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PART I: SUMMARY

- Humanitarian needs and key figures
- Overview of the crisis
- Breakdown of people in need
- Severity of needs
**HUMANITARIAN CRISIS: KEY INDICATORS**

<table>
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<th>Key Incidents</th>
<th>Location</th>
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<td>Aug 2018: Staff of National Emergency Management Agency (NEMA) killed by Non State Armed Group (NSAG)</td>
<td>Lake Chad in Cameroon</td>
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<td>Feb 2018: Attack on girls school in Dapchi and abduction of 110 students</td>
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<td>Feb, Apr 2018: Attacks on University of Maiduguri</td>
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<td>Apr 2018: Attack on market</td>
<td>Adamawa in Nigeria</td>
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<tr>
<td>Jan, Oct 2018: Attacks on IDPs camp in Dalori</td>
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</tr>
<tr>
<td>Jun 2018: Twin suicide attack in Damboa kills dozens</td>
<td>Borno in Nigeria</td>
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<td>Adamawa in Nigeria</td>
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<tr>
<td>Sep, Oct 2018: Execution of 2 aid workers, kidnapped in Rann in Mar 2018</td>
<td>Adamawa in Nigeria</td>
</tr>
</tbody>
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**Number of IDPs**

- 160,000 - 247,814
- 80,000 - 160,000
- 40,000 - 80,000
- 10,000 - 40,000
- Less than 10,000

**Inaccessible areas to humanitarian actors**

- Nigerian Refugees
- Key incidents
- State Capital
- Returnee LGAs
- Inaccessible areas to humanitarian actors

**Notes:**

- UNHCR, (2) ACLED, United Nations and other sources, (3) DTM Round XXV, (4) Cadre Harmonisé report, Nov 2018
Across the three affected states of Borno, Adamawa and Yobe (BAY), 7.1 million people are estimated to be in need of humanitarian assistance in 2019 out of the total population of 13.4 million. Over eighty per cent of internally displaced people are in Borno state, the epicenter of the crisis, and over sixty per cent are living in host communities, making it harder to access them with assistance and putting additional pressure on the already stretched resources of these communities. One in four of the internally displaced people are under five, and 80 per cent are women and children. However, some 1.6 million people have returned home since August 2015, indicating that conditions in some locations have improved. Humanitarian organisations are not able to meet all needs in the north-east; more than 800,000 people in Borno State are estimated to be in areas that are inaccessible to humanitarian organisations.

### Basic survival

Millions of people in north-east Nigeria rely on humanitarian assistance to survive. Despite significant improvements in 2017 and 2018, the food security and nutrition situation remains fragile in the north-east, with 2.7 million people in the BAY states needing food assistance in 2019. More than 5 million people need health assistance, with two thirds of health facilities in the BAY states having been damaged by the conflict. Basic survival needs are compounded by access and security impediments.

### Humanitarian access

Humanitarian access is often impeded or restricted as a result of ongoing hostilities, threats of attack, Improvised Explosive Devices and unexploded ordnances, and impassable roads and bridges. The humanitarian community also faces restrictions on movement imposed by parties to the conflict. Many areas of Borno State are considered high-risk for humanitarian actors which is constraining access to vulnerable communities. More than 800,000 people are estimated to be in areas that are inaccessible to international humanitarian organisations.

### Durable solutions

Durable solutions are needed to address the risks and vulnerabilities of those most affected by the crisis, especially internally displaced people and refugees, and to reduce humanitarian needs. This requires enhanced coherence and complementarity between humanitarian, stabilization, crisis prevention and development partners, in adherence with their respective mandates.
The overall population and people-in-need figures are representative of the humanitarian situation as of November 2018.

**7.1 M**

PEOPLE IN NEED

out of **13.4 M** in the BAY States

**46%**  **54%**

BY POPULATION CATEGORY

**1.8 M**

25%

INTERNALLY DISPLACED

**1.6 M**

23%

RETURNEES

**2.9 M**

40%

HOST COMMUNITY

**0.8 M**

12%

INACCESSIBLE

Estimated number of people in need of humanitarian assistance:

- More than 450,000
- 225,000 - 450,000
- 130,000 - 225,000
- 65,000 - 130,000
- Less than 65,000
PART I: OVERVIEW OF THE CRISIS

OVERVIEW OF THE CRISIS

In 2019, 7.1 million people (2.3 million girls, 1.9 million boys, 1.6 million women and 1.3 million men) are in need of humanitarian assistance in north-east Nigeria as a result of a crisis that is now in its tenth year. The crisis, which is fundamentally a protection of civilians crisis, has largely been triggered by an ongoing regionalized armed conflict, characterized by massive and widespread abuse against civilians including killings, rape and other sexual violence, abduction, child recruitment, burning of homes, pillaging, forced displacement, arbitrary detention, and the use of explosive hazards, including in deliberate attacks on civilian targets.

Today 1.8 million people are internally displaced, and new displacement is ongoing. The crisis has impacted women, men, girls and boys, and people with special needs differently, and their vulnerabilities, as well as coping mechanisms vary. Women and girls have been targeted with rape, abduction, to serve as “sex slaves”, and also conscripted into a broad spectrum of roles including serving as spies and human being forced to carry person-borne improvised explosive devices (PBIED). Men and boys have been mainly targeted for recruitment and are at higher risk of being killed at battle fronts or being arbitrarily detained. While the humanitarian community provided life-saving assistance to over 5.5 million affected people (1.4 million women, 950,000 men, 1.8 million girls and 1.4 million boys) in 2018 and helped stabilise living conditions for millions of affected people, significant humanitarian needs remain as the conflict continues. At present, it is estimated that more than 800,000 people are still in areas that are inaccessible to international humanitarian actors.

Violence in a Protection Crisis

In 2018, the conflict continued, with a scale-up of the Nigerian Armed Forces counter-insurgency campaign in collaboration with the Multinational Joint Task Force (MNJTF). Major operations and offensives took place in areas across Borno and Yobe states, with active hostilities extending throughout the rainy season – a dynamic that is different from previous years. Non-State Armed Group (NSAG) activity also increased in the latter half of 2018, with a series of significant and deadly attacks against Nigerian Armed Forces in areas such as Gudumbali town in Guzamala LGA – a change of tactic that may be linked to leadership struggles within the factions. Further, while Borno State remains the epicenter of the crisis, Adamawa State also experienced significant levels of inter-communal violence.

Number of Conflict-Related Incidents and Fatalities

Source: ACLED between June 2009 and October 2018.
with reports of over 100 communities affected. The scale of the offensive from the Nigerian Armed Forces and change in tactics by NSAGs has increased protection concerns for women and girls, including sexual and physical violence, as well as abduction by NSAGs. For men and boys, the fear of being abducted and conscripted to join NSAGs still looms large, while arbitrary detention in military screening sites is also an ongoing concern.

As these conditions of violence and insecurity persist, civilians continue to bear the brunt of a conflict that has led to widespread forced displacement, abuse, violations of basic human rights and destruction of civilian property. Since 2009, more than 27,000 people have been killed and hundreds of women and girls abducted. In 2017, 146 children (mainly girls) were forced to carry PBIEDs and from January to end September 2018, 46 children were used in attacks. There are regular reports of extra-judicial killings, use of torture, arbitrary arrests and detention, enforced disappearances, rape and other forms of sexual violence, and targeting of IDP camps where civilians sought refuge, for example during the January and October attacks on IDP camps in Dalori, Borno State. Further, destruction of civilian infrastructure and assets has been severe, with an estimated infrastructure damage of US$ 9.2 billion and accumulated output losses of US$ 8.3 billion. Borno State has been the hardest hit by far.

High levels of displacement, including secondary and tertiary displacement, have been witnessed to major centres, including from inaccessible areas, with the majority of new arrivals in dire conditions and in need of urgent life-saving humanitarian assistance and protection interventions. Those who flee inaccessible areas report being held for years in hostage-like situations by NSAGs with no access to basic services and suffering abuse. The situation in these areas is reportedly more severe this year with NSAGs looting food from civilians on a much larger scale and leaving them with extremely limited resources to survive. Civilians who fled these areas report needing to escape at night for fear of being recaptured, while leaving all belongings and family members, including the elderly, behind. Ten per cent of displaced households in northern Borno State report having separated or unaccompanied children, while 48 per cent of female-headed households report no legal documentation.

"Everybody that is sane would want to escape."

- Respondent during a REACH Focus Group Discussion

Freedom of movement in areas considered accessible is also heavily restricted, including in and out of camps. This greatly impacts the communities’ ability to engage in livelihoods, undermining opportunities to support self-reliance and durable solutions to displacement. It also restricts people’s access to basic services. The restrictions on freedom of movement, in addition to congestion in camps, heighten the risk, especially for women and girls, of sexual exploitation and abuse, by those authorities or other groups controlling access to the camps.

In addition to widespread violations of International Humanitarian and Human Rights Law against affected people, the humanitarian community has also come under threat. Two female humanitarian aid workers were tragically executed by NSAGs in September and October 2018 after being abducted on 1 March 2018. Four male aid workers were also killed this year. A female aid worker (a nurse) is still being held by NSAGs after having been abducted on 1 March in Rann, Borno State. These events shocked the humanitarian community and resulted in global condemnation and continued calls for the
immediate release of the nurse and the remaining schoolgirl abducted from Dapchi, Yobe State. These incidents - which constitute crimes under international law - also underscore the increased level of risk and threats to aid workers in the north-east, and especially in Borno State, and the inevitable consequences on their ability to stay and deliver.

Displacement

New waves of displacement in 2018 add to the already high numbers of people in north-east Nigeria who have fled their homes. Today 1.8 million people (440,000 women, 364,000 men, 614,000 girls and 516,000 boys) are internally displaced, with 94 per cent of the displacement attributed to ongoing conflict and over 80 per cent of displaced people in Borno State. A decade into the crisis, the protracted nature of displacement has eroded coping mechanisms, significantly weakened resilience, and heightened vulnerabilities.

The year 2018 saw additional displacement of thousands of people every month, many coming from inaccessible areas to main centers and in an extremely vulnerable state. Over the first eleven months of 2018, nearly 214,000 individuals, mainly women and children, were displaced, with a weekly average of 4,500 individuals. Prior to this, the weekly average was 1,400.⁹ Despite humanitarian resources already being overstretched as a result of overcrowding in the camps, tens of thousands of new arrivals passed through reception centres and accessed multi-sector humanitarian assistance through the Reception Management Strategy⁸, including food assistance, health screenings, and protection services. Others were reached in the camps and host communities as part of regular aid delivery activities. Further, displacement patterns were also seen throughout the year into smaller towns, including along the Monguno-axis, where presence of humanitarian workers was typically low. As such, a rapid scale-up in the response proved to be difficult in these areas outside of main centres, especially in light of the challenging security situation.

“The main reason for wanting to return is to go back to farms and a source of livelihood.” – Respondent during a REACH Focus Group Discussion from Pulka

Since August 2015, 1.6 million people (378,000 women, 348,000 men, 510,000 girls and 404,000 boys) have returned to or closer to their homes and attempted to begin to rebuild their lives, indicating that conditions in some locations have improved to a relative extent. Adamawa State has seen the highest number of returns at over 750,000, and Borno State over 650,000¹¹. While Government-facilitated returns also started, including in coordination with military efforts underpinned by Operation ‘Last Hold,’ concerns remain that many areas are not yet conducive for safe and sustainable returns due to insecurity and a lack of access to basic services and infrastructure. This is corroborated by the vast majority of displaced households reporting no active plans to return, citing insecurity and lack of access to services such as food, health and education as main reasons.¹³ Further, more than 226,000¹⁵ Nigerian refugees remain in Cameroon (97,000), Chad (10,000) and Niger (119,000); 35,701 returned in 2018, though in many cases in circumstances that were not voluntary and not to their homes (secondary or tertiary displacement). Any IDP or refugee returns must be voluntary and carried out in safety and in dignity, and coupled with a scale-up of early recovery and resilience activities that support durable solutions. The Tripartite Agreement between UNHCR, Nigeria and Cameroon, signed in March 2017, also requires further operationalisation.

Vulnerable Groups

The majority of crisis-affected people have experienced violence, repeated displacement, loss of or separation from family members, loss and destruction of property, deterioration of living conditions, disruption of livelihoods, accumulated stress, and weakened resilience. Particularly vulnerable groups that suffer the most and whose vulnerabilities are the highest include children, the elderly, female-headed households (FHH), particularly adolescent FHH, who are forced into a role as breadwinners, and people with disabilities as they are less able to fend for themselves and less likely to access services without assistance. Pre-existing gender inequalities due to unequal access to opportunities have contributed to limited resources and skills among women and girls, which have increased their vulnerability and exposure to abuse, including sexual exploitation. Those in inaccessible areas lack access to food, supplies and services, are at high risk of abuses, and are not able to engage in their normal livelihoods such as farming and trade due to limited movement associated with insecurity.

Threats of attacks, ongoing hostilities, lack of safety assurances by NSAGs, explosive hazards and restrictions on movements in active conflict zones hinder humanitarian actors’ ability to conduct thorough assessments of the estimated 823,000 people who remain in inaccessible areas. Recent proxy analysis and conditions of new arrivals coming from these areas suggest that people in inaccessible areas are experiencing extremely high levels of needs, including food, nutrition and health. Nutrition screenings in reception centers for new arrivals reveal that the nutrition situation of children coming from inaccessible areas is significantly worse than that of children in areas currently receiving assistance. This analysis is corroborated by reports from new arrivals and data collected remotely that show that the majority of assessed settlements did not receive any humanitarian assistance in the past six months.¹⁷

The situation facing women and girls is particularly dire. Violence against women and girls, including sexual violence, and exposure to trafficking and abduction is widespread but underreported. Some 99 per cent of reported GBV incidents in the first half of 2018 were made by women and girls.¹⁸ Of the women and girls who were forced and abducted from their homes by NSAGs, many are raped, forced into marriage and labour, abused physically, sexually and/or emotionally, exposed to sexually transmitted diseases, and often impregnated by their captors.¹⁹ Anecdotal reports indicate that in addition to the everyday struggles faced by women and girls, they are often
forced into survival sex in exchange for food, movement and items to meet their basic needs. Further, at least 49,500 girls and boys have been exposed to recruitment by armed groups and other grave child rights violations.

IDP and refugee returnees also face specific challenges, including difficulties in accessing housing, land and property; family separation; and community tensions due to perceived affiliations with parties to the conflict.

**Key Humanitarian Needs**

A decline in the number of people in need in 2019 at a time of ongoing conflict and new displacements must be understood within a context of bolstered and sustained humanitarian assistance and service delivery that has helped to stabilize many communities. Maintaining humanitarian support is therefore critical to ensure that the situation does not deteriorate and people do not slip back into crisis.

An estimated 1.7 million people in the BAY states are currently estimated to be food insecure and considered to be facing crisis or emergency situations (CH Phase 3 or 4). As part of the lean season period, during June to August 2019, 2.7 million people are projected to be food insecure. Despite improvements in 2018, the food security and nutrition situation remains fragile in the north-east. In Borno State, many affected populations remain dependent on assistance to meet their basic food needs – a situation stemming from ongoing hostilities and insecurity. Security perimeters in 'garrison' towns and restricted freedom of movement impact the communities’ ability to engage in livelihood and income generating activities, with 39 per cent of IDP households in Borno State reportedly not having access to land. The security situation also impacts access to fuel and energy for cooking food, with 85 per cent of women and girls interviewed during a joint assessment reporting heightened protection risks when collecting firewood.

