation of conflict; food prices remaining stable; and the assumption that there will be no additional shocks during the lean season.

GAM rates are expected to drop slightly in the 1st quarter of 2022, progressively increase in the 2nd quarter and peak in the 3rd quarter, with a slight reduction in the 4th quarter.

Monitoring

Monitoring and evaluation of nutrition outcomes will involve the collection of multi-sectoral data including WASH, food security, health, child protection and GBV indicators. This entails conducting large-scale cross-cutting surveys (e.g., biannual NFSS); geographical coverage surveys (e.g., SQUEAC); Knowledge, Attitude and Practices (KAP) surveys; and sentinel surveillance for an early warning system. The Nutrition Sector will engage other key sectors in the planning and analysis to ensure the quality and triangulation of all intersectoral indicators.

The assessment and surveys will monitor the following specific indicators:

- Global Acute Malnutrition (GAM) – this is one of the key outcome indicators for the response. This will be determined through the large-scale bi-annual NFSS SMART survey and small-scale surveys conducted by sector partners.
- Mortality rates – these will include crude death rates (CMR) and under-five death rates. The mortality rates are also an outcome indicator, and will be determined through NFSS SMART and partner surveys.

- Maternal, infant and young childcare and feeding practices – collected through multisectoral KAP assessments.
- Breastfeeding and other key IYCF practices including exclusive breastfeeding rates – KAP surveys will also assess the factors affecting the adoption of appropriate practices.
- Cost of Diet (CotD) and Fill the Nutrient Gap (FNG) – the Nutrition Sector will participate in the national FNG and CotD analysis to gain a better understanding of the nutrition situation and engage stakeholders in identifying strategies to increase the availability, access to and choice of nutritious food.
- Monthly key data on the nutrition status of children, diarrhoea prevalence and measles outbreak – data from sentinel surveillance will be used to monitor and generate timely ‘alerts’ to warn of deterioration in the humanitarian situation in specific areas.
- Data on new arrivals from inaccessible areas – collected in collaboration with the Food Security Sector and relevant government agencies, the data will act as a proxy for the humanitarian situation in those areas, and will include GAM, mortality and key food security indicators.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
Quarter 1	987,624	169,641	122,546	316,415
Quarter 2	1,234,530	212,052	153,183	395,518
Quarter 3	1,728,341	296,872	214,456	553,726
Quarter 4	987,624	169,641	122,546	316,415

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	Prevalence of global acute malnutrition (GAM) based on weight for height Z-score (WHZ) <-2 and/or mid-upper-arm circumference (MUAC) <125mm and/or bilateral pitting oedema among children 0-59 months	Nutrition	NFSS, SMART Surveys, Sentinel Surveillance	Biannual; needs-based
02	Proportion of infants 0-5 months of age who are fed exclusively with breast milk	Nutrition	NFSS, SMART and KAP surveys	Biannual
03	Proportion of children 6-23 months of age who receive foods from 4 or more food groups	Nutrition	NFSS, SMART and KAP surveys	Biannual
04	Number of pregnant and caregivers of children 0-23 months who have received skilled IYCF counselling	Nutrition	5W	Monthly
05	Number of children with severe acute malnutrition admitted in the outpatient therapeutic programme/ inpatient care	Nutrition	5W, sentinel surveillance	Monthly
06	Number of children with moderate acute malnutrition admitted in the targeted supplementary feeding programme	Nutrition	5W	Monthly

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
07	Number of children 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 the targeted supplementary feeding programme	Nutrition	5W	Monthly

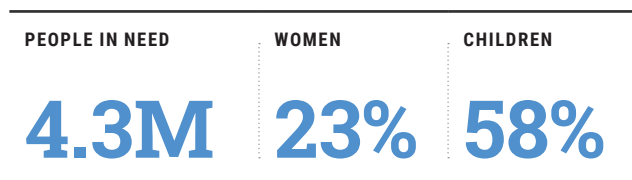


YOBE STATE, NIGERIA

A child is screened for malnutrition at a UNICEF-supported clinic in Yobe.

Photo: UNICEF/Abraham Achirga.

3.7 Protection



Overview of the affected people

Despite the ongoing military operations against NSAGs, the security situation in north-east Nigeria remains unpredictable. It is characterized by violent conflict, terrorism and criminal activities that have resulted in multiple displacements, the killing and abduction of civilians, destruction of property and widespread human rights abuses. The COVID-19 pandemic has added to restrictions on movement and loss of livelihood opportunities.

Eighty-one per cent of people in need of protection assistance in 2022 are women and children. The majority (59%) are in Borno State, of whom 1.6 million are IDPs in camps or host communities, 569,000 are returnees and 116,000 are host community members. In Adamawa State, 50% of people in need are returnees. An estimated one million people remain inaccessible to humanitarian actors, and of these, an estimated 700,000 need humanitarian aid. The sector will continue to provide immediate protection support to new arrivals from inaccessible areas.

Analysis of humanitarian needs

NSAG attacks across the three BAY states have intensified since the beginning of 2021. There are almost daily reports of attacks on civilian and military targets, use of illegal vehicle checkpoints, and pillaging. A number of these attacks occurred during the day, demonstrating the growing boldness of NSAGs.

Thirteen per cent of people in need of protection support reported safety and security incidents in the

past three months. These range from armed attacks, abductions, physical assault, violence and missing family members, especially in northern and eastern parts of Borno State.

Eighty per cent of people in need reported security-related movement restrictions. The main supply routes of Maiduguri-Gubio, Maiduguri-Mafa and Monguno-Ngala in the northern axis have been severely hit by NSAGs, with humanitarian personnel and cargo frequently targeted. This has led to a shortage of vital humanitarian assistance in some locations outside Maiduguri, the state capital. To the west, the Maiduguri-Damaturu (Yobe State) supply route (which also connects Borno State to other parts of northern Nigeria) has been reclassified by the United Nations Department of Safety and Security as a 'no-go' area for humanitarian staff and cargo due to the increased presence of illegal NSAG vehicle checkpoints.

The Borno State Government has continued to return and relocate IDPs to locations in or around their areas of origin, despite the worsening security situation. Intensified attacks by NSAGs in some return locations – Damasak, Gajiram and Marte – have forced many returnees to flee once again. Some returned to the camps they had been relocated from but were unable to receive timely humanitarian assistance (food, shelter or NFIs) because they were no longer registered, forcing many to resort to negative coping mechanisms. Others have moved to informal camps because of concerns they would be forcefully sent back to the areas they had been returned or relocated to.

Forty-nine per cent of people in need in Borno State reported protection concerns when accessing humanitarian assistance, including unfair treatment, exclusion from assistance and inappropriate behaviour, including sexual misconduct. This highlights the need for continued training of humanitarian workers, ensuring that training, as well as information on reporting and referral mechanisms, is in local languages.

Food shortages due to low supplies from partners and lack of access to farmland have driven people towards negative coping mechanisms.

Access to health and WASH facilities is also a challenge for many vulnerable people. Health partners have had to close some medical facilities due to lack of funding. In addition, the proximity of health facilities is wanting in some LGAs as vulnerable groups, especially the elderly and persons with disabilities, are unable to walk long distances and/or lack the means to access facilities. Safe and dignified access to WASH facilities, in particular for women and girls, is also an issue. The lack of functional boreholes means that many women have to trek long distances to fetch water, increasing the risk of harassment or abduction.

Projection of needs

The declaration by the Borno State Government to close camps in Maiduguri and relocate IDPs, plus the return of some Nigerian refugees from other countries,

means that the needs of these populations must be factored into planning, especially as they will be settled in communities already in dire need of assistance. In addition to the already targeted groups, the number of special groups in need of protection and livelihood assistance has increased with these returns and those of individuals linked to NSAGs, along with their families.

The 25-year Borno State Development Strategy, which links the humanitarian response to early recovery and development, will shift from life-saving interventions to sustainable self-reliance. This will be an added expense for humanitarian partners, who will now be required to work towards longer-term development goals.

Monitoring

Harmonized protection monitoring reports will enable monthly monitoring of the needs of community groups at various locations. The sector will produce a quarterly protection analysis to highlight the threats, vulnerabilities, community coping mechanisms and stakeholders responding to those threats. In addition, the sector will participate in intersectoral assessments in response to emergencies reported in the region.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	4,510,862	2,090,207	1,222,479	1,198,176
June 2022	4,765,765	2,122,505	1,445,084	1,198,176
December 2022	5,020,667	2,154,802	1,667,689	1,198,176

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HH members without valid civil documentation and unable to obtain them	Protection	ProtectionMonitoring	Biannual; needs-based
02	% of HHs that have experienced movement restrictions in the last 30 days	Protection	ProtectionMonitoring	Quarterly
03	% of HHs reporting protection issues when accessing humanitarian assistance in the last 3 months	Protection	NFSS, SMART and KAP surveys	Biannual
04	% of HHs that have been affected by a safety or security incident in the last 3 months	Protection	ProtectionMonitoring	Quarterly



LOCATION, NIGERIA

Caption: Maiduguri

Photo: UNHCR/Gabriel Adeyemo

Child Protection

PEOPLE IN NEED	WOMEN	CHILDREN
2.0M	5%	88%

The number of children and caretakers in need of child protection services is calculated using the severity scale developed with JIAF sector priority indicators. The JIAF severity scale of 3-5 was applied across the population of IDPs, host communities, returnees, and inaccessible communities to obtain the estimates. Where this data is not available, sectoral experts used their knowledge of child protection issues in the region to estimate, for each severity ranking, the proportion of the population in need.

Overview and affected people

The protracted conflict in north-east Nigeria has left children extremely vulnerable to violence, abuse, neglect and exploitation. The most vulnerable groups include children in IDP camps, returnee communities, minority and special interest groups, children associated with armed forces and armed groups (CAAFG), unaccompanied/separated children and children with disabilities. Girls, who constitute 54% of the children in need, are particularly susceptible to denial of their basic right to education, child marriage, sexual abuse, emotional/physical violence and exploitation. Boys, who comprise 46% of children in need, are at particular risk of forceful recruitment/abduction by NSAGs. Children's parents/caretakers are also exposed to stress and violence, and an estimated 12% need child protection services to mitigate harm to children.

Children with disabilities are often unable to benefit from child protection interventions and require additional support to overcome access barriers.

Analysis of Humanitarian Needs

Approximately 2 million children need child protection services due to a breakdown or absence of child protection systems and community-based safety networks. Symptoms of child emotional distress were

reported by 271 MSNA respondents, with a higher prevalence among IDP and returnee households. DTM Site and Location Assessments estimate that 442,600 children have been displaced due to conflict, with a significant impact on emotional wellbeing. Multiple displacement leads to even higher levels of stress (around 10% of the sites/locations are occupied by IDPs who have been displaced more than once). This highlights the urgent need for multilingual MHPSS services.

An estimated one in 50 children have been separated from their families due to the conflict and urgently require family tracing, case management and alternative care. Case management is critical for linking children with appropriate response services. Violence against children increases in emergency settings due to the erosion of social protection mechanisms, insecurity and unmet basic needs. UNICEF estimates that 60% of children have experienced some form of violence in Nigeria. According to the DTM, an estimated 79% of displacement sites and 49% of host communities do not have safe shelter for at least half of the IDPs living in these locations, increasing the risk of violence, GBV and other hazards faced by children. In addition, food insecurity leads to an increase in school drop-outs and child labour (these issues were raised by 1,590 households in the MSNA).

Findings from a survey by the Child Protection (CP) working group in April 2020 revealed that 41% of partners in the group do not have a child safeguarding policy, 21% do not have a code of conduct for their organization and 26% do not have a PSEA policy – even though 31% of their programmes regularly engage with children. These findings point to the need to strengthen multilingual child safeguarding capacity in the coordination of the CP response. Child-focused engagements have subsequently become part of humanitarian response planning. Children who have been consulted expressed a desire for recreational spaces, opportunities to express themselves and greater protection from violence and abduction in schools and communities.

Finally, only 39% of children under 5 have been registered at birth in Nigeria. This highlights the need for cross-sectoral collaboration between actors in CP, health and the government entity responsible for birth registration.

Cross-sectoral linkages to Child Protection.

Unmet basic needs contribute to increased child protection risks. Food insecurity leads to harmful coping mechanisms such as child labour, school drop-out, child marriage and exploitation. Women and children are exposed to greater risks of violence, GBV and hazards due to the stresses associated with humanitarian settings, poverty, unsafe shelters, overcrowded living conditions, lack of latrines and the need to walk long distances to access water, schools and health facilities.

To address these issues, the CP sub-sector will work closely with other sectors (food security, shelter, WASH, CCCM, education, health and nutrition) to mainstream child protection and mitigate risks. The Protection Sector will continue to work with GBV sub-sector to ensure that response strategies are aligned and access to multilingual services is improved.

Projection of Needs

Child protection needs will continue to be significant. Insecurity due to a consistent or projected increase in

armed conflict, coupled with unmet basic needs and lack of essential services, will likely result in ongoing and/or increased population movements. This will lead to high levels of abductions/forced recruitment of children by NSAGs and family separations, increasing the number of unaccompanied and separated children, and forcing families into negative coping strategies that harm children.

The need for MHPSS, case management, family tracing, and systems-strengthening services are projected to increase, putting additional pressure on an already under-funded sub-sector.

Monitoring

The CP sub-sector will finalize a Child Protection five-year strategic plan that will form the basis for prevention and response services in humanitarian and development settings. This will be structured around set standards and benchmarks. Mid-year and annual reviews of the workplans will measure progress, providing room for corrective measures and for adapting strategies throughout the implementation of the response. Regular progress data will be tracked and collected through the 5W matrix, partner reports and the MSNA.

Projected needs (2021-2022)

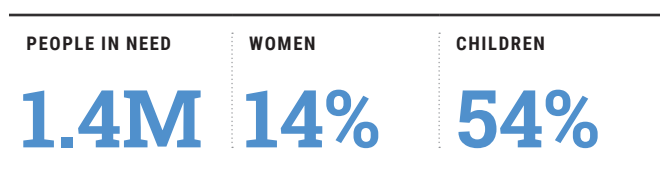
Thousands (k) and Millions (m) of people

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	1,567,254	742,433	501,559	323,262
June 2022	1,612,936,	788,115	501,599	323,262
December 2022	1,072,830	125,216	753,028	194,586

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HHs with children missing or not currently living in the households	Child Protection	MSNA,DTM protection monitoring reports	Annual
02	#/% of target locations with functioning essential CP services	Child Protection	5WS	Quarterly
03	% of HHs with one or several children that report experiencing signs of psychological distress	Child Protection	MSNA,DTM protection monitoring report	Annual
04	% of children born in displacement without Birth Registration certificates	Child Protection	Protection Monitoring Assessment & DTM	Bi-annual

GBV



The GBV sub-sector uses data from the MSNA and complementary surveys to calculate people in need. The JIAF is used to analyze severity ratings for each indicator, which are then applied across the affected population. The estimates are calculated using an area-level approach.

Overview and affected people

GBV continues to be a major protection concern facing IDP women and girls in north-east Nigeria. The protracted nature of the conflict continues to displace millions of people, the majority of whom are women and girls. They often find themselves trapped in a vicious cycle of violence, including sexual and gender-based violence, exacerbated by pre-existing gender inequalities. GBV incidents, especially intimate-partner violence (IPV) including sexual violence, continue to be reported across the BAY states. The vast majority affected are women or girls, though a significant number of boys are also victims of sexual violence.

The Gender-Based Violence Information Management System (January - June 2019) indicates that Borno State had the highest percentage (75%) of reported cases, followed by Yobe at 17% and Adamawa at 8%. Of all the reported incidents, 99% were perpetrated against women and girls (83% against adults and 17% against children). IPV contributed to 71% of the reported incidents. At least 1% of the incidents affected people with disabilities. This is a clear indication that women, girls and boys, including people with disabilities, remain the most at risk of GBV; as such, GBV sub-sector interventions will continue to target these groups.