In many areas across Borno State, market and trade routes continue to be disrupted as a result of insecurity, the presence of UXOs/IEDs and impassable roads during the rainy season. These, and other existing bans on fish trade and restrictions on purchasing fertilizers, impact trade flows and activities. In Yobe and Adamawa states, an improved security situation has enabled a resumption of agricultural and livestock livelihood activities as well as functional markets with durable supply chains. However, pockets of insecurity remain, including in central Adamawa State where inter-communal violence is worsening. Other dynamics impacting the situation include flooding, which has destroyed crops and may negatively influence the harvest.

The nutrition situation has steadily deteriorated throughout the crisis, with 2.7 million children and women in need of immediate nutrition services. Global acute malnutrition (GAM) in children aged 6-59 months remains highly concerning, with over one million children having malnutrition rates exceeding the WHO threshold of 10 per cent. In this, an estimated 368,000 children suffer from severe acute malnutrition (SAM) and 727,000 from moderate acute malnutrition (MAM), with extremely worrying rates of new arrivals from inaccessible areas at 34 per cent SAM and 55 per cent MAM. One in every five of these children with

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**Story: Humanitarian Situation in Inaccessible Areas**

Harrowing stories of new arrivals to major centres echo analysis that suggest high levels of deprivation in inaccessible areas. Falmata, a 13-month-old girl who received treatment at an out-patient-therapeutic (OTP) clinic in Bama for severe acute malnutrition (SAM) arrived in September 2018 with her mother from an inaccessible settlement. Falmata’s mother fled with the infant to Bama town after walking many days and facing many challenges along the way including hunger, sickness and exhaustion. She fled because even the most basic services for survival were unavailable in the “bush” and because “hunger” is causing many reported deaths. The situation is reportedly much more severe in 2018 because “Boko Haram” has increased the looting of food from civilian populations, and cultivation is not possible. Many families are now surviving only on boiled leaves.

Falmata’s story is not uncommon. Proxy analysis of nutrition screenings in reception centres for new arrivals reveal that the nutrition situation of children coming from inaccessible areas is significantly worse than that of children in areas receiving assistance. For example, from August to mid-September 2018, extensive nutrition assessments across Borno State were conducted on 1,887 children of 6-59 months who are considered new arrivals to major centres. Around 79 per cent of the screened children departed from areas that are considered inaccessible to international humanitarian partners. 55 per cent of the children from inaccessible areas are considered acutely malnourished – 34 per cent are considered severely malnourished. This compares to only 13 per cent of the children from accessible areas that have acute malnutrition.

These stories of hunger and deprivation are reflective of 2018 displacement patterns in the north-east where thousands of women, men, girls and boys fled from inaccessible areas as a result of the desperate situation. In addition to being held in hostage-like situations, women, girls, men and boys also report similar stories of forced labour by NSAGs to cultivate crops and harvest.

“The situation is much worse this year with too much hunger…we survived on boiled leaves. We had to escape.”
- New arrival to Bama town from inaccessible settlement
SAM and one in every 15 of these children with MAM are at risk of death if their malnutrition remains untreated. Despite a scale up of nutrition interventions in 2018, the ongoing conflict continues to have a direct impact on people’s nutrition status which is further exacerbated by weak health infrastructures, poor infant and young child feeding practices, limited access to safe water and sanitation services, poor hygiene conditions and food insecurity.

Two thirds of health facilities have been damaged by the conflict – a clear indication of the impact of the crisis on the health system. The north-east remains highly endemic for diseases, including diarrhea, due to a variety of issues including limited access to essential health care, vulnerabilities related to displacement and congested living conditions. The situation is further exacerbated by unsafe water, inadequate hygiene and sanitation services linked to long-term structural deficiencies, as well as a general weakening of resilience in affected communities. Women and children in particular are left increasingly susceptible to disease outbreaks, including cholera. In 2018, cholera outbreaks affected 18 LGAs in the BAY states with a total of 10,571 cases. In addition, 1.5 million people are considered at risk and require cholera prevention interventions.

With such high levels of displacement in 2018, more than 40 IDP sites across 12 LGAs in Borno State are in ‘high congestion’ status resulting in many individuals having no access to shelter and forced to sleep in overcrowded spaces or outside. This leaves vulnerable groups not only more susceptible to disease, but also at heightened risk of protection concerns. Further, over 60 per cent of displaced persons are living in host communities, making it harder to reach them with assistance and putting additional pressure on the already stretched resources of these communities.

The impact of the crisis on the education system has also been severe, leaving generations of children without opportunities to learn and even more vulnerable. Since the conflict erupted in 2009, 611 teachers have been killed, 19,000 teachers displaced, 910 schools damaged or destroyed, and more than 1,500 schools forced to close. As a result, an estimated 900,000 children have lost access to learning while 75 per cent of children in camps do not attend school. 70 per cent of girls of primary school age are out of school in Borno State - the highest percentage in the country. Of those who do attend, 72 per cent are unable to read upon completion of grade six, while Borno State has the lowest literacy rates at only 35 per cent of female and 46 per cent of male adolescents.

### Key Events

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>2009</td>
<td>NSAGs launch a campaign of violence in north-east Nigeria</td>
</tr>
<tr>
<td>2009</td>
<td>Suicide bomb attack by NSAGs on UN HQ in Abuja kills 23 people</td>
</tr>
<tr>
<td>2011</td>
<td>GoN declares State of Emergency in BAY States</td>
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<tr>
<td>2011</td>
<td>NSAGs capture town of Gwoza, Borno State, and declare a caliphate in</td>
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<tr>
<td>2011</td>
<td>controlled areas</td>
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<tr>
<td>2012</td>
<td>NSAGs Kidnap 276 school girls from Chibok, Borno State</td>
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<tr>
<td>2012</td>
<td>Declaration of food emergency</td>
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<tr>
<td>2013</td>
<td>NSAGs pledge allegiance to ISIS</td>
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<tr>
<td>2013</td>
<td>Agreement between the AU and the Lake Chad Basin</td>
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<tr>
<td>2013</td>
<td>Many UN agencies declare internal corporate L3 emergencies</td>
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<tr>
<td>2013</td>
<td>President of Nigeria requests international support to address food</td>
</tr>
<tr>
<td>2013</td>
<td>and nutrition crisis in north-east at General Assembly</td>
</tr>
<tr>
<td>2014</td>
<td>NSAGs following abduction of 100 Dapchi schoolgirls</td>
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<tr>
<td>2014</td>
<td>Scale up in response with more than 2,000 humanitarian aid workers</td>
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<tr>
<td>2014</td>
<td>and the first humanitarian hub operational in Maiduguri</td>
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<tr>
<td>2014</td>
<td>Oslo Conference on Nigeria &amp; Lake Chad Region</td>
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<tr>
<td>2015</td>
<td>NSAGs following abduction of 82 Chibok schoolgirls</td>
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<tr>
<td>2015</td>
<td>First wave of returns from Cameroon to Adamawa State</td>
</tr>
<tr>
<td>2015</td>
<td>First Lake Chad Basin Governors’ Conference</td>
</tr>
<tr>
<td>2016</td>
<td>NSAGs following abduction of 82 Chibok schoolgirls</td>
</tr>
<tr>
<td>2016</td>
<td>Scale up in response with more than 2,000 humanitarian aid workers</td>
</tr>
<tr>
<td>2016</td>
<td>and the first humanitarian hub operational in Maiduguri</td>
</tr>
<tr>
<td>2016</td>
<td>Cadre Harmonisé analysis indicates improved food and nutrition security situation and 3.1 million people reached with food assistance</td>
</tr>
<tr>
<td>2017</td>
<td>NSAGs following abduction of 82 Chibok schoolgirls</td>
</tr>
<tr>
<td>2017</td>
<td>Scale up in response with more than 2,000 humanitarian aid workers</td>
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<tr>
<td>2017</td>
<td>and the first humanitarian hub operational in Maiduguri</td>
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</table>

For a visual representation of the key events, please refer to the table above.
The cumulative impacts of such violent experiences and stresses have weakened communities’ resilience and coping mechanisms, and as a result more than 2 million girls, boys and caregivers require psychosocial support services. If left unaddressed, such traumas will have serious impacts on health and wellbeing, and could result in the emergence of new patterns of violence.

Underlying Causes

While the government response to the crisis in the north-east has primarily been a nationally-based security and humanitarian response, there is recognition that radicalization of NSAGs stems from deep-rooted issues of marginalization and socio-economic and political grievances. Prior to 2009, north-east Nigeria was plagued with high levels of poverty, inequalities, including gender, underdevelopment, unemployment, poor governance, political marginalization, weak justice systems and ecological degradation.

In 2018, Nigeria overtook India as the country with the largest number of extreme poor. At the end of May 2018, research suggests that Nigeria had about 87 million people in extreme poverty, compared with India’s 73 million. What is more, extreme poverty in Nigeria is growing by six people every minute, while poverty in India continues to fall.

In addition, Nigeria ranks 152 out of 187 in the Human Development Index (HDI), which is well below the average for sub-Saharan Africa. Historically, there has been a lack of development and investment initiatives in the north-east compared to other areas in Nigeria, including with education and health institutions, which perpetuates cycles of deprivation and further erodes social and economic structures.

Demographic dynamics also remain a challenge with a large portion of the population being young (15 – 34 years of age), and the rate of unemployment higher in the north-east, especially among women. In 2017, while the national youth unemployment rate was 19 per cent, it was 37 per cent and 28 per cent in Yobe and Borno states respectively. The lack of employment and livelihood opportunities is a major cause of frustration and discontent with government – factors which compound social polarization and openness to radicalization. Significant gender gaps also exist, with women and girls in the north-east exposed to higher inequality across all sectors and greater risks, which further exacerbates existing gender inequalities and power relations that disadvantage them. The maternal mortality rate in the north-east is the highest in the country and almost 10 times higher than the rate in the country’s south-western zone, while the child mortality rate is the highest in the country and among the worst in the world.

These dynamics underline the importance of ensuring strong collaborative efforts between humanitarian, development and peace actors for collective outcomes towards resilience. In 2019, while there has been a decline in the number of people who need life-saving humanitarian assistance, there is simultaneously an increase of people who require longer-term development support. While the Government of Nigeria has the primary responsibility to address these underlying structural constraints, the extent and scale of humanitarian needs and the complexity of humanitarian operations are currently higher than the response capacity.
During 2019, 7.1 million Nigerians will require some form of humanitarian assistance in the most affected states of Borno, Adamawa and Yobe, with women and children comprising 80 per cent.

This represents a decrease of 600,000 people in need compared to 2018, attributed to the ongoing delivery of assistance, improved security conditions, and favorable climatic conditions.

Partners estimate that 1.8 million displaced people require some form of assistance, in addition to 1.6 million people who have returned to their homes. Some 2.9 million Nigerians living in host communities need support as well as 823,000 people in inaccessible areas. Children, women, the elderly, people with disabilities and people living with HIV/AIDS are disproportionately impacted. In addition, more than 200,000 Nigerian refugees are expected to remain in neighboring countries and will be supported outside of this appeal.

The main humanitarian needs in north-east Nigeria result from a myriad of factors including chronic under-development. Insecurity, particularly in Borno State, continues to be the main trigger for wide-scale population displacement and dire humanitarian needs. Adamawa State is also affected by inter-communal tensions and recurrent flooding.

Yet, with the conflict now in its tenth year, the dynamics of the needs are changing. Trends in displacement indicate that large-scale displacement and severe humanitarian needs will persist beyond 2019. The majority of those living in displacement will continue to require assistance while those returning to their areas of origin will rely on humanitarian assistance if early recovery and development interventions are not urgently scale up. Additional people who face undignified conditions in inaccessible areas are expected to become accessible, although others will remain out-of-reach to humanitarians largely as a result of insecurity.

<table>
<thead>
<tr>
<th>HUMANITARIAN NEEDS</th>
<th>BY POPULATION CATEGORY (in million)</th>
<th>BY SEX AND AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total people in need</td>
<td>% Female</td>
</tr>
<tr>
<td></td>
<td>Internally displaced people</td>
<td>% Male</td>
</tr>
<tr>
<td></td>
<td>Retenees</td>
<td>% children, adult, elderly</td>
</tr>
<tr>
<td></td>
<td>Host Community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inaccessible</td>
<td></td>
</tr>
</tbody>
</table>

* Protection includes Child Protection and Gender-Based Violence
# Part I: Breakdown of People in Need

## People in Need Per State

<table>
<thead>
<tr>
<th>States</th>
<th>By Population Category</th>
<th>By Sex</th>
<th>By Age</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Borno</strong></td>
<td>4.7M PEOPLE IN NEED</td>
<td>54%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>1.5M INTERNALLY DISPLACED PERSONS</td>
<td></td>
<td>38% (18 - 59 YEARS)</td>
</tr>
<tr>
<td></td>
<td>0.7M RETURNEES</td>
<td></td>
<td>8% CHILDREN (&lt;18 YEARS)</td>
</tr>
<tr>
<td></td>
<td>1.8M HOST COMMUNITY</td>
<td></td>
<td>59% CHILDREN (&lt;18 YEARS)</td>
</tr>
<tr>
<td></td>
<td>0.8M INACCESSIBLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adamawa</strong></td>
<td>1.7M PEOPLE IN NEED</td>
<td>53%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>0.2M INTERNALLY DISPLACED PERSONS</td>
<td></td>
<td>34% (18 - 59 YEARS)</td>
</tr>
<tr>
<td></td>
<td>0.8M RETURNEES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.7M HOST COMMUNITY</td>
<td></td>
<td>58% CHILDREN (&lt;18 YEARS)</td>
</tr>
<tr>
<td></td>
<td>0.1M INACCESSIBLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yobe</strong></td>
<td>0.7M PEOPLE IN NEED</td>
<td>54%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>0.1M INTERNALLY DISPLACED PERSONS</td>
<td></td>
<td>34% (18 - 59 YEARS)</td>
</tr>
<tr>
<td></td>
<td>0.2M RETURNEES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.3M HOST COMMUNITY</td>
<td></td>
<td>62% CHILDREN (&lt;18 YEARS)</td>
</tr>
<tr>
<td></td>
<td>0.06M INACCESSIBLE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The most severe and acute humanitarian needs are concentrated in areas affected by conflict and locations hosting large numbers of internally displaced people and returnees. This includes almost all Local Government Areas (LGAs) of Borno State, the epicenter of the crisis. Moderate humanitarian needs are mainly in Adamawa and Yobe states, while southern Adamawa State has low humanitarian needs.

A severity scale that includes security incidents and the presence of internally displaced people and returnees has been developed to identify areas where multiple needs converge, acknowledging that humanitarian assistance must be prioritised according to the scope and intensity of need. Many areas are simultaneously affected by structural deficits predating the current crisis and include chronic food insecurity, malnutrition and limited access to safe water and healthcare. The majority of these needs will have to be met though recovery and development assistance that builds local capacity and addresses the root causes of the crisis.
The conflict in the north-east of Nigeria has resulted in massive damage to infrastructure, disruption of basic social services and markets, and lack of safe access to farmlands which has decimated the livelihood of IDPs, returnees and host communities.

One in four conflict-affected households in the north-east has no access to economic opportunity as a result of the conflict while over 650 public buildings are completely destroyed or dysfunctional. The cost of damage attributable to the conflict has been significant across Borno State ($6.9 billion), Yobe State ($1.2 billion) and Adamawa State ($829 million), in a region that already has a long history of chronic under-development.

In 2018, one million IDPs remain in host communities while 1.6 million have returned to their home areas, primarily to areas no longer directly affected by the conflict but also to severely affected LGAs in Borno (Damboa, Konduga, Monguno), Adamawa (Madagali, Mubi North, Hong) and Yobe (Gujba, Potiskum, Fika) states.

Large-scale displacement continues to place a heavy strain on already vulnerable communities with pre-existing inadequate levels of access to basic infrastructure and services, further limiting income and livelihood opportunities, and increasing resource demands. This situation has led to societal tensions between IDPs, returnees and host communities.

Across Nigeria, women's access to income and livelihood opportunities is characterized by smaller and less secure plots of land, less access to physical inputs, less use of labor, and less access to extension services. Thereby earning and producing much less than male farmers.

Of the 5.5 million people in need of early recovery assistance, 1 million are IDPs in host communities, 1.5 million IDPs and returnees, and 2.9 million people in host communities. This includes 1.5 million girls, 1.3 million boys and 0.9 million women. Several LGAs have been particularly affected based on the levels of damages and service delivery burden associated with high numbers of returnees and IDPs in host communities:

- Damboa, Konduga, Monguno (Borno State)
- Madagali, Mubi North, Hong (Adamawa State)
- Gujba, Potiskum and Fika (Yobe State)

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

The severe damage to key public infrastructure and service provision, including LGA government facilities (LGA offices, schools, clinics, markets, and access to justice) is adding to the long history of marginalization and chronic under-development in the north-east. Pre-crisis poverty, development and socio-economic conditions in north-east Nigeria were very low with relative poverty recorded at 76.3 per cent in 2010. Access to basic services has still been a challenge characterized by inadequate WASH facilities and low basic health indicators being worse than the national average. Globally, Nigeria ranks...
157 out of 189 in the Human Development Index (HDI), which puts the country in the low human development category. Rapid population growth has also hampered faster poverty reduction while the BAY states continue to suffer the most from underemployment across the country with 37 per cent and 28 per cent of youth unemployment rate in Yobe and Borno states respectively. The lack of provision of basic services and youth unemployment have also been underlined as key drivers of the conflict in the region as NSAGs sometimes offer better economic opportunities to young people.

Conflict-related damages are colossal, with two-third of the damages in Borno State, followed by Adamawa and Yobe states. 75 per cent of damages have been reported on agriculture (US$ 3.5 billion) and housing (US$ 3.3 billion), in a country where the agriculture sector employs half of the workforce, providing livelihood for about 90 per cent of the rural population. The conflict resulted in more than 400,000 destroyed and damaged houses, 95 per cent of which are located in Borno State. Assessments also reveal that 77 per cent of IDPs residing within host communities do not intend to return to their places of origin in the near future: the main reasons cited were damaged houses, lack of security and access to basic social services.

About 60 per cent of the displaced population are staying with host communities, placing an additional strain on already vulnerable communities. Ongoing displacement, including new arrivals from inaccessible areas, continue to exacerbate the situation, increasing social tensions between host and displaced communities. In addition, access to livelihoods and essential services remains extremely limited, as a result of the conflict and continuous displacement. For example, the presence or perceived threat of IEDs and EWR continues to hinder access to arable land and basic infrastructures in most of the BAY states. These elements are crucial for creating conditions for durable solutions for IDPs (whether they choose to return, locally integrate in their place of displacement, or relocate elsewhere in the country) and restoring social cohesion. Without those pre-conditions, a premature return of IDPs could lead to secondary displacement, deepen returnees’ vulnerability, and exacerbate tension and social polarization between IDPs, host communities and returnees.

**KEY CHALLENGES IN 2018**

- The majority of early recovery and livelihoods sector activities, which are still not commensurate to needs, have been funded and reported outside of the HRP. Ongoing non-HRP activities and beneficiaries reached have not been captured to provide a complete picture (HRP and non-HRP funded) of the overall early recovery programs across Borno, Adamawa and Yobe states.
- Inability to accurately measure early recovery mainstreaming, implementation and reporting at inter-sector level.
- Lack of civilian authority presence, including police, judiciary and other civil servants.
- Limited age and sex disaggregated data on who is benefiting or not from specific distributions and services.

**METHODOLOGY FOR NEEDS ANALYSIS**

The sector projects that all IDPs in host communities and returnees are considered to be in need of early recovery support. Regarding host communities, a set of indicators was used to estimate needs severity at LGA-level, including: percentage of households without access to basic services (using a standard benchmark of 1 functional primary health center to 10,000 people); percentage of households without access to income (using REACH MSNA findings); percentage of IDPs; and returnees in host communities. Based on this methodology, a percentage (25, 50 or 75 per cent, depending on the severity level) of the total LGA population in LGAs with a returnee and IDP return rate exceeding 20 per cent of the total LGA population was applied to estimate the number of people in need of early recovery support in host communities.

**ACCESS TO BASIC SERVICES - (USING PRIMARY HEALTH CENTRE FUNCTIONALITY)**

The Government minimum Primary Health Centre (PHC) requirement standard of 1 PHC for every 10,000 people in given community was used to determine the threshold number of PHCs per LGA. The LGAs highlighted in dark blue (classified as severity and crisis) have large population burdens and limited functional PHCs that don’t meet the minimum 1:10,000 standard ratio. These LGAs score a PHC functionality and service provision rating of 40% or less, deduced from the number of functional PHCs per 10,000 of the LGA population against the minimum requirement of the LGA population.

**HOUSEHOLDS WITHOUT INCOME SOURCES AND IN HIGH DEBT LEVELS**

The dark blue LGAs reflect households exceeding the minimum income and debt threshold (of 52.3%) that have no income and are also in high debt levels.

Source: Nigeria Health Sector. Functional PHCs Across BAY States, August 2018.

Source: REACH MSNA, August 2018.
OVERVIEW

In north-east Nigeria, 5.3 million people, including 2.9 million women and girls, are in need of life-saving and essential health services.

Two thirds of health facilities in the BAY states have been damaged by the conflict – a clear indication of the catastrophic impact of the crisis on the health system.

Affected people remain at significant risk of epidemic-prone diseases, like cholera, measles and viral hemorrhagic fevers due to low access to essential healthcare, seasonal patterns, lack of access to potable water and sanitation infrastructure, and vulnerabilities as a result of continuous displacement. Women and children are left increasingly susceptible to disease outbreaks, especially cholera.

Ongoing new conflict-related displacement, including the influx of IDPs, refugees and returnees, into overcrowded and under-serviced camps and settlements in some LGAs, mainly in Borno State (Pulka, Gowza, Monguno, Bama, Dikwa, Kukawa, Ngala), exacerbates the risk of disease outbreaks including cholera, hepatitis, meningitis and measles. Estimates indicate that more than half of recorded deaths in Borno State in 2018 are due to malaria combined with malnutrition, more than all other causes of death combined, including cholera, measles and hepatitis E. A cholera outbreak was declared by state authorities in Borno and Yobe states in September 2018 while the number of cholera and Acute Watery Diarrhea (AWD) cases are also on the rise in Adamawa State.

Gender-Based Violence is widespread in the region. Urgent medical care is often required as GBV seriously affects all aspects of women’s health, especially for an estimated 700,000 women and adolescent girls of reproductive health age who might be at risk of sexual violence and exploitation.

AFFECTED PEOPLE

During this crisis, the most vulnerable groups are: all displaced populations (IDPs and returnees); populations living in inaccessible areas; all children under 5 years of age; adolescent girls and women of reproductive health age (15 to 49 years); the elderly (over 60 years); and the host community population below the poverty line.

Across the BAY states, 5.3 million people will need health care services, including 1.4 million IDPs, 1.3 million returnees, 823,000 in inaccessible areas, and 1.8 million people living in host communities. Among the affected population close to 800,000 are women and girls of reproductive health age. Around 0.3 million elderly people will need special medical care and attention as they are more exposed to chronic disease like cardio vascular disease, diabetes, cancer, tuberculosis, etc.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

The conflict has taken a major toll on the health care system and exacerbated already fragile health services in the region, characterized by the lack of community awareness.

PEOPLE IN NEED PER STATE - BY CATEGORY

State | IDPs | Returnees | Host Community | Inaccessible | Total
--- | --- | --- | --- | --- | ---
Borno | 1,117,403 | 540,113 | 603,521 | 762,380 | 3,023,417
Adamawa | 144,501 | 630,333 | 475,107 | - | 1,249,940
Yobe | 105,491 | 141,884 | 737,341 | 60,547 | 1,045,263
Total | 1,367,395 | 1,312,330 | 1,815,968 | 822,927 | 5,318,620

PEOPLE IN NEED PER STATE - BY SEX AND AGE

State | Children | Adults | Elderly | Total female | Total male
--- | --- | --- | --- | --- | ---
Borno | 2,224,112 | 661,082 | 138,224 | 1,652,832 | 1,370,586
Adamawa | 900,359 | 209,468 | 140,114 | 681,995 | 567,945
Yobe | 850,337 | 148,509 | 46,416 | 589,810 | 455,453
Total | 3,974,808 | 1,019,059 | 324,754 | 2,924,637 | 2,393,984

NUMBER OF PEOPLE IN NEED

5.3M

IDPs | 1.4M | RETURNNEES | 1.3M | HOST | 1.8M | INACCESSIBLE | 0.8M

SEVERITY MAP

75% | 19% | 6%

CHILDREN (<18 YEARS) | ADULT (18-59 YEARS) | ELDERLY (+59 YEARS)
and sensitization on safe health and hygiene practices. The revitalization and strengthening of the health system is vital: two thirds of health facilities in the BAY states have been damaged by the conflict. According to a recent Health Resources and Services Availability Monitoring assessment in Borno State, out of 809 assessed health facilities, 134 are non-functional while 252 have been damaged during the crisis; only 334 are fully functional and 89 are partially functional. Those that are functioning are short of staff, and lack safe water, basic drugs and equipment. The freedom of movement, for both patients and healthcare providers, are often curtailed by general insecurity, especially in inaccessible areas, as well as by specific restrictions, including for IDPs to move in and out of IDP camps, in Borno State in particular.

Critical gaps remain in functional primary and secondary health services, including regular nutrition screening in all catchment areas, community mobilization on key health issues and public health risks, and dedicated support to secondary health care facilities and general hospitals (deployment of medical specialists, supplies, medicines, etc.).

Populations face significant obstacles to access secondary health care and referral services, especially in inaccessible areas, due to a combination of critical loss of ambulance services and lack of specialized health care providers. Only 39 per cent of health facilities have a functional referral mechanism to a higher level of care and one out of two secondary health care facilities is damaged/destroyed and non-functional.

In 2018, over 3,472 cholera cases have been reported across Borno (947), Adamawa (2050) and Yobe (474) states. In Borno State, densely populated areas of Maiduguri and Jere LGAs have reported high numbers of cholera cases. Other LGAs in Borno State (Mobbar, Gwoza, Ngala, Kala-Balge and Bama) have also been affected due to congested living environment in IDP camps and host communities and poor sanitation infrastructure.

The north-east region is highly endemic for malaria which is one of the major causes of morbidity and mortality among children and women. The disease burden is especially high in central and northern Borno State. Data generated from the Early Warning System (EWARS) in mid-October 2018 indicated that malaria, compounded by malnutrition, is the leading cause of morbidity and mortality for 45 per cent of cases and 33 per cent of reported deaths. The ongoing conflict has further increased vulnerability to malaria given that 50 per cent of health facilities that would have provided malaria prevention or treatment are either completely or partially destroyed.

Another barrier in accessing health services is related to high costs (as reported by 75 per cent of IDPs, 61 per cent of returnees and 80 per cent of non-displaced households), including the high cost of quality medicines. In Nguru, Potiskum and Geidam LGAs in Borno State, the percentage of non-displaced households reporting cost-related challenges in accessing health services was higher than in other population groups, due to poverty and lack of resources.

More than 1.7 million vulnerable women in the north-east, including between 20 to 30 per cent in inaccessible areas, are of reproductive age (15 to 49 years) and require reproductive health care and support. Some 260,000 of these women are currently pregnant, and the same number of women is expected to get pregnant within a period of one year. Over 50,000 live births will face complications with a high risk of maternal mortality and morbidity, due to weak/lack of reproductive health services. The delivery of quality services and referrals for secondary care to prevent maternal deaths and maternal morbidity remain limited as the availability of GBV-specialized assistance (including PEP kits, clinical management of rape cases) and GBV-trained medical staff is insufficient. Mental Health and Psychosocial (MHPSS) services are also extremely limited: for example, mental health treatment services are only available at the Federal Neuro Psychiatric Hospital in Maiduguri.

About 10 per cent of children suffering from SAM are estimated to have medical complications. The management of acute malnutrition with medical complication services in the BAY states has been outstretched. The situation might even worsen in light of proxy analysis revealing that 34% of the children from inaccessible areas are suffering from SAM. People with conflict-related disabilities and chronic injuries also need special attention and medical care.
PART II: HEALTH

KEY CHALLENGES IN 2018

• Health service delivery continues to be hampered by the conflict, impeding movements of health workers, drugs and other medical supplies, and general breakdown of adequate health facilities and infrastructure;

• Epidemic outbreaks especially cholera, meningitis, measles and yellow fever;

• Limited secondary health care and referral services in inaccessible areas;

• Financial barriers (direct and indirect costs) for vulnerable households to access health services and medicines of quality;

• Serious shortages of skilled health care workers, particularly doctors, nurses and midwives, with many reluctant to work in inaccessible areas due to insecurity;

• Shortage of GBV-specialized assistance (e.g. PEP kits) and of GBV-trained health care providers;

• Shortage of specialized assistance and treatment for persons with disabilities and chronic injuries, including due to UXO/IED incidents;

• Continuous population displacement and influx of returnees, new arrivals and/or refugees disrupting and further straining already limited resources and challenging health programs implementation;

• Unavailability of network coverage in newly accessible areas, affecting timely submission of health data for prompt decision-making and reporting to EWARS/IDSR system;

• Need to sustain a robust and resilient response system to recurrent emergencies and strengthen the local capacities for timely response to new emergencies and outbreaks.

METHODOLOGY FOR NEEDS ANALYSIS

Several indicators were used to define the LGA-level severity for health. These include: burden of diseases; outbreaks of cholera and increased number of AWD cases; availability of functional health facilities; number of functional health posts per 10,000 population; number of functioning health facilities with basic emergency obstetric care; percentage of immunization coverage for vaccine preventable diseases per LGA; and multi-dimensional poverty index. To address the most vulnerable, 40 per cent of men and women are considered in need in addition to all children under 5 years of age, due to their vulnerability to disease outbreaks. All women of reproductive age (12 to 49 years) and all people in inaccessible areas were also included in the calculation of the number of people in need. All elderly women and men were considered in-need due to limited access to functional health care facilities.
OVERVIEW

The humanitarian situation in north-east Nigeria is a protection crisis. The conflict continues to be characterized by deliberate attacks against civilians, including: killings; sexual violence, in particular against girls and women; abductions; burning of homes and destruction of schools; and targeted use of IEDs. It is estimated that more than 27,000 civilians have been killed to date. Recruitment and use of children, boys and girls alike, by non-state armed actors, is extensive. Adolescent boys and men face a high risk of forced recruitment by NSAGs and, if they resist, of disappearance and killing; once outside of NSAG-controlled areas, they risk arbitrary arrest and detention by the military on suspicion of affiliation with NSAGs. An estimated 823,000 civilians remain in inaccessible areas, cut off from international assistance and protection interventions. Those who manage to flee often are stigmatized.

The conflict has forced more than 3.5 million civilians to flee, whether inside the country or across borders. In 2018, intensified fighting between Nigerian Security Forces and NSAGs had caused 240,000 new displacements by October.

Meanwhile, significant return movements have occurred: as of August 2018, 1.6 million displaced persons, including both IDPs and refugees, are reported as having returned. However, some of these returns have fallen short of international standards regarding voluntariness and have taken place to areas where essential conditions for sustainable returns, including safety, freedom of movement, access to basic services, and livelihood opportunities, are not yet in place. Absent conditions conducive for sustainable return, some “returnees”, both refugees and IDPs, have gone back to or moved into displacement sites.