Analysis of humanitarian needs

An estimated 1.4 million individuals (46% IDPs, 23% returnees, 31% host communities) will require GBV prevention and response services in the BAY states in 2022. The majority are women and girls (82%). Most of those in need are in Borno State (63%), with 22% in Adamawa and 15% in Yobe.

There are notable gaps in the provision of GBV prevention and response services, including GBV risk mitigation measures. Despite significant progress in 2021, there are severe shortfalls in funding, coverage and partner capacity for GBV interventions. A recent

analysis indicates a massive 76% funding gap relative to the GBV sub-sectors' 2021 HRP budget of \$36.7 million. There are limited prevention mechanisms and response services to address GBV and sexual and reproductive health for women and girls, including mental health and psychosocial support. According to GBV sub-sector analysis of various data, a large percentage (78%) of households with GBV survivors lack access to psychosocial support services, particularly if they do not speak Hausa or Kanuri. The sub-sector also reports an urgent need for multilingual legal services for women, girls, boys and men affected by GBV and for safe spaces for women and girls within their communities.

The economic impact of COVID-19 and the subsequent loss of income has increased stress and tension in households, leading to an increase in the frequency and severity of intimate partner and domestic violence. The pandemic could have a severe impact on current and future livelihoods of vulnerable households, especially female-headed households and those with people with disabilities. COVID-19 and the associated measures to halt its spread, coupled with the security situation, have also limited humanitarian assistance. This has resulted in gaps in meeting urgent humanitarian needs, including GBV prevention and response interventions, especially for people in hard-to-reach areas.

Women and girls are at greater risk of violence, including GBV, due to their gendered roles. They are often attacked while engaging in everyday activities such as fetching water or firewood, going to fields to farm or walking to latrines. MSNA survey responses from adolescent girls and women highlighted their fear of being attacked when going outside the camp to collect fuel or firewood, or when travelling to access services. Women and girls also identified toilets and water points as locations where they feel unsafe.

They are also concerned about a lack of safe spaces in the community.

The lack of freedom of movement has prohibited women, especially female heads of households, from going out to look for means of livelihood. IDP women continue to face barriers to accessing their farmland and markets, which has led to a loss of livelihood. Access to other resources such as water, food, shelter and healthcare services are also limited for both men and women. These limitations have exposed women and girls to sexual exploitation and abuse and forced some to engage in negative coping mechanisms to survive.

Projection of needs

The lives of millions of people, especially women and girls who constitute the majority (54%) of those displaced, will continue to be significantly affected by the ongoing humanitarian crisis and require protection assistance. The protracted nature of the crisis will reinforce pre-existing gender inequalities and discrimination and exacerbate the status of women and girls in the BAY states. The myriad protection concerns, including sexual and gender-based violence, are expected to escalate in the coming year, further undermining the protective environment.

Monitoring

The GBV sub-sector will continue to use the monthly 5W reporting template and service-mapping frameworks to monitor response interventions. The sub-sector will also work closely with the Protection Sector to undertake quarterly protection monitoring analyses and reports.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	1,444,015	711,964	312,953	419,099
June 2022	1,525,584	615,542	490,944	419,099
December 2022	1,607,153	543,225	644,829	419,099

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HH that report safety or security concerns by type for girls.	GBV sub-sector	MSNA	Annual
02	%/Number of women and girls accessing safe spaces within the community	GBV sub-sector	MSNA	Annual
03	% of HH of GBV survivors that receive psychosocial support services.	GBV sub-sector	MSNA	Annual
04	%/Number of women, girls, boys and men affected by GBV that access legal assistance	GBV sub-sector	MSNA	Annual
05	# of individuals at risk of violence without access to life-saving GBV services	GBV sub-sector	GBV SS	Annual

Housing Land and Property

PEOPLE IN NEED	WOMEN	CHILDREN
1.0M	19%	58%

Overview and affected people

The protracted nature of the conflict, coupled with Government-led returns, flooding and high cost of living, has exacerbated the displacement of vulnerable people in the BAY states. The destruction of housing, land and property (HLP) assets, evictions, and disputes between original owners and secondary occupants are the major drivers of HLP needs. These issues expose the most vulnerable to significant protection risks that threaten their dignity, physical well-being, health and living standards. Approximately 970,133 people across the BAY states require HLP assistance. This includes 230,576 women and 554,670 children in camps or camp-like settings who have no access to any HLP assistance. Around 36,000 affected people are currently living outside with no shelter, 120,000 are living in makeshift shelters and 12,000 are living in emergency shelters, buildings and government facilities.

The majority of the IDPs/returnees in need of HLP support are in Borno State due to the ongoing Government-led efforts to return IDPs to their areas of origin. About 130,000 people in Borno State live in camps and camps-like settings, which are often highly congested due to the regular influx of new arrivals. Access to land to construct shelters for vulnerable people living in host communities is also a concern as available land is often outside the perimeter of the military security trenches.

Analysis of humanitarian needs

HLP issues include land ownership disputes due to lack of documentation, secondary occupation of land, forced evictions, loss of documentation, destruction of property, land disputes and contamination by explosive remnants of war (ERW) – all of which pose a major challenge to durable solutions to displacement. A lack of proper drainage because of poor planning also allows flooding in camps and host

communities during the rainy season, causing the loss of HLP assets.

The ongoing Borno State Government-led returns and relocations have led to disputes between landowners and secondary occupants. This has been most prevalent in Banki (Bama LGA, Borno State) where Nigerian refugees in Cameroon returned to find other inhabitants in their homes. This has resulted in evictions and increased tension within the community.

Growing inflation and a rise in the cost of living have also led to forced evictions as some IDPs are unable to pay the increased rents or have lost their means of livelihood. Congestion in camps and camp-like settings – and the lack of privacy and space for dignified living conditions that this entails – continues to pose protection risks. Negotiations for acquiring land for camp extensions are complex and highly challenging, and decongestion efforts (initiated by the Shelter, NFI and CCCM Sectors) are at a standstill due to HLP issues. The lack of space to erect shelters has forced families to sleep out in the open air, exposing them to health and GBV risks.

Projection of needs

In view of the increasing displacement due to persistent conflict, flooding and Government-led returns, HLP needs are likely to escalate. The socio-economic impacts of the COVID-19 pandemic, which has stripped many people of their livelihoods, coupled with the increased cost of living, has exacerbated the protection risks of vulnerable populations, particularly tenants. An increase in evictions is likely to occur. Surrendered ex-combatants and people who have been freed or escaped captivity will also be in need of basic HLP assistance.

Monitoring

The HLP sub-sector will monitor progress and gaps in the response using various tools, including post-distribution monitoring, 5W, harmonized protection monitoring reports, site trackers and flash reports. The sector will prepare and maintain an updated workplan to guide response implementation. The Protection Sector's information management team will provide technical information management support and maintain records of all activities.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	1,225,035	784,231	318,398	122,406
June 2022	1,479,938	816,529	541,003	122,406
December 2022	1,734,840	848,826	763,608	122,406

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	% of HH reporting incidents of threats of eviction	HLP	Protection monitoring	Quarterly
02	% of household reporting HLP disputes	HLP	Protection monitoring	Quarterly

Mine Action

PEOPLE IN NEED	WOMEN	CHILDREN
1.2M	19%	58%

Number of people in need

Calculations of the number of people in need are based on exposure to explosive ordnance (EO) – 75% of the population living within a 1km radius of confirmed or suspected contamination sites; the number of people disabled by EO (using data from the UN Mine Action Service (UNMAS) incident-tracking matrix); and the total number of recorded casualties in each location between 2016 and September 2021.

Overview and affected people

Approximately 1.2 million individuals continue to be affected by the widespread and indiscriminate use of EO, including refugees, IDPs, returnees and host communities. EO results in tragic deaths and injury, impedes access to basic services and socio-economic activities, and hampers safe resettlement and population movements. IEDs – often known as ‘weapons in waiting’ – are particularly destructive.