Furthermore, the protracted conflict has seriously eroded the protective environment, including access to justice and the presence of civilian authority, to effectively address these serious protection concerns.

AFFECTED PEOPLE

An estimated 5.2 million persons are in critical need of protection. This includes: 1.81 million IDPs (79 per cent of whom are women and children); 1.64 million returnees (IDPs and refugees, of whom 54 per cent are female); 823,000 civilians in inaccessible areas; and 0.9 million individuals from host communities. Female-headed households and child-headed households, unaccompanied and separated children, adolescent boys and girls, face heightened protection risks, including GBV, child recruitment and SEA. Groups with specific needs include: the elderly; the chronically ill; persons with physical and mental disabilities; and pregnant and lactating women.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Assessments of civilians who managed to flee “inaccessible” areas paint a terrifying picture, with reports of systematic and widespread violations, including: abductions; early and...
forced marriage; recruitment and use of children; attacks on schools; and targeted killings. In addition to urgent protection interventions, new arrivals from inaccessible areas are in desperate need of basic services including food, water, clothing, medical services and shelter. The process of screening new arrivals from these areas often results in extended military detention, particularly of adolescent boys and men, with reports of serious injuries and even death during detention.\textsuperscript{34} IDPs from these areas also face stigmatization and discrimination on suspicion of affiliation with the non-state actors.

IDP camps and sites are rife with serious protection risks especially for young girls and boys, unaccompanied children, child-headed and female-headed households. These risks include GBV, including sexual exploitation and abuse, forced early marriage, recruitment, and use of children and child labor.\textsuperscript{35} Exacerbating these risks is the lack of adequate services in the sites. For example, only 38 per cent of latrines in IDP sites are sex-aggregated and 31 per cent have no locks.\textsuperscript{60} The long distances to water points and firewood expose IDPs to attacks, harassment, abduction and GBV, in particular for girls and women: 85 per cent of girls and women report facing protection risks when collecting firewood.\textsuperscript{61}

According to the Vulnerability Screening carried out by UNHCR in 2017, 100 per cent of the IDPs and IDP returnees identified as vulnerable report not being able to meet their daily basic needs. The lack of access to adequate food, basic items and livelihood opportunities has a direct link with the increasing number of reported cases of exploitation, particularly of female-headed households (FHH).\textsuperscript{62} Of the 98,215 households profiled, 63 per cent of vulnerable households are comprised of FHH, with the number of FHH continuing to rise in 2018, and likely in 2019.\textsuperscript{64} FHH have been compelled to send their children out to beg and also induced them to marry off young girls, increasing their risks of exploitation and abuse: 22 per cent of GBV incidents reported by minors have occurred in the context of early marriage.\textsuperscript{65} Cases continue to be reported of sexual exploitation of IDP women and girls in exchange for food and their freedom of movement outside of IDP camps; members of NSF reportedly are implicated in some such cases.\textsuperscript{66} Nearly all IDPs and IDP returnee households identified as vulnerable reported lacking legal documentation. The lack of documentation puts IDPs, particularly adolescent boys and men, at greater risk for arrest and detention, hinders IDPs’ access to basic services such as healthcare and education, and complicates enforcement of their housing, land and property rights.\textsuperscript{67}

Restrictions on IDPs’ freedom of movement in/out of camps and settlements as well as of out of most LGA headquarters towns limits IDPs’ and returnees’ ability to engage in livelihoods, undermining opportunities to support their self-reliance and durable solutions to displacement.

Return movements of IDPs and refugees, which increased in 2018, have not always met the principles of voluntariness, safety and dignity.\textsuperscript{68} A number of return areas, particularly in Borno State, continue to experience high insecurity due to ongoing active combat (e.g. in Bama, Ngala, Dikwa, Monguno LGAs of Borno State), and pervasive presence of IEDs and ERW. Security-related restrictions on civilians’ freedom of movement limits their ability to engage in socio-economic activities. The lack of adequate civil infrastructure and basic services, including water, sanitation and health facilities, schools and civil authority, as well as livelihood opportunities in these areas also undermine the sustainability of returns. As a result, many relocated or returning IDPs and returning refugees have not been able to return to their place of habitual residence, and instead have ended up in a situation of secondary displacement, often back in IDP sites. The vast majority of individuals displaced by the conflict are only willing to return to their places of origin when essential conditions, especially security and access to basic services, as well as freedom of movement, are in place.\textsuperscript{70} Indeed, 25 per cent of men surveyed in IDP camps in Borno State and host communities in Adamawa State are intending to return to their places of habitual residence only if certain conditions are met, in particular security, repair/rehabilitation of houses, access to livelihood and employment opportunities, access to humanitarian assistance and to basic services, such as education and health.\textsuperscript{70} In Borno State, out of 8,556 HH assessed, 84 per cent had the intention to return, with women making up 55 per cent though only when conditions conducive to sustainable returns are in place. At the Teachers Village IDP Camp in Borno State, for example, 87 per cent of the IDPs note that they would only want to return to Kukawa and Ngala, their places of habitual residence, once the security situation becomes conducive to remain in safety.\textsuperscript{71}

Explosive hazards

As of September, 565 casualties from explosive weapons have been reported in 2018 as a result of 53 incidents.\textsuperscript{72} More than 70 per cent of the reported casualties were civilians. The fact that open source data is not disaggregated limits empirical analysis and the identification of persons most at risk; systematic collection of data, disaggregated by age and sex, on incidents is needed. In addition to causing deaths and severe injury to civilians, the pervasive presence of explosive hazards restricts freedom of movement, including hindering civilians’ access to farmland, other livelihood opportunities, and infrastructure and public services. Civilians report this as an impediment in 76 per cent of LGAs in Borno State, 59 per cent of LGAs in Yobe State and 52 per cent of LGAs in Adamawa State.\textsuperscript{73} The lack of access to agricultural land due to contamination by explosive hazards, or the perceived threat from such contamination, is exacerbating food insecurity, as well as undermining the affected populations’ self-reliance.

Housing, Land and Property (HLP)

In many displacement sites and settlements in all three BAY states, IDPs face the risk of eviction, often with very short notice and inadequate planning. As of October 2018, in Borno State alone, five IDP sites hosting a total of 300 IDPs were evicted IDPs who found temporary shelter in schools and other government buildings are particularly at risk of eviction, e.g. in Galtimari Primary School in Jere Local Government
Area of Borno State; similar concerns have been reported in Damboa, Gubio, Monguno, Konduga, MMC, Konduga Nganzai, Gwoza, Mobbar and Dikwa LGAs. Returning IDPs and refugees often find their houses destroyed or severely damaged, or being occupied by others. Complicating property is a lack of documents to prove title/ownership, the destruction of administrative records and capacity, fraudulent sales, inheritance disputes, and a patriarchal system which discriminates against widows and orphans.

Psychosocial assistance
The protracted crisis and the violations that many civilians have suffered has had a devastating impact on the mental well-being of children and adults alike. Needs for mental health and psychosocial support services, including age/sex appropriate and specialized services, remain immense.

KEY CHALLENGES IN 2018

• Lack of access to the estimated 823,000 civilians in inaccessible areas;
• Insecurity impedes protection and other humanitarian actors (international as well as local) from deploying to the deep field for extended periods;
• Limited presence of civilian authorities, including police, judiciary, and other civil servants in affected areas;
• Underfunding of the protection sector (16% as of October 2018 compared to 40% in October 2017);
• Limited number and capacity of protection partners; and
• Lack of specific national legal/policy framework on internal displacement and gaps in implementation of applicable national, regional and international standards, including the AU Convention on IDPs, to which Nigeria is a signatory.

METHODOLOGY FOR NEEDS ANALYSIS
Based on a broad range of primary data sources including vulnerability screening conducted by UNHCR in 2017/18, Multi-Sectoral Needs Assessment; Bama Multi-Sector Rapid Assessment May 2018; Cadre Harmonisé on food insecurity analysis, Health and WASH sectors assessments in May 2018, Return Intention Survey in Teachers Village in February 2018, and in other camp and host community locations in 2018.

Three key indicators used by the sector in ascertaining severity ranking at LGA level included: (1) The number of vulnerable persons with specific needs and at risk; (2) The number of security incidents against civilians (fatalities and violations) and presence of armed groups; and (3) the density of persons of concern per LGA. This methodology was used to determine the number of persons in need, PiN – i.e. - all IDPs, returnees and populations in inaccessible areas are in need of critical protection services 100%. The PiN for the host community was calculated based on the poverty index and severity ranking.
PART II: PROTECTION: CHILD PROTECTION

PROTECTION: CHILD PROTECTION

OVERVIEW

The protection and well-being of 2.7 million children and adolescents (1.5 million girls and 1.2 million boys) in the north-east remains seriously at risk mainly due to the complex and protracted conflict, with higher vulnerabilities anticipated to exist in inaccessible areas. The resilience of communities for protection of children has been weakened resulting in negative coping mechanisms.

Family separation (affecting 52 per cent girls), abduction and recruitment by armed groups (affecting 57 per cent girls), among other grave child rights violations and sexual violence have directly affected at least 49,500 girls and boys (51 per cent girls)75. Additionally, girls and boys affected are increasingly at risk of being engaged in hazardous forms of labour.

More than 2 million girls, boys and caregivers need psychosocial support services due to severe distress, hardship and displacement. An estimated 770,000 children and caregivers remain at risk of injury and loss of life from explosive remnants of war.

AFFECTED PEOPLE

Children under 18 years of age constitute 61 per cent of the IDP, returnee and other affected populations; one out of two affected children are girls (55 per cent). Out of 3.2 million people in need, 1.2 million (55 per cent female) are IDPs, 1.1 million (55 per cent female) returnees, 560,000 (55 per cent female) people in inaccessible areas and 375,000 (52 per cent female) people in host communities. The majority of conflict-affected children and caregivers are in Borno State (particularly in Bama, Dambo, Dikwa, Gwoza, Jere, Kala Balge, Maiduguri, Mobbar, Monguno and Ngala), followed by Adamawa (particularly in Michika) and Yobe (particularly in Gujba) states.

Girls are facing heightened risk of child marriage as parents have increasingly indicated using child marriage specifically as a coping mechanism to protect a girl’s honor against the widespread sexual violence perpetrated by armed groups, while girls have also indicated the fear of sexual assault or early pregnancy as a reason to get married early.76

Secondary displacement, loss of property and livelihoods and limited access to basic services have undermined the capacity of more than 150,000 caregivers to cater for children under their care.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

At least 10,000 children (more than being 50 per cent girls)77 are estimated to have been recruited, abducted76, held by armed groups or have been victims of violent attacks since the beginning of the conflict. Approximately 50 per cent of these children (mostly girls) are survivors of sexual and gender-based violence79. About 3,000 children were released from administrative custody in 2017 and 2018 and nearly 3,000 boys and girls are expected to be released in 201980; all these
children require assistance to address psychosocial, livelihood and social integration needs\(^4\). At least 39,500 children (53 per cent girls), including unaccompanied and separated children, and an additional 1,405 child-headed households are more vulnerable to abuse, violence and exploitation if not provided with appropriate and timely protection services that include family reunification.

Children continue to experience gender-based violence including sexual exploitation and abuse; at least 1,475 girls and 43 boys who are survivors of gender-based violence accessed response services as of September 2018\(^4\). These and other daily threats to children’s physical security including abduction pose a barrier, not only to children’s access to learning\(^4\) but access to basic and other services.

The conflict in the north-east has had a devastating impact on the psychosocial and mental well-being of more than two million girls (46 per cent), boys (37 per cent) and caregivers (17 per cent). In addition, adolescent boys and girls need life skills support to help them cope better with the threats and challenges occasioned by the conflict.

At least 150,000 caregivers of vulnerable children, particularly female-headed households, foster carers and single caregivers with several children, require psychosocial or socio-economic support to assist them to better cater for children in their care.

At least 770,000 children and caregivers\(^4\) in 39 LGAs (particularly in Borno State) are at risk of being injured or killed by explosive remnants of war and need critical knowledge on how to mitigate the risk of injuries and death.

**KEY CHALLENGES IN 2018**

- Whilst child protection interventions have been scaled up, challenges still remain on quality of services and accountability;
- Limited institutional and technical capacity of national child protection partners highlighted the need for coaching, mentoring and additional partnerships between international and national actors based on collaborative and principled partnership models;
- Significant funding gaps for the Child Protection sub-sector, especially for national and local organizations, contributed to challenges in providing quality services to children in need particularly in Borno and Adamawa states\(^2\); and
- Limited availability of age-disaggregated data to inform analysis and planning across all sectors to monitor and mitigate child protection risks; and
- Restrictions on humanitarian access hampering the ability of child protection actors to assess and support children and caregivers in need particularly in Borno State.

**METHODOLOGY FOR NEEDS ANALYSIS**

The methodology to analyse the severity of child protection needs was underpinned by inter-sectoral conflict drivers (insecurity incidents, presence of IDP and returnee populations). As agreed by the ISWG and endorsed by the HCT, this analysis was further weighted by applying four child protection severity indicators to rank the LGAs into five levels of severity\(^4\): vulnerable children and caregivers in need of psychosocial support; vulnerable children who need integrated case management services; vulnerable children recruited and abducted by armed groups; and ERW/improved landmines incidents.

Data for this analysis included an SDR of various assessments, including DTM Round XXIII, UNHCR Vulnerability Screening and MSNA findings; cases of vulnerable children reported by child protection actors and consolidated data of incidents from unexploded devices and remnants of war\(^4\). The Multidimensional Poverty Index for Nigeria was used to estimate the most vulnerable people in host communities due to their economic situation.

Based on this, 100 per cent of IDP and returnee children are considered to be in need of child protection services in addition to 30 per cent of IDP and returnee caregivers. As of August 2018, 25 per cent of caregivers received child protection services as reported under the 2018 HRP; this formed part of the basis for projecting that 30 per cent of caregivers would need support in 2019. The same methodology was applied for children and caregivers in inaccessible areas.

---

### CHILD PROTECTION RISKS

<table>
<thead>
<tr>
<th>Child Protection Risks</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separated children</td>
<td>23%</td>
</tr>
<tr>
<td>Child labour</td>
<td>19%</td>
</tr>
<tr>
<td>Unaccompanied children</td>
<td>15%</td>
</tr>
<tr>
<td>Child marriage</td>
<td>7%</td>
</tr>
<tr>
<td>Child-headed households</td>
<td>6%</td>
</tr>
<tr>
<td>SGBV</td>
<td>4%</td>
</tr>
<tr>
<td>Missing children</td>
<td>3%</td>
</tr>
<tr>
<td>Adolescent parents</td>
<td>3%</td>
</tr>
<tr>
<td>Neglected children</td>
<td>3%</td>
</tr>
<tr>
<td>Abuse and exploitation</td>
<td>4%</td>
</tr>
<tr>
<td>Abduction</td>
<td>2%</td>
</tr>
<tr>
<td>Recruitment &amp; use of children</td>
<td>2%</td>
</tr>
<tr>
<td>Trafficked children</td>
<td>2%</td>
</tr>
<tr>
<td>Arbitrary arrest</td>
<td>1%</td>
</tr>
</tbody>
</table>

---

### CHILDREN ASSOCIATED WITH ARMED GROUPS THAT HAVE BENEFITED FROM REINTEGRATION SERVICES IN 2018

- At least 39,500 children facing protection risks
- At least 6,000 children have been released and reintegrated.

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**Adapted from Humanitarian Needs Analysis**

**Source:** DTM Round XXIX: Vulnerability Screening, Multi-Sectoral Needs Assessment (MSNA), SWi.
PART II: PROTECTION: GENDER-BASED VIOLENCE

OVERVIEW

The protracted nature of the conflict continues to reinforce pre-existing gender inequalities (with women having lesser opportunities) across the BAY states. 54 per cent of the displaced population are female and half of these are of reproductive age and in need of access to reproductive and health services.

Women and girls are most vulnerable to GBV: 99 per cent of reported GBV incidents between January-June 2018 were made by women and girls, though boys and men have also been subject to GBV. Minors, especially adolescent girls, are particularly at risk, mainly in the context of child sexual abuse, early marriage and family separation: 16 per cent of reported GBV incidents against minors were carried out against unaccompanied and separated children.

The targeting and abduction of women and girls by NSAGs for use as sex slaves and/or PBIEDs is a disturbing feature of the conflict. At least 4,000 women and girls have reportedly been kidnapped since 2013. While in captivity, survivors report being subjected to rape and forced marriage amongst other types of GBV, which occurred in the context of possible sexual slavery and sexual exploitation. In 2018, 43 children were used as so-called 'suicide bombers' - 14 children were used in attacks in the first quarter, and 29 children (8 boys, 21 girls) used in attacks in the second quarter. In the same vein, NSAGs have continued to target men and boys in a desperate attempt for new cadres, a practice that is not new to the region since the beginning of the crisis.

All forms of GBV are chronically under-reported. Survivors (women, girls, boys and men) are deterred from reporting sexual violence due to the risk of stigmatisation, discrimination, reprisals and/or marginalisation from the community and a lack of confidence in the capacity of the judiciary to bring perpetrators to justice.

AFFECTED PEOPLE

An estimated 3 million people need protection from GBV across the BAY states: of these 1.2 million are IDPs, 1 million returnees, 500,000 in inaccessible areas and 300,000 in host communities. Three in every five of these people are in Borno State; four out of five are female; and one out of two are girls below the age of 18 years. 16.2 per cent of households are female-headed, increasing to 40 per cent in some locations, such as Maiduguri. Across the three states most affected by conflict, Borno State accounts for 65 per cent, while Adamawa and Yobe account for 25 per cent and 10 per cent of the total population in need of GBV protection respectively. It’s important to note that key drivers of the conflict such as displacement, returns, among others, still remain the same thereby continuing to exacerbate the occurrence of incidents of GBV.

Women and girls are exposed to a greater risk of sexual assault and exploitation while performing basic tasks for sustenance, for example fetching water and farming. 21 per cent and 85 per cent of respondents in Yobe and Borno states, respectively, indicate that women and girls face protection risks including...
sexual harassment when collecting firewood. Women and girls are also at heightened risk of GBV due to poverty and limited access to income-generating activities. Forced and early marriage is reportedly used to alleviate households’ economic burden and is viewed as a protective measure to deter NSAGs from abducting unmarried girls. Negative coping mechanisms also include increased reports of survival sex and engagement in prostitution especially in communities where there is increased presence of soldiers, restrictions on freedom of movement, and dependency on aid items.

Considering the methodology of analysis, only 19 per cent of Borno LGAs are considered as normal to moderate, with as high as 81 per cent considered to be in crisis or an emergency. In Yobe State, 82 per cent of LGAs are considered to be normal to moderate, whereas 18 per cent are in a state of crisis or emergency. Similarly, 81 per cent of Adamawa LGAs are considered to be normal to moderate, while 19 per cent are in crisis or emergency.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Essential, often life-saving, medical services for GBV survivors are not available in many affected areas. In instances where health facilities exist, these often lack the necessary equipment, drugs and trained personnel to provide timely adequate treatment. Survivors of rape require post exposure prophylaxis for the prevention of HIV/AIDS to be administered within 72 hours of the incident, but clinical management of rape capacity is only available in eight out of 27 LGAs in Borno State.

In 80 per cent of wards in Borno State, survivors do not have access to more comprehensive GBV services, including psychosocial support, case management and access to legal assistance. Survivors need continuous safe, confidential, and survivor-centred services otherwise they may be deterred from reporting incidents of GBV which may result in long lasting medical and emotional consequences. Increased and sustained funding to ensure continuity of service provision is critical for quality provision of support to GBV survivors that seek it. Case workers are overwhelmed with three times the number of GBV survivors that seek it. Funding to ensure continuity of service provision is critical for quality provision of support to GBV survivors that seek it. In 80 per cent of wards in Borno State, survivors do not have access to more comprehensive GBV services, including psychosocial support, case management and access to legal assistance.

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Vulnerable people, particularly female-headed households and unmarried women and girls in inaccessible areas where the security perimeter is limited to LGA capital, are at higher risk of GBV. The lack of access to safety measures (including safe energy options) and protective livelihood opportunities put these women at further risk. Furthermore, widespread intimate partner violence, including physical assault, denial of resources and psychosocial and emotional abuse, have been exacerbated as a result of the conflict and economic decline.

Women formerly associated with NSAGs are ostracized and stigmatized by community members hampering reintegration efforts and leading to further isolation which in turn hinders access to adequate social protection and assistance. These negative effects are often magnified for children born from sexual violence. Poor reporting of GBV incidents is often linked to stigmatisation and shame. However, community perceptions and misunderstandings about GBV, exacerbated by loopholes in the Nigerian legal system, also perpetuate violence against women by contributing to a culture of silence and impunity. There is a need for increased awareness of GBV issues in communities as well as strengthened engagement and advocacy with relevant government entities on domestication, review and implementation of GBV-related policies and legal frameworks.

There is also a need to integrate GBV interventions across all sectors, especially, CCCM, WASH, and health, to ensure more predictable, accountable and effective prevention of and response to GBV.

KEY CHALLENGES IN 2018

- GBV response within IDP reception facilities has been challenging due to inadequate funding;
- Lack of funding to sustain the investment in quality service provision, the GBV sub-sector being the least funded sector under the 2018 HRP;
- While the coverage of GBV service provision improved in 2018, the needs for GBV assistance far outweighed the capacity of existing actors;
- Both incidents and prevalence of GBV are under-reported;

![Lack of access to comprehensive GBV services](Image)

![GBV vulnerability](Image)

![GBV incident type and case context](Image)
Limited awareness among persons at risk of GBV services available; and

Absence of state authority, including police and judiciary, in many, especially remote, parts of the region and lack of trust and confidence in existing justice system.

METHODOLOGY FOR NEEDS ANALYSIS

Using the agreed population data sources, the people-in-need figure considers all conflict-affected women (IDPs, returnees and inaccessible populations) and 20 per cent of conflict-affected men (IDPs, returnees and inaccessible populations), based on the 2018 sector response and incident data such as 5W and GBVIMS, and taking into consideration that incidents of GBV experiences by males are likely underreported. The UN Multidimensional Poverty Index was applied to estimate the percentage of people living below the poverty line at LGA level in host communities.

Based on the overall HCT guidance, four indicators were identified by the sub-sector to determine the LGA-level severity for GBV: number of security incidents and fatalities; number of vulnerable women and girls; number of single FHH; and density of women and girls. As a result, 29 per cent (19 out of 65 LGAs) are classified as being in the ‘emergency’ category; 17 per cent (11 out of 65 LGAs) in ‘crisis’; 25 per cent (16 out of 65 LGAs) in ‘moderate’; 15 per cent (10 out of 65) in ‘minimal’; and the remaining in ‘negligible’ (normal).
PART II: WATER, SANITATION AND HYGIENE

OVERVIEW

3.6 million people need support to meet their basic water, sanitation and hygiene needs across the BAY states. The main drivers of vulnerabilities related to WASH are closely linked to the conflict, including recurrent, unpredictable and continuous population displacements. Historically low levels of access to WASH services as a result of chronic underdevelopment have also contributed to the current situation.

Ongoing and protracted displacement puts an additional stress on existing and already limited WASH services and facilities, and with congested populations in displacement sites, water-borne diseases spread rapidly. Cholera outbreaks have struck each year: in 2018, the cholera outbreak has affected 18 LGAs with a total of 4,250 cases and 1.5 million people, including IDPs and host communities, are considered at risk of cholera in the affected LGAs.

Flooding, fierce winds and sand storms have resulted in substantial damage of WASH infrastructure. In 2018, at least 20 per cent and 28 per cent of IDPs living in camps in Borno and Adamawa states respectively have been seriously affected as many latrines, showers, handwashing points and solar panels were partially or totally destroyed, affecting access to WASH facilities and services.

New arrivals from inaccessible areas, especially women and children, are particularly at risk and need urgent WASH support. Those include at least 100,000 children under five and 30,000 pregnant and lactating women in Borno and Yobe states.

AFFECTED PEOPLE

The conflict has severely constrained access to clean water and safe sanitation facilities for 3.6 million people largely because of displacement that has forced thousands of people to concentrate in IDP camps, settlements and host communities – in short, in conditions that were not set up to deal with the constant influx of new arrivals. These include one million IDPs, 900,000 returnees, 700,000 people in host communities, and 800,000 people in inaccessible areas.

New arrivals from inaccessible areas are considered as the most vulnerable and will be prioritized. Host communities and displacement sites receiving those new arrivals, especially in already congested sites, are also considered to be critically vulnerable. There are WASH needs across the three states in the north-east, not only in conflict-affected areas, but also in LGAs that have suffered from years of neglect. They were geographically categorized as follows:

- Acute needs in eight LGAs (Askira/Uba, Bama, Dikwa, Gwoza, Magumeri, Monguno, Ngala, Nganzai) in Borno State;
- High needs in 11 and five LGAs in Borno and Adamawa states respectively; and
- More chronic needs in 12 LGAs, six in Adamawa State and six in Yobe State.

NUMBER OF PEOPLE IN NEED

<table>
<thead>
<tr>
<th>IDPs</th>
<th>RETURNEES</th>
<th>HOST COMMUNITY</th>
<th>INACCESSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.12M</td>
<td>0.9M</td>
<td>0.75M</td>
<td>0.8M</td>
</tr>
</tbody>
</table>

BY SEX

- Male 47%  
- Female 53%

BY AGE

- Children (<18 years) 57%  
- Adult (18-59 years) 38%  
- Elderly (>59 years) 4%

SEVERITY MAP

- No Data  
- Normal  
- +

PEOPLE IN NEED PER STATE - BY CATEGORY

<table>
<thead>
<tr>
<th>State</th>
<th>IDPs</th>
<th>Returnees</th>
<th>Host Community</th>
<th>Inaccessible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>538,118</td>
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<td>2,901,000</td>
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<td>Adamawa</td>
<td>67,078</td>
<td>348,728</td>
<td>101,333</td>
<td>-</td>
<td>517,138</td>
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<tr>
<td>Yobe</td>
<td>7,796</td>
<td>6,105</td>
<td>106,739</td>
<td>60,547</td>
<td>181,187</td>
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<tr>
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<td>909,546</td>
<td>746,190</td>
<td>822,927</td>
<td>3,599,325</td>
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</table>

PEOPLE IN NEED PER STATE - BY SEX AND AGE

<table>
<thead>
<tr>
<th>State</th>
<th>Children</th>
<th>Adults</th>
<th>Elderly</th>
<th>Total female</th>
<th>Total male</th>
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</thead>
<tbody>
<tr>
<td>Borno</td>
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<td>98,443</td>
<td>1,537,146</td>
<td>1,363,854</td>
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<td>Adamawa</td>
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<td>185,590</td>
<td>56,242</td>
<td>277,619</td>
<td>239,519</td>
</tr>
<tr>
<td>Yobe</td>
<td>124,896</td>
<td>54,880</td>
<td>1,411</td>
<td>104,749</td>
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</tr>
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<td>Total</td>
<td>2,058,046</td>
<td>1,385,183</td>
<td>156,095</td>
<td>1,919,514</td>
<td>1,679,810</td>
</tr>
</tbody>
</table>
HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

In 2018, more than 240,000 people arrived from inaccessible areas in camps and settlements in 43 LGAs across Borno and Adamawa states, further straining existing WASH facilities in these sites. In 73 IDP camps across 11 LGAs in Borno State, the average allocation of water is 14 liters per person per day, below the minimum standard of 15 liters per person per day, while IPDs are sharing a drop-hole latrine with an average of 72 people, below the minimum standard of 50 people per drop-hole latrine.

The 2018 cholera outbreak across the BAY states has been particularly deadly. At least 18 LGAs have been affected with 4,250 cases reported, including 112 associated deaths, with women and children disproportionately affected. This includes 33 per cent of cases with 24 per cent associated deaths in Borno State; 48 per cent with 28 per cent associated deaths in Adamawa State and the remaining in Yobe State. The outbreaks, especially in Adamawa and Yobe states, reveal the lack of structural WASH investments.

The emergency nutrition situation faced by newly-arrived children from inaccessible areas is of critical concern, with an average GAM prevalence of 15 per cent and above in two LGAs in Yobe State, and 11 per cent and above in 9 LGAs in Borno State. This includes at least 28,700 children screened in 9 LGAs in Borno State, between October 2017 and August 2018, with GAM rates ranging from 11.4 to 50.1 per cent. Those proxy indicators reveal a serious nutrition status and an urgent need to improve WASH conditions which are key to cutting malnutrition rates, as exemplified in malnutrition-diarrheal diseases cycle.

Lack of access to safe water and other WASH facilities poses specific protection risks including sexual violence and harassment. In most households in the BAY states, women and children are responsible for fetching water. In addition, only 38 per cent of latrines are segregated by sex (39 per cent in Borno State; 44 per cent in Yobe State) and 31 per cent of latrines do not have lock inside, which make latrines unsafe or potentially inaccessible for women and girls. For example, in the Farm Centre in Borno State, sexual abuse of girls was reported in latrines, which were not sex-disaggregated, did not have locks and were not well-lit.

KEY CHALLENGES 2018

- Unanticipated new humanitarian needs and caseloads, including the scale of the cholera outbreak in the BAY states, significant new arrivals from inaccessible areas, and flooding;
- Lack of funding for the WASH Sector has seriously affected the quality of the response;
- Limited technical and operational capacities of WASH partners;
- Challenges in ensuring a WASH response in line with minimum standards regarding gender and age due to the limited technical and operational capacity of WASH partners and ongoing insecurity;
- Challenges and gaps affecting other sectors, especially CCCM and Shelter/NFI, compounding the WASH sector’s ability to provide a timely and more comprehensive WASH response; and
- With the rainy season exacerbating road access constraints, especially in Borno State, the delivery of humanitarian supplies and material is rendered impossible, leaving people in those locations without access to safe water and sanitation facilities.

METHODOLOGY FOR NEEDS ANALYSIS

A triangulation of data from various WASH baseline needs assessments and gap analysis (WASH Sector Integrated System), baseline population data (VTS), security incidents (ACLED), and inter-sectoral indicators (GAM rate, flood vulnerability and IDP, returnees and new arrivals presence, cholera vulnerability) was used to determine the number of people in need. Five indicators were identified to make up the WASH severity mapping at LGA-level: number of litres of safe drinking water per person per day; number of IDPs per latrines; percentage of IDPs who received hygiene kits in the last 30 days; and percentage of IDPs who received hygiene promotion in the last 30 days. The entire population in inaccessible areas was also considered in need.
SHELTER AND NFI

OVERVIEW

Shelter and non-food item needs vary significantly, from acute emergency assistance to support for durable solutions and depend on the security scenario, level of accessibility, and year of displacement.

Forty percent of IDPs live in one of the more than 250 camps or settlements (schools or government buildings used as temporary shelter), the majority of which were created spontaneously. Of those, 44 per cent live in self-made shelters, which are often inadequate, while 54 per cent live in shelters provided by humanitarian partners. In all types of camp settings, most shelters are occupied by women-headed households (HH) or single mothers.

The remainder – and majority - of IDPs (6 out of 10) live in host communities; 90 per cent are hosted by family members, while 10 per cent have their own accommodation. Most houses are damaged and NFI items are insufficient.