Clearance operations are primarily carried out for military advancements rather than for clearing routes and land for civilians. Since 2016, 755 civilians have been killed and 1,321 injured by EO – a rate of more than one civilian every day. Given the absence of a comprehensive incident-data-tracking system, these figures are likely to be a significant underestimate. The majority of victims are men involved in farming, travelling and scrap metal collection. Women and children are also at risk while collecting wood, shepherding and playing. Notably, the number of

explosive incidents has increased in 2021, with 293 explosive incidents recorded from January to the first week of November 2021 as compared to 295 for the whole of 2020.

Analysis of humanitarian needs

The need for mine action interventions remains high, with approximately 1.2 million people in need. The needs are particularly significant in Borno, which has 959,083 million people in need. A disaggregated breakdown of the figures is given in the table above. Multilingual explosive ordnance risk education (EORE) is crucial for teaching at-risk populations how to recognize dangerous items and areas, and to enhance safe behaviour to protect against the threat of EO.

Suspected contamination sites undergo a Non-Technical Survey (NTS) to determine the presence of EO, releasing the land or reporting it to the Nigerian authorities for clearance. Data collected since 2016 indicates that 67% of all incidents in the BAY states took place in the following LGAs: Konduga 16%, Gwoza 13%, Bama 10%, Maiduguri 7%, Damboa 5%, Jere 5%, Dikwa 4%, Monguno 4% and Ngala 3%. This indicates a particular urgency for interventions in those locations.

People with disabilities are more affected by the conflict and displacement. People surveyed in 2021 described limited support for victims of EO incidents and people with disabilities, and a lack of support for improving access for these groups to vital medical care, particularly in languages other than Hausa and Kanuri. The survey also highlights the stigmatization of victims of EO and people with disabilities; as such, victim assistance is critical for facilitating access to immediate and long-term medical, psychological and social support.

The presence of EO prevents safe access to agricultural land (essential for food security), restricts freedom of movement (critical for protection) and hinders early recovery. EO has an adverse impact on health, including an increase in psychosocial distress and GBV incidents. Without a proper NTS, EO can also impede the distribution of food and NFIs.

Agricultural lands must be surveyed for explosive contamination, and farmers provided with EORE. The

Child Protection sub-sector supports Mine Action through the integration of EORE in school curriculums. It also cooperates with Child Protection, MHPSS actors and the Early Recovery Sector to deliver comprehensive interventions for victims of EO.

Mine Action regularly collects, analyses and shares information with other humanitarian actors. To help with the decongestion, relocation, extension or creation of camps, the Mine Action sub-sector provides the CCCM Sector with information and analysis. It also provides EORE to convoy leaders in the Logistics Sector. Mine Action receives information on contamination through the Displacement Tracking Matrix and UNMAS relies on OCHA to coordinate mine action activities.

Projection of needs

EO continues to kill and maim civilians long after a conflict has ended. The likely continuation of the conflict in north-east Nigeria will result in further contamination, with NSAGs continuing to use improvised landmines. However, as EORE is delivered over time, the number of people in need of mine action support should decrease. That said, existing capacity to deliver such activities is not sufficient to cover all people in need.

The Borno State Government plans to relocate thousands of IDPs to locations that have yet to be assessed or cleared. There is therefore an urgent need to deliver EORE and conduct NTS in these areas, placing additional pressure on the sector. While the Nigerian authorities have announced their intention to establish a National Mine Action Centre, it will take time to develop the necessary capacity.

Monitoring

Mine action will continue to track EO-related incidents, recording the location, type of device, number of victims and the circumstances of each incident. Monitoring will include quantitative, geographical and qualitative analysis. Mine Action sub-sector reporting through the monthly 5W (part of the HRP monitoring system) will track the number of people reached per location. This is disaggregated by age and gender, allowing the Mine Action sub-sector to develop a more needs-oriented, coordinated response plan.

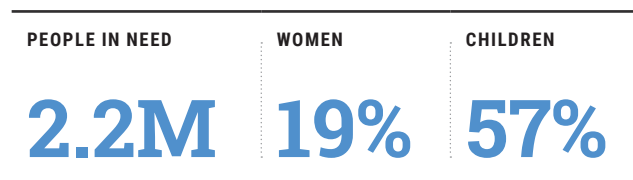
Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	1,173,232	674,277	303,399	195,556
June 2022	1,023,916	606,037	258,658	159,221
December 2022	874,600	537,796	213,916	122,887

Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY
01	%/# of individuals with disabilities resulting from explosive ordnance	Mine Action	IMSMA, UNMAS incident tracking matrix and Victim Assistance referral pathway	Quarterly
02	% of individuals exposed to death or injury by explosive hazards (individuals living in a radius of 1km of Suspected and Confirmed Hazardous Areas determined through historical data and non-technical surveys)	Mine Action	IMSMA, UNMAS incident tracking matrix	Quarterly

3.8 Shelter and Non-Food Items



Number of people in need

The methodology used to define shelter needs includes DTM and partners' shelter needs assessments, returnee/relocation shelter assessments in places of origin, and OCHA projections of populations in inaccessible areas.

Overview of the 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

Displacement and the destruction of homes and infrastructure have caused significant shelter needs. Critical sectoral vulnerability and shelter assessments reveal that more than 2.2 million people will require shelter and NFI-related assistance in the coming year. This includes 1.5 million people living in conflict-affected areas in 16 LGAs across the BAY states. Patterns in shelter needs have shifted since the beginning of the conflict, in line with the various waves of displacement, returns and relocations. Around 30% (607,466) of IDPs continue to dwell in emergency shelters (damaged and adequate), 8% (179,946) in transitional shelters, 41% (1,102,116) in collective shelters (such as schools, government buildings, community centres) and 15% (292,934) in self-made/makeshift shelters. Most of the displaced populations are in Borno State, where over 45% live in formal and informal IDP camps, often in congested

conditions because of the continuous influx of new arrivals. Access to land to construct shelters for vulnerable people living in host communities is also a concern. In most of the highly congested LGAs in Borno State, the most suitable land is often outside of protective 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 in 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 Aquatabs, menstrual hygiene products, kitchen items, detergent, jerry cans, buckets, mosquito nets, and sleeping mats. This is the same for IDPs in camps and host communities.

Analysis of humanitarian needs

Approximately 2.2 million displaced people require shelter and NFI assistance. These include those affected by windstorms, heavy rainfall, flash flooding and fire outbreaks in displacement settings. Among them, 860,601 are children and women with inadequate levels of privacy.

Land remains an issue as many IDP sites are in flood-prone areas not suitable for the construction of additional shelters. The sector is advocating that land be made available to improve living conditions, but the lack of access in some locations and the lack of suitable available land for shelter construction remains a severe challenge. As a result, many IDPs residing in makeshift/informal camps seek refuge in

urban and peri-urban areas, either in rented facilities or collective shelters (such as schools, government buildings, community centres or unfinished buildings).

IDPs face overcrowding in already inadequate living conditions, which increases the risk of disease outbreaks. Overcrowding is a specific protection concern for women and girls, and has a particularly adverse impact on the elderly and people with disabilities.

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 taken into account. Adamawa and southern Borno host the highest number of returnees lacking transitional shelter support, with 338,224 people either in partially damaged or in self-made shelters.

Projection of Needs

The table below shows the numbers of IDPs and returnees – both those who have recently returned and projected arrivals – that will continue to require shelter and NFI support. As of September 2021,

shelter and NFI assistance only reached 27% of the targeted population in the 2021 HRP.

General wear and tear means 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, 18% of assessed returnees are living in partially damaged or self-made shelters.