Lack of access to blankets/mats and mosquito nets have been largely reported by IDPs both in camps and host communities. Some 105,000 HHs are currently in need of NFIs in host communities, in addition to 80,000 HHs in camps or settlements.

The shelter and NFIs needs among returnees are also urgent. Almost one-third of all returnees are currently living in either damaged or self-made – often inadequate – shelters.

With the continuous influx of new arrivals, especially in Borno State, mainly triggered by military operations, reception centers are overstretched. Access to suitable land to help building additional shelters and decongest reception centers has been identified but delays in the allocation process from relevant government entities has been slow.

Extreme weather in the north-east affects regularly both shelter needs and camp conditions. This includes the Harmattan sandy season (October to January) with strong and dry winds, the hot season (February to May) and the rainy season (June to September) with heavy rain and wind storms.

AFFECTED PEOPLE

Out of the total of 1.19 million IDPs in need, 1,350,000 have various shelter-related needs and 40 per cent need NFIs support. Around 184,000 HHs are in need of shelter in host communities, in addition to 82,000 HHs in camps. The most vulnerable IDPs are living in densely populated camps without shelters or with self-made/makeshift shelters. The most acute needs have been reported in Borno State (Maiduguri, Jere, Ngala, Nganzai, Damboa, Dikwa, Monguno, Magumeri, Kukawa, Konduga, Gwoza, Mafa and Kala/Balge LGAs) and in Adamawa State (Michika and Madagali LGAs).

Of the total 1.6 million returnees, 421,000 have various shelter and NFI needs. Returnees living in return areas with a high number of returnees and living in partially burnt houses or in self-made/makeshift shelters are the most vulnerable. Among

NUMBER OF PEOPLE IN NEED

<table>
<thead>
<tr>
<th></th>
<th>IDPs</th>
<th>RETURNEES</th>
<th>HOST</th>
<th>INACCESSIBLE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1.4M</td>
<td>0.4M</td>
<td>0.9M</td>
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</tbody>
</table>

BY SEX

- Male 47%
- Female 53%

BY AGE

- 61% CHILDREN (<18 YEARS)
- 36% ADULT (18-59 YEARS)
- 3% ELDERLY (>59 YEARS)

SEVERITY MAP

PEOPLE IN NEED PER STATE - BY CATEGORY

<table>
<thead>
<tr>
<th>State</th>
<th>IDPs</th>
<th>Returnees</th>
<th>Host Community</th>
<th>Inaccessible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>1,065,865</td>
<td>213,902</td>
<td>260,827</td>
<td>762,380</td>
<td>2,302,973</td>
</tr>
<tr>
<td>Adamawa</td>
<td>179,486</td>
<td>142,260</td>
<td>302,487</td>
<td>-</td>
<td>624,233</td>
</tr>
<tr>
<td>Yobe</td>
<td>124,262</td>
<td>64,431</td>
<td>352,326</td>
<td>60,547</td>
<td>601,566</td>
</tr>
<tr>
<td>Total</td>
<td>1,369,613</td>
<td>420,593</td>
<td>915,640</td>
<td>822,927</td>
<td>3,528,772</td>
</tr>
</tbody>
</table>

PEOPLE IN NEED PER STATE - BY SEX AND AGE

<table>
<thead>
<tr>
<th>State</th>
<th>Children</th>
<th>Adults</th>
<th>Elderly</th>
<th>Total female</th>
<th>Total male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>1,396,911</td>
<td>831,889</td>
<td>74,174</td>
<td>1,229,675</td>
<td>1,073,298</td>
</tr>
<tr>
<td>Adamawa</td>
<td>365,797</td>
<td>236,109</td>
<td>22,327</td>
<td>330,636</td>
<td>293,597</td>
</tr>
<tr>
<td>Yobe</td>
<td>378,195</td>
<td>209,181</td>
<td>14,190</td>
<td>314,100</td>
<td>287,466</td>
</tr>
<tr>
<td>Total</td>
<td>2,140,903</td>
<td>1,277,178</td>
<td>110,691</td>
<td>1,874,412</td>
<td>1,654,360</td>
</tr>
</tbody>
</table>
the returnees, 72 per cent are women, girls and boys (17 per cent, 31 per cent and 24 per cent respectively).

823,000 individuals (254,800 girls; 210,200 boys; 177,600 women; 141,100 men; 21,000 elderly women; and 18,200 elderly men) from inaccessible areas have been prioritized for shelter and NFI support, in addition to almost one million people (275,900 girls; 227,700 boys; 192,300 women; 152,800 men; 22,800 elderly women; and 29,900 elderly men) remaining in their areas of origin who will need shelter assistance and two per cent who will need NFIs.

People with specific needs (single parents, female-headed households, unaccompanied and separated children, single elderly, physically disabled, and children forced into labor) include women (20 per cent), children (with 23 per cent under five), and elderly people (3 per cent) as they are more prone to domestic violence, abuse, harassment and exploitation.

**HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE**

**Shelter**

Emergency shelter needs have increased in a context of continued large-scale displacement. Some 96 per cent of IDPs in camps in need of emergency shelters are living in self-made/makeshift shelters, mainly in Ngala, Damboa, Dikwa, Jere, Maiduguri, Jere, Magumeri, Nganzai and Monguno LGAs in Borno State. In most sites (60-70 per cent), shelters need to be urgently upgraded or replenished, as a result of the short lifespan of shelters and continuous fluid population movements.

The unavailability of viable land to meet the immediate shelter needs of new arrivals is also a major constraint. This is coupled with the need to decongest camps, with 41 camps identified as highly congested, mostly in Dikwa, Monguno, Jere, Konduga, Damboa and Kala/Balge LGAs (Borno State). Over 800Ha is required to ensure adequate space is provided in camps for proper site planning, to avert protection concerns and to reduce the impact of the heavy rainy season and fire outbreaks.

Security perimeters are further restricting the decongestion and extension of existing camps, exacerbating protection risks (especially women and girls as they face threats, assault and risks of violence and rape) and restricting IDPs’ livelihood opportunities. In 2018, several relocations - both organized and voluntary due to the security situation - sometimes of entire IDP sites in Borno State and individual returnee households in Adamawa and Borno states affecting more than 6,000 people mainly in Kala/Balge and Bui (Borno State), have occurred, thereby creating new emergency needs, including for shelter and NFIs.

Extreme weather, including sand storms and the hot and rainy seasons, have further exacerbated shelter needs and camp conditions. This has also resulted in additional displacement, particularly in Adamawa State, with recent floods leading to the displacement of thousands of people.

In the past few months, shelter and NFI needs have continued to increase as Borno State has recorded a high number of new arrivals (some 240,000 – including 61,300 boys; 74,300 girls; 51,800 women; 41,100 men; 6,100 elderly women; and 5,300 elderly men) from inaccessible areas.

Conditions in displacement sites, including inadequate shelter, have heightened protection risks including the incidence of GBV. IDPs that belong to vulnerable groups, such as the elderly, women, children and disabled, face even more challenges in relation to shelter needs, in relation to the shelter choices available to them.

In the coming years the most vulnerable population groups evolving with no or limited access to shelter will see conditions deteriorated if early recovery interventions are not adequately put in place immediately.

**Non-food items**

According to assessment reports, after food, NFIs remain the second most reported need of IDPs, both in camps or settlements, and host communities, due to the lack of prepositioned NFIs in key receiving areas given the short lifespan of shelter-related NFIs. The three main NFIs requested by the affected populations are mosquito nets, mats and kitchen sets1. 

\[ \text{Source: DTM Round XXV} \]
PART II: SHELTER AND NFIS

KEY CHALLENGES IN 2018

- Lack of support from the Nigerian Government on securing land to help decongest and expand existing IDP camps or establish new camps, including interventions for improved shelter;
- Evictions of IDPs from camps and returnees from their habitual residence;
- Absence of strong quality assurance and quality control mechanisms in the shelter programme cycle, reducing the lifespan of shelter;
- Road transport obstacles when delivering materials and the absence of appropriate storage space results in response delays;
- Lack of sufficient funding limiting partners’ ability to respond in a timely manner;
- Severe weather conditions frequently damaging shelters and rendering impassable roads; and
- Inadequate security delaying the timely delivery of response and increasing vulnerability.

METHODOLOGY FOR NEEDS ANALYSIS

Based on sector analysis, and to ensure a complementary and joint approach between shelter and NFI assistance, the sector estimates that the overall people in need of shelter support will also require NFI assistance.

The sector projects that 1.4 million IDPs will continue to require humanitarian shelter and NFI support. This takes into account the different vulnerabilities of IDPs with the most vulnerable being in densely populated camps and with varying needs, as outlined by the DTM.

The sector projects that 400,000 returnees will need shelter and NFIs. This takes into account the different vulnerability status of returnees, with the most vulnerable being in return areas with the highest number of returnees living in damaged self-made/makeshift shelters.

In addition, based on assessments and analysis of the 2018 response, the sector estimates that 91,000 people living in host communities (10 per cent of 910,000 people) will require shelter and NFI support, especially to undertake repairs and support transitional shelter solutions.

The sector also projects that all people in inaccessible areas will require shelter and NFI support given that these people will either be reached in their places of origin or will be displaced.
The conflict continues to have a direct impact on people’s nutrition status. Global acute malnutrition (GAM) levels in children aged 6-59 months remain consistently concerning, with over one million children suffering from SAM and MAM across 18 LGAs in the BAY states\(^1\). This includes 367,000 children under five (179,830 boys and 187,170 girls) suffering from SAM and 727,000 (356,230 boys and 370,770 girls) with MAM\(^2\).

The crisis has also exacerbated pre-existing conditions of malnutrition, driven by a number of inter-related factors, including: weak health infrastructures; poor infant and young child feeding (IYCF) practices; limited access to safe water and health and sanitation services; prevalence of water-borne diseases; poor hygiene conditions; and seasonal food insecurity.

In 2018, nutrition screening for new arrivals in nine reception sites in Bama, Dikwa, Gwoza, Kala/Balge, Kukawa, Mobbar and Ngala reveals that the nutrition situation of children coming from inaccessible areas is significantly worse than that of children in areas receiving assistance: 21 per cent of those children are suffering from SAM and 18 per cent from MAM. This worrisome trend is likely to place a heavy strain on already overstretched capacities and resources on the ground, including WASH services, due to the vicious cycle of malnutrition and diarrheal diseases, exacerbated by the lack of humanitarian access and insecurity.

**AFFECTED PEOPLE**

2.8 million people, including 1.7 million children under five and 1.1 million women of reproductive age within the BAY states, need life-saving nutrition services. Of these, 534,000 are IDPs; 389,000 returnees; 242,000 in inaccessible areas; and 1.6 million in host communities.

Women and children are the most affected and those arriving from inaccessible areas are extremely vulnerable as they have not accessed humanitarian services prior to their arrival at the reception sites.

These groups continue to bear the brunt of the nutrition crisis due to increased micronutrient deficiencies. If untreated, acute malnutrition could have debilitating consequences on the growth and development of infants and children, further exacerbating the already existing burden of malnutrition in the country. Approximately 240,000 children and pregnant and lactating women are trapped in inaccessible areas, and those arriving in the reception sites are extremely vulnerable. Female-headed households, as well as orphaned, separated or unaccompanied children, face additional challenges in safely accessing humanitarian assistance and basic services and are at higher risk for sexual exploitation and abuse, and gender-based violence.

**HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE**

The nutrition situation in the north-east continues to be negatively impacted by the conflict. An estimated one million
This page discusses the ongoing conflict in the BAY states and its impact on health and nutrition. It highlights that children aged 6-59 months in these states are acutely malnourished, with 146 children out of every 10,000 suffering from SAM, MAM, or both. The conflict has led to extensive damage to health facilities, as well as access to land and farming due to restrictions on freedom of movement and UXO/IED contamination. 

The page also emphasizes the importance of early identification and treatment of malnutrition, particularly in new arrivals from inaccessible areas. It mentions that the Nutrition sector considers the population in need to include all conflict-affected children under five years of age and pregnant or breastfeeding women. The key challenges in 2018 include limited nutrition qualified capacity and high turnover of partners and health staff, particularly at the LGA level, limited availability of timely quality nutrition data, and minimal quality monitoring of the nutrition response. Limited joint needs assessment within the nutrition sector, hindering joint prioritisation and improved targeting, is also highlighted.

The methodology for needs analysis is discussed, with the Nutrition sector considering the population in need to include all conflict-affected children under five years of age, pregnant or breastfeeding women, and children aged 6-59 months across the BAY states. The page also provides data on the prevalence of malnutrition, with 36% of children under five and 6% of women reported to be suffering from acute malnutrition. It mentions the importance of Vitamin A supplementation and breastfeeding.

The page includes a diagram showing the distribution of people in need of nutrition assistance and the prevalence of acute malnutrition in Borno, Adamawa, and Yobe states. It also includes a table summarizing the prevalence of acute malnutrition by gender and women of reproductive age. The page concludes with a call to action for a multi-sectoral collaboration to complement the emergency nutrition response, with particular emphasis on WASH, health and food security, as well as mainstreaming protection.
To determine the population in need, the Nutrition sector used a standard accepted methodology on the expected operational coverage. Calculations of numbers of people in need were made for each specific type of nutritional support required. The total number of people in need for the sector was then calculated based on the highest numbers of specific types of need among children between 6 and 59 months (vitamin A supplementation) and among pregnant or lactating women (IYCF messages). For instance, the estimated SAM burden was calculated by applying an incidence rate of 9 on children under 5 years of age, while all children between 6 to 59 months and all women of reproductive age were considered in need for preventative micronutrient supplementation.
FOOD SECURITY

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Around 2.7 million people in the BAY states are projected to be food insecure and considered to be facing crisis or emergency situations. This represents a significant improvement from 3.7 million (November 2017) due to the delivery of food assistance and livelihoods support; improved security conditions which allowed for farming and market activities in some locations; and favorable climatic conditions for farming. Nevertheless, the food security and nutrition situation remains extremely fragile particularly in Borno State, and food remains the biggest unmet need of IDPs in camps and camp-like settings.

Vulnerable people, particularly women and children, arriving from inaccessible areas are in critical need of access to nutritious foods and those who remain in the inaccessible areas have not been assessed and thus not yet assisted by any humanitarian interventions.

Price levels remain a major constraint to food access for market-dependent, conflict-affected households because of reduced or limited income-earning opportunities and depleted food stocks. The price of maize increased in August above its two-year average in most monitored states, with Borno State currently at about 50 per cent. Where security allows, increasing resilience-based livelihood assistance is critical to ensure that households can build long-term self-sufficiency.

AFFECTED PEOPLE

The ongoing conflict has resulted in widespread displacement, deterioration of the food and nutrition security situation, and destruction of infrastructure. It has deprived communities, especially women and children, of access to basic services and hampered livelihoods of affected populations, especially female-headed households, who often reported to face stigmatization within the community and being marginalized from decision-making and from partaking in opportunities that are culturally reserved for men.

According to the latest Cadre Harmonisé (CH) analysis, people in the BAY states in CH phases 3 and 4 are in need of various types of food security and livelihoods assistance. This population includes 1,200,265 IDPs; 690,827 returnees (both IDP and refugee returnees); 665,905 people in host communities, particularly resident farmers, herders and those engaged in fishery who have lost their means of livelihoods or are unable to safely access land/water for farming, grazing and fishing; and 178,608 people in inaccessible areas.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Large populations in the north-east remain dependent on assistance to meet their food needs as a result of limited access to the labour market and livelihood activities, as well as poorly functioning markets. Trade routes remain disrupted as a result of the decade-long conflict, restricting trade flows and activities. This is further exacerbated during the rainy season and by sporadic hostilities. Intermittent closure of markets by...
security personnel in the north-east continues to reduce volatile insecurity and casualties caused by NSAGs. Significant areas also remain inaccessible to humanitarian actors, and it is likely that the needs in those areas are similar or worse than those in adjoining accessible areas.

Poorer households are not able to cultivate enough land, and do not own enough livestock, to enable them to be self-sufficient. There is an urgent need for the perimeters of the government-secured ‘garrison towns’ to be expanded to enable freedom of movement so that communities can access their livelihoods (including fishing, grazing, farming and markets) and basic services. Security restrictions also remain a significant constraint for agricultural livelihood outreach, including movement and distribution of fertilizer. In Borno State, the ongoing crisis and military restrictions continued to limit land access and involvement in agriculture during the recent planting season: about 39 per cent of IDPs in Borno State do not have access to land where they can grow any type of food.

In Yobe and Adamawa states, improved security and less restricted movement in most LGAs have led to an increased ability to resume agricultural and livestock livelihood activities. In remote locations in Yobe State however, people continue experiencing low food consumption, deteriorated nutrition status, and difficulties in accessing food due to insecurity. In Adamawa State, households worst affected by flooding, farmer/pastoralist conflict, and cattle rustling have below-average crop production and face difficulty meeting their food needs. The flood has destroyed growing crops and may negatively affect the harvest of maize and rice in the state.

While the improved food consumption in 2018 is encouraging, the continued high use of negative coping strategies (begging, borrowing, survival sex, early or forced marriage, and selling of woodfuel and productive assets), particularly by female-headed and child-headed IDP households, means that ongoing food and livelihood assistance is needed. Monitoring is also important (including protection monitoring) during the harvest from October 2018.

The 2018 agricultural season has been progressing positively, with fair distribution of precipitation, providing optimal conditions for the growth and development of crops. However, due to restricted access to land for most households, particularly in Borno State, harvests may remain substantially below average for most IDPs that are able to cultivate. The practice of subsistence farming remains common amongst households with land access. However, it is reported that produce is barely sufficient to sustain their food needs. Households also continue to request for support with agricultural inputs.

Lack of safe access to fuel and energy continues to prevent affected populations from efficiently and safely cooking food. In addition to negatively affecting nutritional intake, this increases protection risks, especially for women and girls, and also has adverse health and environmental impacts, particularly in over-crowded camp settings. Scarcity or unsafe access to cooking fuel leads households to switch to lower quality food or eat fewer meals; resort to undercooking food to save on fuel, which increases risks of diseases; or they may sell part of their ration to procure cooking fuel (and condiments). Protection risks have been identified as one of the most significant challenges related to energy access which involves mostly women and children: 85 per cent of women and girls interviewed reported facing protection risks when collecting firewood.

There is also high demand amongst affected populations for income generation opportunities, yet restrictions, especially for women and girls, on freedom of movement in Borno State, including in and out of IDP camps and camp-like settings, are an inhibiting factor that exposes them to many protection risks, including sexual exploitation and abuse. Meaningful and contextualized livelihood activities also need to incorporate re-integration needs of women and youth formerly associated with armed groups.

KEY CHALLENGES IN 2018

- Access remains one of the biggest challenges, with communities unable to access their livelihoods or pursue cross-border trade. Humanitarian access was also impeded or restricted, due to military restrictions and ongoing hostilities and insecurity, and poor roads and physical conditions;
- Restrictions on freedom of movement of the civilian population prevents the large-scale resumption of livelihoods for all population groups and exposes them, especially women and girls, to heightened protection risks including GBV, sexual exploitation and abuse, and abduction; and
- Many areas of Borno State are considered high risk for humanitarian actors, which when combined with the lack of safety assurances from all parties to the conflict, is constraining access to desperately vulnerable communities, especially in the central and northern parts of the Borno State.

METHODOLOGY FOR NEEDS ANALYSIS

The people-in-need (PiN) figure is based on the results of the October 2018 Cadre Harmonisé which analyses the food and nutrition security situation at LGA level, corresponding to the projections of people in food insecurity phases 3 to 5. Recent figures show that there is no population classified under phase 5. To calculate the PiN, the overall total population in phases 3 and 4 within each LGA is disaggregated into the agreed population groups, using the agreed population data sources, including the latest DTM round 25. To ensure the most vulnerable populations are prioritised and considering the conflict drivers of the current crisis, the IDP category is given the highest priority, followed by returnees, people in inaccessible, and remaining people in need in host communities.
PART II: EDUCATION

OVERVIEW

The conflict in north-east Nigeria has had a profound impact on an entire generation of school children. Schools, students and teachers have been attacked repeatedly, reducing school enrollment and increasing the probability of school dropout. The high-profile kidnapping of the Chibok girls in 2014 and the Dapchi girls in 2018 has also negatively affected the commitment of parents to send their children – especially the girls – to school. Further, many children carry emotional and physical scars associated with the conflict.

At least 867 primary, junior and senior secondary schools are still non-functional across the north-east, primarily in Borno State, mainly due to inaccessibility as a result of insecurity. In addition, the destruction and/or looting of nearly 1,400 schools (out of 5,600 primary, junior and senior secondary schools) has created an acute need for safe and protective learning spaces and resulted in overcrowding in existing schools. Some classrooms accommodate up to 160 students (the minimum standard for one classroom is 50 students). Learning spaces have also been reduced due to the occupation of classrooms and temporal learning shelters by IDPs, especially in areas with high returnee populations such as Dikwa and Pulka, Borno State.

The crisis has contributed to a deterioration in the quality of education in public schools, worsening pre-existing education conditions such as inadequate school infrastructures, the absence of teaching and learning materials, insufficient or overcrowded classrooms and inadequate water and sanitation facilities. Moreover, the number of qualified teaching staff is not commensurate with the number of students, which is gradually increasing in some areas in Adamawa and Yobe states as the security situation improves in some wards.

Constraints to accessing education, combined with families’ limited livelihood opportunities, means children, especially boys but also girls, face a higher risk of recruitment by armed groups, while young girls face a higher risk of sexual violence and abuse, early marriage, association with armed groups, abduction or being used as suicide bombers.

AFFECTED PEOPLE

An estimated 2.2 million school-age children and teachers in the BAY states are affected and in need of immediate education assistance. This includes over 2 million children, including 731,000 IDPs, 640,000 returnees and 395,000 children in inaccessible areas. IDP children are at higher risk of lacking access to education, and schools are not yet functional in several areas of IDP return. In inaccessible areas, many children, especially girls, are reported to be deprived of any education.

Children under 15 years represent 45 per cent of the population and have borne the brunt of the immediate impact and long-term effects of violence and displacement. This context is putting a generation of school at risk.
PART II: EDUCATION

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

The biggest barrier to education is that many families simply cannot afford education fees and levies, in a context of decreased purchasing power due to lack of income and high dependence on humanitarian assistance. Socio-economic difficulties have resulted in many households resorting to negative coping mechanisms, such as removing children from schools, involving children in activities to provide supplementary income for basic needs and early marriage. These socio-economic activities also increase the risk of child trafficking and child recruitment. Despite the declaration by the Government of Nigeria that basic education is free and compulsory, as outlined by the Universal Basic Education Act (2004), schools continue to charge fees beyond parents’ ability to cover school fees. Thousands of children also remain out of school due to factors such as the inability of parents to meet the associated costs of sending children to school (uniform and school lunch); community preference of Islamic education to formal education; poor infrastructure; and a shortage of qualified teaching staff.

Girls are disproportionately affected. Traditionally, the education of girls is not valued equally to that of boys, and their formal education is commonly viewed as incompatible with Islamic teachings. In many parts of Nigeria, including northern Nigeria, early marriage is still common practice, which negatively impacts girls’ enrolment and retention in schools. As a result, girls are at increased risk of dropping out of schools and being denied their right to basic education. The north-east has the highest Out of School Children (OOSC) ratio (40 per cent of the country ratio). Girls in the north-east represent one out of two OOSC in country. The situation is even more dire in Borno State, where up to 70.7 per cent of girls (of primary school age) are out of school - the highest percentage in the country.

This pre-existing fragile situation of the education system has been exacerbated by the conflict. Nearly 40 per cent of teachers are teaching more than 80 learners in the same classroom; 30 per cent of schools hold classes under trees due to inadequate learning spaces; 35 per cent do not have water and sanitation facilities; and 16 per cent have adequate facilities for handwashing. Exacerbated by two cholera outbreaks in 2017-2018, schools continue to be at higher risk for the spread of cholera. The lack of essential education supplies also contributes to a deterioration in the quality of education and low school attendance. In addition, the situation is compounded by challenges faced by teachers including poor remuneration, inadequate working environment and lack of social recognition. Teachers are demotivated as a result, further contributing to low student attendance and low primary, junior and senior secondary completion rates.

In Yobe and Adamawa states, the security situation has improved bringing relative normalcy in some communities. As a result, the number of children accessing schools has increased, but this has rapidly overwhelmed education infrastructure capacity. This improved stability could provide an opportunity to address some long-standing barriers to education, including low retention rate. The primary school completion rate for the north-east stands at 54 per cent compared to 63 per cent at national level. The transition rate to secondary school stands at 12.1 per cent in Adamawa State compared to 49 per cent at national level.

KEY CHALLENGES IN 2018

- School levies and fees continue to severely hinder access to education;
- Education sector funding remains insufficient (17 per cent, FTS November 2018) with most projects being short term;
- Additional funding for education is needed from the state governments, especially in Yobe and Adamawa states, to complement the efforts of humanitarian partners;
- The operational environment is still very challenging. Partners are not able to maintain presence in inaccessible areas due to security concerns;
- Quality learning remains a challenge due to teachers’ outstanding grievances and teachers migrating to find work elsewhere;


PART II: EDUCATION

- Infrastructural gaps continue to hinder access to education and quality delivery of learning;
- Limited livelihood opportunities contribute to many households engaging children in income-generating activities, with serious protection consequences;
- Inadequate teachers and facilities in junior secondary schools, in particular outside Jere and MMC LGAs in Borno State; and
- There exists no harmonised accelerated learning programme for out-of-school children beyond school age.

METHODOLOGY FOR NEEDS ANALYSIS

The sector uses several key datasets to estimate the number of school-age children (3-17 years). These include the Nigeria Bureau of Statistics, DTM, vaccination data from health surveys and vaccination activities especially in inaccessible areas, Education sector working group meetings, HNO briefing workshops and other inter-sectoral platforms. In addition, JENA 2017 was used as the basis to rank the LGAs into five levels of severity.

All IDP and returnee school-age children are considered in need, as well as all children in inaccessible areas. Based on DTM Round XX, illustrating that 60 per cent of the IDP population lives in host communities, the sector also projects that, for host communities directly impacted by the presence of IDPs, a ratio of 1:1 should be used to determine the number of people in need in host communities, due to the added burden on the delivery of education services associated with displaced population.
The crisis in the north-east has resulted in mass displacement with 1.8 million IDPs in the BAY states, in addition to 1.6 million returnees. Of these IDPs, 40 per cent (783,000 people) are living in 263 sites mostly in Borno State, while 60 per cent are living either with host families or on their own. Of the IDPs in sites, 40 per cent live in official camps, and the remainder in informal collective settlements.

The vast majority of these sites were set up spontaneously years ago, responding to the urgent needs of IDPs, with limited improvements made as displacement became protracted and the sites only became more crowded. Evictions are also a growing problem.

The primary driver of displacement is continued military operations, which in turn triggers new arrivals from inaccessible areas, and refugees returning from neighboring countries. In addition to primary displacements to camps or settlements, IDPs in 109 camps have reported as having “returned” and face secondary displacement which has only further exacerbated their hardship and exacerbated the sites’ overcrowding. Returning refugees from neighboring countries, who have not yet been able to return to their home areas, mainly due to insecurity, have also moved into the IDP sites, in particular in Banki, Damasak and Ngala, in Borno State.

The sector prioritises 1.3 million people, including 783,000 IDPs in camps and settlements; 492,000 people in inaccessible areas; and 57,000 returning refugees in camps and settlements. Borno State remains the epicenter of the crisis in terms of displacement, and currently hosts 96 per cent of IDPs in sites (753,900 people), while 16,500 are in Adamawa State and 13,200 in Yobe State. Further prioritisation is towards people with specific needs including women (20 per cent), children (with 23 percent under five years) and elderly (4 per cent).
In IDP sites across the BAY states, congestion is a key constraint with almost 60 per cent of camps not fully aligned with international standards. In Borno state, 48 out of 148 camps have populations that exceed the accepted threshold\(^{148}\). Access to land to help expand and decongest camps has been a major challenge. The influx of new arrivals as a result of ongoing military operations, flooding and other push and pull factors, has further exacerbated already overstretched resources on the ground. Protection risks are further exacerbated by overcrowding.

Only 58 per cent (153) of the 263 displacement sites are currently receiving site management support, including mobile site facilitation from humanitarian partners\(^{149}\). Gaps in the response have been reported across all camps, which can be attributed to overstretched available resources: 71 per cent and 15 per cent of IDPs reported unmet needs in food and NFIs, respectively\(^{150}\). Insufficient community mobilisation and empowerment activities, through direct engagement and governance structures, have limited adequate services in sites which have elevated protection risks for vulnerable population.

Restrictions on freedom of movement of people in and out camps have further stretched the resilience and heightened the vulnerability of displaced population, limiting their access to livelihood opportunities and exposing IDPs, especially women and girls, to heightened risk of harassment, GBV, and sexual exploitation and abuse. This is experienced in all the 263 camps as a security measure to screen out all unwanted infiltrations. This approach aims to improve security, but has resulted in reduced access to livelihood opportunities and to basic household requirements like sourcing for firewood.

Evictions, especially of informal IDP settlements (including in schools or other public buildings, or on lands of commercial interest) are an increasing concern with 300 IDPs evicted in five IDP sites in October 2018\(^{151}\). Typically, eviction notices are issued at short notice, without adequate time and coordination to adequately identify and prepare alternative solutions for the affected IDPs.

Unforeseen damages due to storm and flooding, particularly in LGAs in Adamawa, have raised concerns about secondary displacement to areas free of flooding which could lead to additional needs.

**KEY CHALLENGES IN 2018**

- Continued displacement movements, as a result of ongoing attacks and military operations, overstretching camp capacities;
- Restrictions on freedom of movement of IDPs in/out of camps, undermining livelihood opportunities and exposing IDPs, especially women, boys and girls, to heightened risks, including harassment, GBV and SEA, child labour, early marriage, child recruitment, etc.;
- Strengthen strong linkages between CCCM, SGBV, CP and mental health programs;
- High protection risks, especially for women and girls, as a result of persistent insecurity in and around the camps/sites, including lack of safe WASH facilities in some sites, unsafe access to portable water and cooking fuel, inadequate police patrols, and limited access to justice; and
- Delays in the identification of land to decongest existing camps, particularly in Ngala, Banki and Monguno.

**METHODOLOGY FOR NEEDS ANALYSIS**

Using the latest DTM figures, the CCCM sector considers all IDPs currently living in camp/settlements (about 750,000 people) to be in need of support. In addition, an estimated 40 per cent of the 142,000 refugees in the neighboring countries (57,000) will require camp management support. In anticipation of new arrivals into camp/settlements coming from inaccessible areas, the sector identifies that about 480,000 individuals will need CCCM(DMS) support.
PART II: EMERGENCY TELECOMMUNICATIONS

EMERGENCY TELECOMMUNICATIONS

OVERVIEW
Conflict in the north-east has severely undermined the communications infrastructure in the BAY states.

Especially outside of urban centers, the lack of reliable – or non-available – telecommunications, mobile networks and Internet services continues to hinder humanitarians and partners’ ability to operate in a highly insecure environment.