Monitoring

The sector will regularly monitor progress and gaps in shelter and NFI responses using tools such as post-distribution monitoring, 4W, site trackers and flash reports. In addition, the sector will prepare and maintain an updated workplan to guide the implementation of the response. The sector Information Management team will provide technical information management support and keep a record of all activities.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
Jan - Dec 2022	2,249,319	1,370,566	416,802	1,112,148

Indicators

#	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 returnees in partially destroyed shelters	Shelter/NFI	DTM	Quarterly
05	# of host community living without adequate shelter solutions	Shelter/NFI	DTM	Quarterly
06	# of IDPs projected to come from inaccessible areas and require adequate shelter	Shelter/NFI	OCHA/DTM	Quarterly

MAIDUGURI, BORNO STATE, NIGERIA

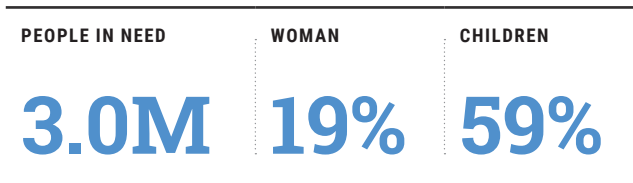
Yakusam Makinta, 57, left Dikwa (Borno State) with her 6 children as the effects of the ongoing conflict made it harder and harder to survive. She moved to Muna Albadawy IDP camp in Maiduguri and stayed in a makeshift shelter until flooding from heavy rains destroyed her shelter and few belongings

Photo: OCHA/Damilola Onafuwa



3.9

Water, Sanitation and Hygiene



Number of people in need

The WASH Sector’s people in need (PiN) across the BAY states was calculated using data from the MSNA and complementary surveys, codified into indicators in the JIAF analysis. The JIAF’s and additional relevant indicators were selected and classified along a 5-point scale to determine severity, where indicator values of 3 signify moderate need and 4 to 5 acute need, while 2 or less signifies not being in need. Household-level datasets were aggregated into severity scores and the sum of the percentage of people or households with severity scores of 3-5 determine the PiN for each LGA. Breakdown into affected groups (IDPs, returnees and host communities) is done by projecting the percentage on the affected population figures.

The wellbeing and living standards of an estimated 3.03 million people will be adversely affected by shortages of clean water, and poor sanitation and hygiene practices in 2022.

Overview of the affected people

IDPs living in camps:

IDPs face critical challenges in accessing WASH services due to overcrowding at water points and latrines, long walking distances to WASH facilities, dilapidated sanitation facilities, and inadequate water sources across several camps. WASH non-food items (NFIs) remain a critical need, with the majority of women and girls lacking access to menstrual hygiene management kits and services.

Open defecation in camps, which contributes to health risks (including the outbreak of water-borne diseases such as cholera), will likely increase with new displacement and the influx of people into camps. Unsanitary overcrowded conditions, lack of space for new latrines, high desludging needs, and damage to critical WASH facilities from flooding, especially during the rainy season, will remain critical challenges in the coming year. In most IDP camps, access to safe water remains a challenge due to low groundwater capacity/yield which restricts the construction of new boreholes. This has resulted in overcrowding and long queues at the few operational boreholes that exist. IDPs living in camps in MMC, Jere, Dikwa, Gwoza, Konduga, Monguno, Ngala and Damboa LGAs in Borno State have reported acute water shortages, with some households receiving as little as three litres per person per day (far less than the 20 litres per person per day for which many humanitarian WASH operations aim as a standard), necessitating an increase in water trucking. The limited use of soap for hand-washing as part of proper hand hygiene practice increases the risk of contraction and spread of acute watery diarrhoea (AWD) and potentially, a cholera outbreak. While most IDPs in camps have received hygiene awareness messages, the lack of behavioural change calls for continuous, intensive, multilingual, multi-channel hygiene promotion programmes to ensure sustainable awareness of safe hygiene practices. High levels of congestion in most IDP camps, exacerbated by the continuous influx of new arrivals and lack of space to build additional shelters, will continue to strain WASH facilities. Although planned camp decongestion is expected to address some of these concerns, the situation is not expected

to change substantially given the growing influx of new arrivals.

IDPs out of camps (and informal settlements):

Across the BAY states, communities hosting IDP families continue to report additional pressures on critical infrastructure, particularly WASH facilities. Most of the water supply is provided through hand pumps, but these require regular maintenance and are often out of operation. Many IDPs buy water from water vendors and private boreholes, but for those who cannot afford to pay water charges and, in some cases, fuel or maintenance costs, this is not an option. In contrast to camps/camp-like settings where emergency latrines are provided, IDPs in host communities are often able to build household latrines. (In some LGAs, partners have also constructed emergency (shared) latrines). However, housing, land and property (HLP) issues prevent adequate coverage, leading to rampant open defecation. While markets are more accessible outside of camps, the inability of households to bear the cost of key NFIs (soap, chlorine tabs and menstrual hygiene kits for girls and women) is expected to leave a huge gap in 2022. Even with an increased willingness to adopt proper and safe hygiene practices, many households will simply be unable to afford to regularly wash their hands with soap. Access to clean water for IDPs outside camps is expected to decrease, with most IDPs likely to resort to unsafe/open water sources. This, in addition to poor hygiene practices and high rates of open defecation, is likely to cause an increase in AWD and suspected cases of cholera across host communities in the coming year.

Returnees and vulnerable host communities:

Nearly 2 million returnees and host communities are in acute need of clean water and sanitation support. While over 50% of returnees are provided with sanitation facilities, it is likely that some major gaps will remain in many of the return areas. Hand pumps are the most common type of water point, followed by communal boreholes. However, some locations suffer from water quality issues, which means that emergency water trucking will be required

to meet potable water needs. Most returnees and host communities depend on communal farming as their main source of livelihood but many of the farmlands are far from safe water sources, which means that people working in these areas often have to resort to drinking from unsafe sources that are prone to contamination.

Access to sufficient clean water, sanitation and hygiene services is a major need for over 3 million people affected by the protracted crisis. In 2021, a cholera outbreak and high numbers of AWD cases were reported across over 20 LGAs in the BAY states. Those at particular risk are the elderly, people with disabilities, minority languages speakers, children and pregnant and lactating women (PLW).

Analysis of humanitarian needs

Access to hygiene and WASH NFIs

Across the BAY states, the main hindrance to handwashing and personal hygiene is the lack of soap. Beneficiaries report that the high price of soap, poor hygiene awareness and a gap between knowledge and practice are the key reasons for poor hygiene practices. While handwashing stations have been established in many latrine facilities, operating and maintaining them remains a challenge. Household-level handwashing options have been explored but there are still acute shortages of basic WASH NFIs such as soap, detergent and water storage containers.

Access to clean water

Boreholes (solar/generator-powered and manual) are the main source of water for drinking, cooking and other utilities. Other sources include wells, water vendors and water trucking. Over 2 million litres of water are trucked every week across the BAY states, but this is prohibitably expensive and unsustainable. The time spent collecting water (in long queues) reduces the time for livelihood activities. The increased attacks on water systems have disrupted supplies in several LGAs and delayed the rehabilitation or disinfection of water systems. In addition, women and girls have expressed security concerns while accessing water points. This has

further increased water needs, and the situation may deteriorate further in 2022.

Access to sanitation

Adamawa and Borno states have very low latrine coverage, partly due to lack of land (HLP) and the costs associated with latrine construction. In some LGAs in Borno, low latrine use is attributed to damaged or destroyed latrines (due to ongoing conflict) or dilapidated structures. Gender-labelling of sanitation facilities remained a critical gap in 2021, and agencies are working to address this over the coming months. HLP issues, particularly the refusal of landowners to grant permission to IDPs to construct latrines (both emergency and household), has resulted in major WASH gaps, especially for IDPs in informal settlements.

Intersectoral needs

Health:

In 2021, the WASH Sector coordinated closely with health partners during the cholera outbreak and COVID-19 pandemic to improve WASH response, multilingual risk education and community engagement. The development and roll-out of joint response frameworks and harmonized multilingual information, education and communication (IEC) materials for community outreach will continue in 2022. Furthermore, the sector will provide support for pipeline items in the event of disease outbreaks, which can be provided at health facilities for affected households, including the installation of handwashing stations and water disinfection.

Nutrition:

Malnutrition remains an underlying problem associated with diarrhoea, lack of access to safe water and poor hygiene practices, among others. Households with malnutrition cases, including children under five and PLW, will be supported through the provision of hygiene kits and hygiene promotion activities. The construction and operation of water sources to ensure sustained and increased provision of safe water supply remains a priority in 2022.

Education:

WASH infrastructure and services in schools will be strengthened through the Education Sector, including through the formation of school hygiene clubs and a celebration of handwashing / world toilet day to promote awareness. Soap will be distributed to support handwashing awareness alongside demonstrations of improved practices.

CCCM:

The WASH Sector will work with CCCM on camp decongestion, including by providing technical support, harmonizing NFI distributions in camps, and mobilizing multilingual sanitation and environmental campaigns.

Food security and livelihoods:

Food distributions will be accompanied by hygiene promotion messaging and the distribution of NFIs and IEC materials, while water will be provided for agricultural production to support livelihoods.

Projection of needs

Due to ongoing displacements (triggered by NSAG attacks and clashes) and Government-led relocations, there will likely be an increase in IDP burden in locations like Monguno, Baga, Gwoza, Ngala, Damasak and Bama (Borno State), areas which are already grappling with major WASH service gaps. There is also a possibility of IDP returns/relocations to areas such as Mafa, Kala/Balge, Nganzai, Konduga and Magumeri, LGAs which are also facing gaps in WASH provision, mainly due to access constraints for WASH partners. Dilapidated sanitation facilities, low water yields from boreholes in water-stressed areas (such as Pulka), and disease outbreaks such as cholera will increase the number of people in need across the BAY states in the coming year.

An increase in disease outbreaks due to flooding, protracted conflict and displacement are expected in 2022. Poor sanitary conditions and high maintenance costs in camps will harm the well-being of IDPs. Limited resources and access challenges in some LGAs is expected to affect availability of clean water, dignified sanitation services and hygiene awareness.

Monitoring

The WASH Sector will monitor the response by collecting data on people reached and report via the sector monitoring dashboard. Data will be collected weekly including information on people reached with safe water, sanitation services and hygiene messages. The sector will monitor performance of the core pipeline through distribution reports and impact assessments for locations supported with key WASH

NFIs to complement the response. On a monthly basis, data will be collected through the report hub, 4Ws, and gaps analysis while periodic assessments will be conducted through the WASH assessment tool kit. Other rapid assessments in areas where displacement, flooding and outbreaks of fire and disease occur will be conducted as needs arise and reports circulated among partners.

Projected needs (2021-2022)

	PEOPLE IN NEED	IDPS	RETURNEES	HOST COMMUNITY
January 2022	2.8M	807,595	524,111	1,298,721
June 2022	3.03M	875,859	568,413	1,398,738

Indicators

#	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	Monthly
02	% of people accessing and using a functional latrine	WASH	WASH assessments	Quarterly
03	% of beneficiary households with access to handwashing facilities with soap and water.	WASH	WASH assessments	Monthly
04	% of people with diarrhoea in the last two weeks	WASH/Health	AWD data - Health	EWARNs data



MONGUNO, BORNO STATE, NIGERIA

Long queues to collect water in Monguno. The Norwegian Refugee Council is working to rehabilitate boreholes to ensure the steady supply of potable water.

Photo: NRC

Part 4

Annexes

DIKWA, BORNO STATE, NIGERIA

Four students in Dikwa, Borno State sharing ideas on a class assignment

Photo: Mercy Corps Nigeria/Raphael Ehiabhi



4.1

Data Sources

In 2021, humanitarian actors made efforts to better integrate and use the multisectoral needs datasets available in country, specifically the MSNA, HPC, DTM, HeRAMS, IPC and other core assessments. A secondary data review was used to identify

available information and critical gaps, and inform the Multi-Sectoral Needs Assessment (MSNA). A total of 165 assessments (including 15 multisectoral assessments) were provided by 59 humanitarian organizations in 2021 (completed and ongoing).

Number of assessments

NO. OF ASSESSMENTS

165

PARTNERS

59

NO. OF SECTORS

14

	CCCM	CP	Coord	ERL	Edu	FS	GBV	Health	Log	MA	Nut	Pro	Shel	WASH	Total
Askira/Uba		10		12	10	6	11	11	1		11	11	11	11	12
Bama		13	1	17	11	7	11	12	1		13	12	13	12	17
Banki											1				1
Biu		6		2	6	4	6	6	1		6	6	6	6	6
Chibok		9		9	8	4	9	9			9	9	9	9	9
Damaturu						1					1				1
Damboa	7	9	1	8	7	4	6	7	1		9	7	13	7	13
Demsa	1		1										1		1
Dikwa		9		13	8	4	9	9			10	9	11	9	13
Fufore	1		1										1		1
Genye	1		1										1		1
Girei	1		1										1		1
Gubio		1			1		1	1			1	1	1	1	1
Guyuk	1		1										1		1
Gwoza		11		13	10	6	11	11	1		11	11	13	11	13
Hawul		2		4	2	1	2	2			2	2	2	2	4
Jere	3	10		15	9	6	10	10	1		13	10	13	10	15
Kaga		5		5	4	3	5	5			3	5	6	5	6
Kala/Balge		3		3	4	3	3	3			3	4	4	3	4
Konduga	4	4		5	3	1	4	4			6	4	7	4	7
Kukawa	1	1			2	1	1	1	1		1	1	1	1	2
Kwaya Kusar				2											2
Madagali				1											1
Mafa		5	2	12	5	5	4	5			5	6	7	7	12
Magumeri				2							2		1		2
Maiduguri	5	18	1	15	25	9	15	14	2	2	16	17	29	15	29
Mayo-Belwa	1		1										1		1
Michika				3											3
Mobbar		14		10	9	6	10	10	1		10	10	10	10	14
Monguno	3	7		7	8	5	7	7	1		8	8	12	8	12
Mubi North				1		1					1				1
Ngala		11		11	10	6	11	11	1		12	11	11	11	12
Shelleng	1		1										1		1
Song	1	1		2									1		2
Yola North	2		1			1	1						2		2
Yola South	2		1		1	1					1		2		2

4.2

Methodology

Baseline population figures

The 2022 baseline population figures are informed by the regularly updated Vaccination Tracking System, together with complementary population datasets on IDPs, returnees (including IDP and refugee returnees) and the Borno State Government Master List of Settlements. The VTS informs the Geo-Referenced Infrastructure and Demographic Data for Development (GRID3) Nigeria programme.

The Information Management Working Group discussed ways of improving the VTS dataset to better inform the 2022 HPC, taking into account IDPs outside their LGA of origin (in camps or host communities).

The baseline population for each LGA is the sum of IDPs, returnees, host community members and inaccessible populations in each area.

The Joint Intersectoral Analysis Framework (JIAF)

The JIAF is a set of protocols, methods and tools to classify the severity of humanitarian conditions (including humanitarian needs) resulting from a shock/event or ongoing conditions, identify their main drivers and underlying factors, and provide actionable insights for decision-making. It entails a systematic

set of procedures used for setting priorities and making decisions about strategy, programmes, system improvement and allocation of resources.

The main objective of the JIAF is to provide country teams and humanitarian partners (international and national NGOs, government, donors, UN agencies, experts, clusters/sectors, ISCG, etc.) with a common framework, tools and methods for intersectoral analysis. It lays the foundations for regular joint needs analysis to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring. More specifically, the JIAF offers a methodological approach that:

1. Supports the systematic collation, analysis and storage of data by identifying key analytical outputs and products.
2. Provides a means of organizing what data to collect and how to analyse it.
3. Guides a joint analysis process involving multiple stakeholders.
4. Promotes collaboration between humanitarian actors and a reference throughout the entire joint analysis process.
5. Underpins response analysis and strategic decision-making by supporting the production

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



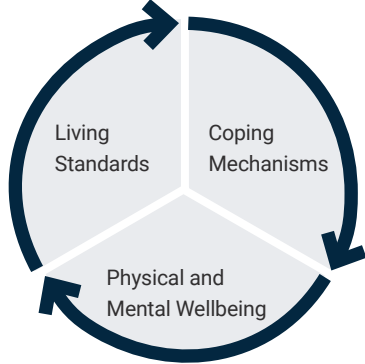
People affected

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

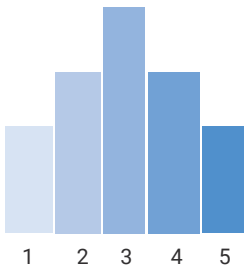


Humanitarian conditions

People in need



Severity of needs



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

Indicators and severity thresholds

#	INDICATORS
01	Prevalence of GAM based on weight for height Z-score (WHZ)<-2 and/or bilateral oedema among children 0-59 months
02	% of HHs with access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use
03	% of people accessing and using a functioning latrine
04	% of HHs with reasonable access to primary healthcare services
05	People in need (based on the latest Cadre Harmonisé)
06	% of population in sites/communities reporting protection incidents in the last 3 months
07	% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living in the last 3 months
08	Ability to reach population in need of humanitarian assistance
09	% of HHs reporting one or several children experiencing signs of psychological distress following a safety or security incident
10	Ratio of displaced people and returnees to host population
11	% of people with access to safe and adequate shelter

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 dataset. 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 4 indicators,⁴² and simply the mean if there are 4 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,

Risk Analysis Methodology

The objective is to analyse, determine and categorize the main threats and their level of impact and likelihood. This is then used to support the development of risk mitigation strategies and risk management.

Assessment approaches:

1. Quantitative approach
2. Qualitative approach

Assumptions:

- The risk was quantified, estimated and expressed as a mathematical relationship between likelihood (probability) and impact (severity).
- Access constraints are considered a critical parameter for this analysis.
- Likelihood is classified as follows: very unlikely, 0-5%; unlikely, 5-15%; moderately likely, 15-30%; likely, 30-50%; very likely, over 50%.
- Impact is classified as follows: negligible - sufficient government capacity to deal with the situation; minor - inter-agency resources sufficient to cover needs beyond government capacity; moderate - new resources up to 30% of current operations needed; severe - new resources up to 50% needed; critical - new resources up to 80% needed.

Analysis techniques:

- Delphi technique: This involves brainstorming sessions to identify the parameters, potential threats, geographical areas, and vulnerabilities within the operational context.

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).

- Likelihood and impact matrix technique: This process helps to determine the level of risk by multiplying the likelihood against the severity of impact.

The risk analysis data process:

Step 1: Exploratory data analysis – assessment data was cleaned and made ready for analysis.

Step 2: Determine the likelihood per risk for each LGA – the data was transformed from a character to factor variable, assigning levels of likelihood (very unlikely=1, unlikely=2, moderately likely=3, likely=4, very likely=5).

Step 3: Determine the impact per risk for each LGA – the data was transformed from character to factor variable, assigning levels of impact (negligible =1, minor=2, moderate likely=3, severe=4, critical=5).

Step 4: A score of 1 was assigned to the likelihood and impact respectively per each risk captured to inform the aggregation per LGA.

Step 5: Aggregate the products of the likelihood and impact per LGA into risk matrix levels.

Step 6: Determine the severity class scores by averaging the aggregated observed scores from the mathematical risk derived from the risk matrix levels per LGA.

Step 7: Determine the preliminary risk severity from the estimation of each risk per LGA falling under

each severity class using the Max of 70 percent in combination with the 25 percent rule by a right to left approach.

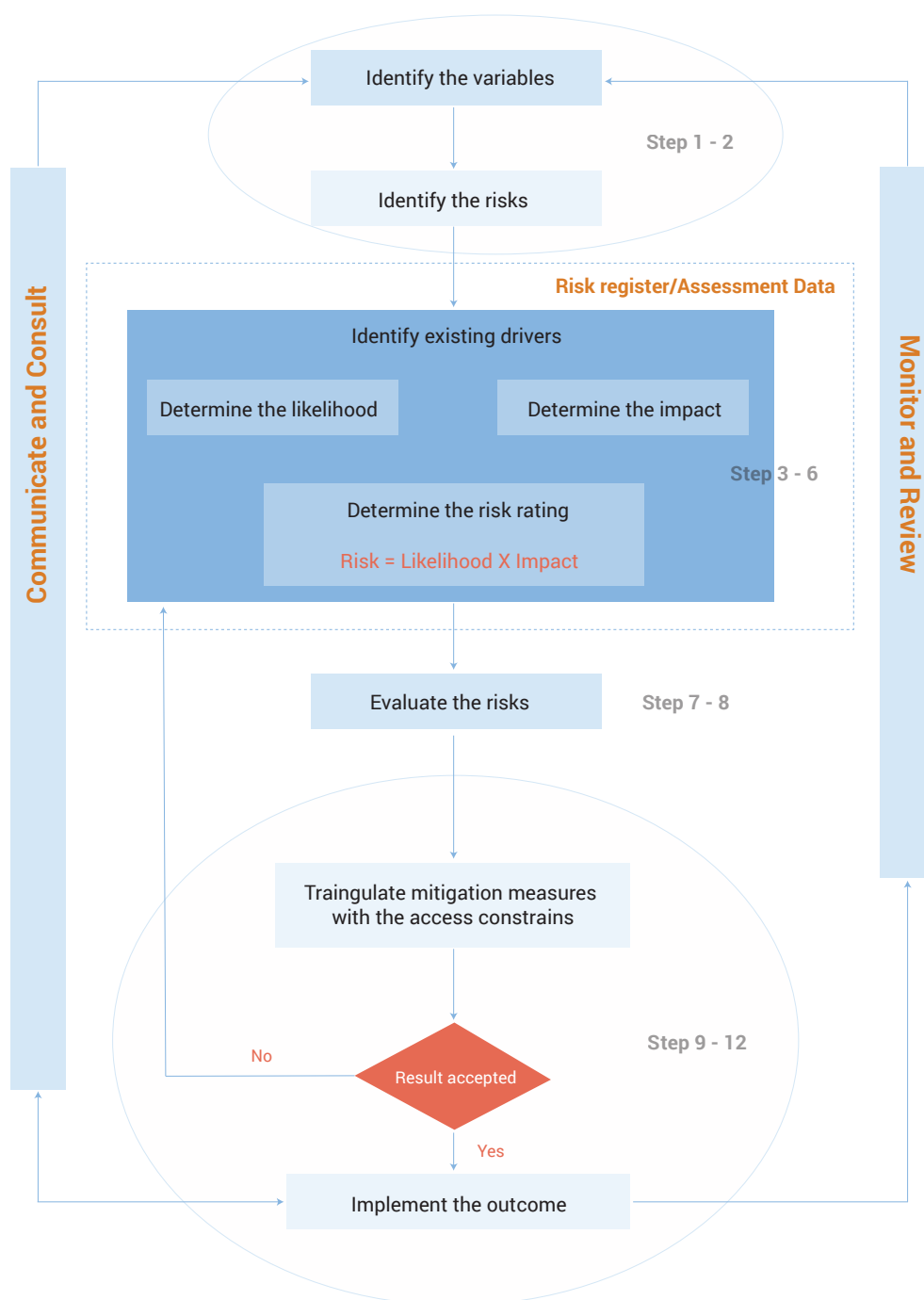
Step 8: Use the result in step six to classify the preliminary severity level (minimal, minor, moderate, major, severe) for each LGA.

Step 9: Transform the mitigation measure inputs from character to factor variable (Yes = 1, No =0).

Step 10: Transform the access constraints inputs from character to factor variable (Yes = 1, No =0).

Step 11: Determine the residual risk score by taking the Maximum between the preliminary severity score and access constraints score for each LGA.

Step 12: Use the result in step eleven to classify the residual severity level (minimal, minor, moderate, major, severe) for each LGA.



The JIAF severity scale

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

4.3 Information Gaps and Limitations

While the Cadre Harmonisé (CH), DTM, MSNA and VTS remain the primary datasets for all indicators used in the inter-sectoral analysis and informed most of the sector-specific analysis, these datasets have some limitations.

Cadre Harmonisé.

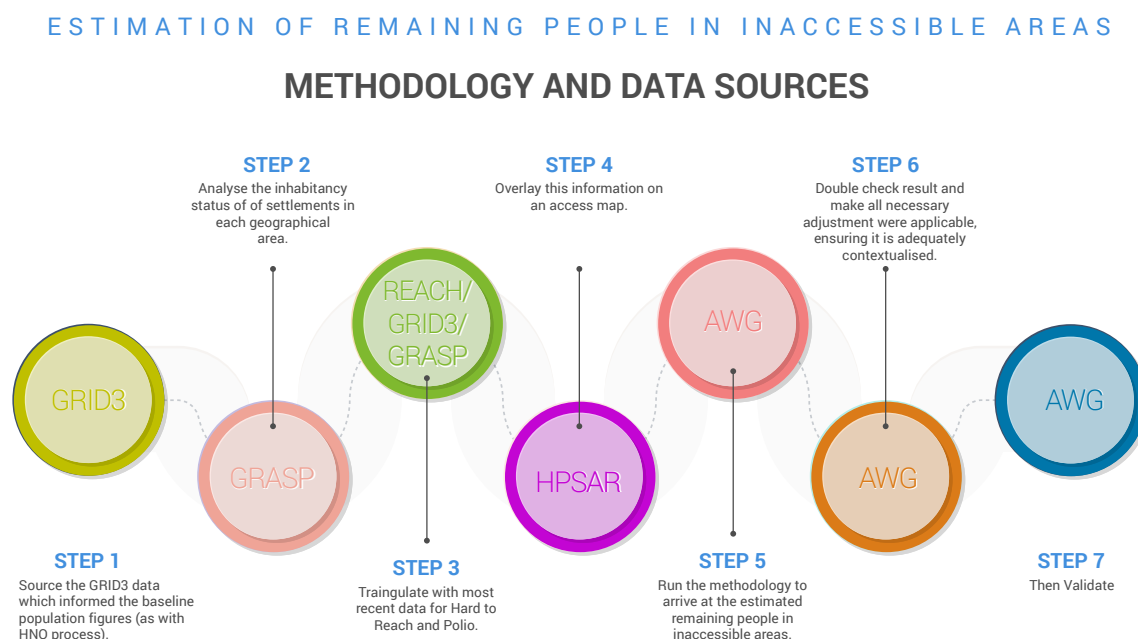
The CH analysis is the primary means of providing updates on the standard food and nutrition security outcome indicators – namely, food consumption, livelihood change, nutritional status and mortality rate. There are two updates across the BAY states during the year: in March and October. Unfortunately, there are no updates between the two rounds of the CH – particularly in the lean season which is a critical

time for populations in need of food assistance. For 2022, the Food Security Sector and WFP have agreed to provide monthly and quarterly updates on the core indicators.

Population and needs in areas inaccessible to international humanitarian actors

The Access Working Group and AAWG estimated the remaining population in inaccessible areas and, in lieu of more granular information on needs, assumes that the entirety of that population is in need.

The method for estimating population is provided in the diagram below:



The [Borno State Master List of Settlement](#) is informed by the Polio data.

The [Humanitarian Partners Security Assessment Report \(HPSAR\)](#) includes INSO, UNMAS and Military Road Classification, INGO, NNGO security assessment report, etc.

The [Geo-Referenced Infrastructure and Demographic Data for Development \(GRID3\)](#) is informed by the following dataset: Nigeria Geometry Data, WorldPop Nigeria Demographic Rasters, Northern Nigeria Satellite Imagery etc.

Source: Northeast Nigeria, Access Working Group (AWG).

This exercise yields a population and PiN estimate of 1.2 million people.

DTM limitations

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

Site assessments provide basic information for indicators related to different sectors (food, WASH, livelihood, etc.), which can be used to flag areas for assistance or more detailed technical assessments by sector experts. However, they do not provide detailed technical sectoral analysis.

MSNA

The COVID-19 pandemic and insecurity continue to pose challenges for data collection, and response planning and monitoring. Coordinated inter-sectoral needs assessments – in close collaboration with national stakeholders – will be a key means of providing in-depth analysis to inform sector planning and response in 2022. Five LGAs remain inaccessible to humanitarian actors. In some other LGAs, remote data collection was necessitated by both COVID-19 restrictions and insecurity, though this limited the scope, scale and granularity of data that the survey tools could generate. Through 2022, the AAWG and the ISCG will work closely with sectors to develop a more concise tool. Questionnaires/assessments will use the minimum number of questions required to address key information needs and will take no more than 30 minutes to complete; this is to reduce the chance of phone calls being interrupted by network or battery failures and to limit respondent fatigue.

Population statistics

The last Nigeria population census was conducted in 2006. Multiple projections based on the 2006 census have been made by different actors including the National Population Commission, government bodies, the media, NGOs and academic institutions, but these do not cover Borno State because of the ongoing conflict. Projecting the population of north-east Nigeria is made more challenging by displacement and the inaccessibility of some areas affected by conflict. In some BAY state LGAs, the adjusted baseline population is less than the number of displaced people reported by the DTM, making it difficult to estimate the humanitarian profile. Models for Borno State have to be adjusted to account for damaged buildings and the habitation status of settlements.

Greater collaboration among humanitarian actors and capacity-building of state government institutions on assessment methodologies and information management will improve access to and quality of data and analysis, helping to ensure a comprehensive understanding of humanitarian needs.

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

4.4

Acronyms

AAWG	Assessment and Analysis Working Group	GAM	Global acute malnutrition
ACLED	Armed Conflict Location and Event Data Project	GBV	Gender-based violence
AoR	Area of responsibility	HCT	Humanitarian Country Team
ARI	Acute respiratory infection	HeRAMS	Health Resources and Service Availability Monitoring
AWD	Acute watery diarrhoea	HLP	Housing-land-and-property
BAY	Borno, Adamawa and Yobe (states)	HNO	Humanitarian Needs Overview
BSFP	Blanket supplementary feeding programme	HPC	Humanitarian Programme Cycle
CAAFG	Children associated with armed forces and armed groups	HRP	Humanitarian Response Plan
CCCM	camp coordination and camp management	IASC	Inter-Agency Standing Committee
CFR	Case fatality rate	IDP	Internally displaced people
CH	Cadre Harmonisé	IEC	Information, education and communication
CHF	Common Humanitarian Fund	IED	Improvised explosive device
CP	Child protection	INGO	International non-governmental organization
CVA	Cash-and-voucher assistance	IOM	International Organization for Migration
DTM	Displacement Tracking Matrix	IPC	Integrated Food Security Phase Classification
EMIS	Education Management Information System	IPV	Intimate-partner violence
EO	Explosive ordnance	ISCG	Inter-Sector Coordination Group
EORE	Explosive ordnance risk education	ISWAP	Islamic State West Africa Province (faction of Boko Haram)
ERL	Early recovery and livelihoods	IYCF	Infant and young-child feeding (practices)
FMHADMSD	Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development	JAS	Jama'atu Ahlis Sunna Lidda'awati wa-Jihad (faction of Boko Haram)
FMS	Famine Monitoring System	JAT	JIAF analysis team
FNSS	Food and Nutrition Surveillance Systems	JENA	Joint Education Needs Assessment
FSS	Food Security Sector	JIAF	Joint Inter-sectoral Analysis Framework

KAP	knowledge, attitude and practices	UNICEF	United Nations Children's Fund
LGA	Local Government Area	UNMAS	United Nations Mine Action Service
MAM	Moderate acute malnutrition	VTs	Vaccination Tracking System
MHPSS	Mental health and psychosocial support services	WASH	Water, sanitation and hygiene
NAF	Nigerian Armed Forces	WCBA	Women of childbearing age
NBS	National Bureau of Statistics	WFP	World Food Programme
NFI	Non-food items	WHO	World Health Organization
NFSS	Nutrition and Food Security Surveillance		
NGO	Non-governmental organizations		
NSAG	Non-state armed groups		
NTS	Non-technical survey		
Pin	People in need		
PLW	Pregnant and lactating women		
PSEA	Prevention of sexual exploitation and abuse		
SADD	Sex-, age- and disability-disaggregated		
SAM	Severe acute malnutrition		
SGBV	Sexual and gender-based violence		
TSFP	Targeted supplementary feeding programme		
UNHAS	United Nations Humanitarian Air Services		
UNHCR	United Nations High Commissioner for Refugees		

**HUMANITARIAN
NEEDS OVERVIEW**
NIGERIA