To enable a coordinated humanitarian response, and the safety and security of humanitarian personnel and programmes, the Emergency Telecommunications Sector (ETS) has been providing shared security telecommunications services in Maiduguri and Damaturu metropolitan areas, and Internet and security telecommunications in the eight humanitarian hubs in Borno State (Bama, Banki, Damasak, Dikwa, Gwoza, Maiduguri, Monguno and Ngala).

AFFECTED PEOPLE
As a service sector, the ETS aims at supporting the entire humanitarian community, UN agencies, local and international NGOs with shared Internet and security telecommunications-related services. Emergency telecommunications services contribute to an efficient implementation of response activities, while at the same time ensuring the safety and security of humanitarian actors operating in volatile areas.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE
The humanitarian community responding in the north-east needs safe and reliable Internet connectivity services in areas where services from local providers are not operational. In this volatile operational context, security telecommunications services with advanced security features are vital for the security and safety of humanitarians. ETS training activities for humanitarians on standard security telecommunications procedures, such as radio checks and two-way communications language, as well as programming of handheld devices, are the foundation of adequate use of ETS communications services.

KEY CHALLENGES IN 2018
• Delays in the recruitment of radio operators to staff the Communications Centres (COMCENs) in Bama, Banki, Damasak, Dikwa, Gwoza, Monguno and Ngala, due to challenges in identifying qualified candidates;
• Delays in the procurement process with only 7 out of the 26 required radio operators deployed in the COMCENs in Borno and Yobe states;
• Delays in the establishment of the humanitarian hubs due to a myriad of factors (evolution of operational needs and priorities, insecurity); and
• Operational delays on the implementation of the planned hybrid power supply solution in the hubs to overcome outages and fuel shortages and on the planning of technical training for partners and government counterparts.

METHODOLOGY FOR NEEDS ANALYSIS
In 2018, the ETS undertook frequent field missions across the BAY states to carry out maintenance works on the services deployed and engage with humanitarians to gather primary information on their needs. To complement this, the ETS organised dedicated local ETS Working Group meetings in Maiduguri and participated in the Logistics Sector Working Group meetings in Maiduguri to discuss partners’ activities and plans in the BAY states, and address possible needs.

In line with the ETS Services for Communities (S4C) initiative, aiming at providing communications services to affected communities, the ETS will carry out a S4C mission in the north-east, by the end of the first quarter of 2019, to map communications gaps of affected populations and explore measures to fill those gaps. Communication initiatives, such as community feedback mechanisms, can play a critical role in addressing and mitigating protection risks, leading to an effective humanitarian programming.

Throughout 2018, the ETS liaised continuously with local Mobile Network Operators (MNOs) to produce coverage maps to facilitate decision-making of humanitarians on the ground and gather their recovery plans.

NUMBER OF ORGANISATIONS AND HUMANITARIANS WHO USED ETS INTERNET SERVICES IN 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Organisations</th>
<th>Number of Humanitarians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>20</td>
<td>119</td>
</tr>
<tr>
<td>Feb</td>
<td>59</td>
<td>217</td>
</tr>
<tr>
<td>Mar</td>
<td>63</td>
<td>359</td>
</tr>
<tr>
<td>Apr</td>
<td>69</td>
<td>726</td>
</tr>
<tr>
<td>May</td>
<td>75</td>
<td>845</td>
</tr>
<tr>
<td>Jun</td>
<td>77</td>
<td>944</td>
</tr>
<tr>
<td>Jul</td>
<td>86</td>
<td>1,093</td>
</tr>
<tr>
<td>Aug</td>
<td>92</td>
<td>1,360</td>
</tr>
<tr>
<td>Sep</td>
<td>96</td>
<td>1,671</td>
</tr>
<tr>
<td>Oct</td>
<td>98</td>
<td>1,978</td>
</tr>
</tbody>
</table>

Source: ETS 2018

NUMBER OF OPERATIONAL AREAS COVERED

1 in Yobe state (Damaturu)

8 in Borno state (Bama, Banki, Damasak, Dikwa, Gwoza, Maiduguri, Monguno and Ngala)

Source: ETS 2018
PART III: ANNEXES

Assessments and information gaps ...................... 46
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PART III: ASSESSMENTS AND INFORMATION GAPS

ASSESSMENTS AND INFORMATION GAPS

Number of Assessments
- 3 - 6
- 7 - 9
- 10 - 13
- 14 - 18
- 19 - 25

714 Assessment conducted
42 Partners

LIST OF PARTNERS CONDUCTING ASSESSMENTS

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PARTNER</th>
<th>ASSESSMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>ACTED, IOM, MC, OCHA, UNHCR, IRC, IOM, DRC, UNFPA, UNDSS, IR, ZF, GZDI, SMoA</td>
<td>10</td>
</tr>
<tr>
<td>Coordination</td>
<td>REACH, OCHA</td>
<td>64</td>
</tr>
<tr>
<td>Early Recovery &amp; Livelihood</td>
<td>ACTED, OXFAM, MC, CRS, NRC, SMoH, SMoWR, SMoWASD, SMo3R, NEMA, SEMA</td>
<td>19</td>
</tr>
<tr>
<td>Education</td>
<td>PI, TdH, UNICEF</td>
<td>205</td>
</tr>
<tr>
<td>Food Security</td>
<td>FMoARD, FEWSNET, CILSS, FAO, WFP, UNOCHA, UNICEF, AAH/ACE, SCI, OXFAM</td>
<td>65</td>
</tr>
<tr>
<td>Gender-Based Violence</td>
<td>IOM, UNHCR</td>
<td>117</td>
</tr>
<tr>
<td>Health</td>
<td>CPPU, DWYEI, DRC, INTERSOS, JHF, KAPDI, WHO, UNICEF, UNHCR, AGUF</td>
<td>98</td>
</tr>
<tr>
<td>Nutrition</td>
<td>UNICEF</td>
<td>68</td>
</tr>
<tr>
<td>Protection</td>
<td>UNHCR</td>
<td>15</td>
</tr>
<tr>
<td>Shelter-NFIs</td>
<td>ACF, DRC, INTERSOS, IOM, MC, NRC, SJ, UNHCR</td>
<td>53</td>
</tr>
</tbody>
</table>
Market Assessment and Analysis

The broader experience and analysis of cash actors indicate that cash-based interventions are generally feasible across Borno, Adamawa and Yobe states. However, this potential is not monolithic across geography or across sectors, and cash-based interventions should be accompanied by robust feasibility studies and ongoing market monitoring activities.

Assessments and analysis of ongoing interventions across north-east Nigeria indicate that multi-purpose cash-based interventions are most feasible in Adamawa State, most of Yobe State, the Maiduguri area (including Konduga and Jere LGAs) and southern Borno State. These areas are characterized by functioning markets with durable supply chains, security and relatively stable populations. In many areas in Borno State, in particular LGAs in the east, multi-purpose cash-based interventions are less feasible as a result of access constraints, ongoing insecurity, and influxes of populations with critical humanitarian needs. Any interventions in these areas that include cash transfer should be closely monitored thorough regular needs assessments and market monitoring activities, and should be complemented by in-kind contributions.

Recent assessments indicate that most areas of north-east Nigeria are characterized by fluctuating access to credit and other financial services. Therefore strengthening and increasing access to existing services, and supporting the establishment of complimentary ones, should be considered in parallel to cash-based interventions. As a transitional measure to prepare markets to support an influx of cash, humanitarian actors interested in a transition towards cash should consider measures such as linking vendors to financial services and credit sources, supporting the development of trader associations and market systems, and assisting markets in developing more robust storage and transportation methods.

Beneficiary preference will be assessed and strongly considered prior to implementing any cash transfer programming. Evidence suggests that, while in many locations cash transfer is the preferred modality of aid delivery, there are many areas where populations prefer voucher over unconditional cash, or in-kind over any type of cash transfer. The preference for cash transfers maps strongly, though not uniformly, to areas where markets have durable supply chains, security incidents are rare, and populations are relatively stable. As market supply chains weaken and insecurity increases, beneficiaries prefer that their most critical needs are met through either a combination of in-kind and cash transfer, or in-kind exclusively. These preferences seem to quickly shift from unconditional cash to voucher to a hybrid modality to solely in-kind distribution as market and security conditions deteriorate. While no published assessment has focused explicitly on the preferences of recently arrived or recently returned populations, data analysis and informal conversations with these populations indicate that they overwhelmingly prefer in-kind distribution of virtually all services.
A population projection dataset, used by FMoH/WHO/UNICEF for polio vaccination campaigns at the settlement level was used for the 2019 HNO. This regularly updated dataset, commonly known as the Vaccination Tracking System (VTS), together with complementary population datasets on IDPs, returnees (including IDP and refugee returnees) and Borno State Government settlement data, is used to develop baseline population figures. Sectoral and inter-sectoral figures on people in need (PiN) and needs severity have been calculated by using the methodology below:

**Sector-specific needs severity underpinned by contextual indicators**

Each sector was requested to estimate the severity of needs using a mutually agreed upon weighting of contextual indicators looking at risks, vulnerabilities and coping mechanisms: 1) number of IDPs; 2) number of returnees; and 3) number of conflict-related incidents. This approach also aimed to support both humanitarian and development partners to have a common understanding of the events that affect the scale and prioritisation of humanitarian operations.

<table>
<thead>
<tr>
<th>Contextual indicators of inter-sector severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td># of IDPs</td>
</tr>
<tr>
<td># of returnees</td>
</tr>
<tr>
<td># conflict-related incidents</td>
</tr>
</tbody>
</table>

This work included agreeing on thresholds against which to assign a contextual severity ranking along an eleven-point severity scale. As agreed upon by the ICWG and IMWG, each LGA was assigned a contextual severity ranking using a five-grade weighted severity scale 0 – 1 – 4 – 7 – 11 (Normal, Minimal, Moderate, Crisis and Emergency) as represented in the table below.

<table>
<thead>
<tr>
<th>#</th>
<th>Problem</th>
<th>Humanitarian action needed</th>
<th>When</th>
<th>Severity weight</th>
<th>Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No problem: Normal situation for the sector. Population is living under normal conditions. All sector needs are met. No humanitarian assistance is required.</td>
<td>No</td>
<td>0</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Minor problem: Situation of minor concern for the sector. Few people are facing problems or shortages in the sector, but they are not life threatening. Affected population is feeling the strain of the situation, but they can cope with the current situation with local resources. No humanitarian assistance is required.</td>
<td>No</td>
<td>1</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Situation of concern: Many people are facing sector problems or shortages causing discomfort and suffering, but they are not life threatening. Affected population can cope with the current situation with local resources, but the conditions may turn concerning. The situation needs to be monitored carefully.</td>
<td>Monitoring ASCAP</td>
<td>4</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Situation of major concern: Majority of people are facing sector problems or shortages causing discomfort and suffering, but they are not life threatening. Affected population will not be able to cope with sector current conditions if the situation persists and no humanitarian assistance is being provided.</td>
<td>Intervention Short-term</td>
<td>7</td>
<td>Crisis</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Severe situation: Affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health status which can result in deaths if no humanitarian assistance is provided immediately.</td>
<td>Intervention Immediately</td>
<td>11</td>
<td>Emergency</td>
<td></td>
</tr>
</tbody>
</table>

**Inter-sector needs severity**

Inter-sector needs severity overlays all sectors’ severity analysis to identify LGAs with the greatest concentration of severe needs across multiple sectors. Sectors calculated their composite needs severity score, including contextual indicator severity and sector-specific indicator severity for every LGA. Sector scores for every LGA were then added together to generate the needs severity score for all LGAs.

The ISWG agreed to a four-point severity scale when combining the contextual and sector-specific indicators (High, Moderate, Low, Normal). This resulted by combining contextual indicator severity result “Crisis (7)” and “Emergency (11)” into one severity classification called “High”. This aimed to highlight the acute humanitarian needs in contrast to “Moderate” and “Low” classifications which could direct further exploration to determine the drivers of such needs, for example pre-disaster infrastructural needs.

**Sector-specific needs severity**

In parallel, partners worked to organize and carry out assessments that would provide sector-specific data to populate the severity scales. In addition to the numerous ad-hoc assessment carried-out across isolated pockets in the north-
east and recognizing the difficult data collection environment, partners rallied to coordinate the first-ever comprehensive Multi-Sector Needs Assessment (MSNA) in June and July.

OCHA organized three needs analysis consultations in Yola, Damaturu and Maiduguri in August and September to review the outcomes from the assessments. Once all data and results had been collected, reviewed and endorsed, the sectors translated these results into severity scores according to thresholds in their agreed upon severity scales.

Each sector then combined individual severity scores into a single composite score and applied a weighting, based on the severity of the contextual indicators for every LGA. Formulas for generating composite scores were determined by the sectors based on internal technical agreement. Composite severity scores are the basis for all sector specific needs severity maps in the 2019 HNO. A full list of sector severity indicators and sources appear in the table at the end of this annex.

**Estimates of people in need**

*The humanitarian community adopted four population categories to estimate the sectoral and inter-sectoral PiN using a bottom-up approach.*

- **Internally Displaced People**: Civilians displaced from his/her place of habitual residence.
- **Returnees**: Nigerian refugees or internally displaced people who have returned to their community of origin.
- **Inaccessible People**: Civilians residing in settlements that are inaccessible to international humanitarian organizations.
- **Host Community**: Established communities (host families or settlements) hosting returnees and/or internally displaced persons (typically living in camps).

**Sector-specific estimates of People in Need**

OCHA designed a flexible approach for the sectors to estimate PiN, relying on technical experts to determine the most suitable methodology. Each sector’s needs severity analysis and subsequent PiN methodology is outlined in each sector needs overview in Part II. The sector-specific PiNs are presented by population category with sex-age disaggregation, by LGA, and underpinned by the agreed baseline population data.

**Breakdown of overall PiN, per population category:**

The overall PiN per population category is obtained from the sector with the highest PiN for the particular population category. The population categories sum up to the total PiN.

- **IDPs**: An estimated 1,809,953 people, derived from the total number of displaced people reported by the Protection sector broken down by LGA and disaggregated by sex and age.
- **Returnees**: An estimated 1,640,910 people, derived from the total number of returnees reported by the Early Recovery and Livelihoods and Protection sectors, broken down by LGA and disaggregated by sex and age.
- **Inaccessible People**: An estimated 822,927 people, derived from the total number of inaccessible people reported by the Health, Protection, Shelter-NFI and WASH sectors, broken down by LGA and disaggregated by sex and age.
- **Host Community**: An estimated 2,850,816 people, derived from the total number of PiN in host communities reported by the Early Recovery and Livelihoods Sector, broken down by LGA and disaggregated by sex and age.

The overall PiN is obtained by summing up the population categories IDPs (1,809,953) + Returnees (1,640,910) + Inaccessible People (822,927) + Host Community (2,850,816) = Overall PiN (7,124,606)

**List of needs severity indicators**

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>INDICATORS</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual</td>
<td>Number of conflict incident in 2018</td>
<td>Armed Conflict Location &amp; Event Data (ACLED)</td>
</tr>
<tr>
<td>Contextual</td>
<td>Number of IDPs in the LGA</td>
<td>Displacement Tracking Matrix Round 25</td>
</tr>
<tr>
<td>Contextual</td>
<td>Number of Returnees in the LGA</td>
<td>Displacement Tracking Matrix Round 25</td>
</tr>
<tr>
<td>CCCM</td>
<td>Number of Households requiring adequate site facilitation support</td>
<td>Displacement Tracking Matrix Round 25</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>Percentage of Households without access to basic services</td>
<td>Multi-Sectoral Needs Assessment (MSNA July 2018)</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>Percentage of Households without income</td>
<td>Multi-Sectoral Needs Assessment (MSNA July 2018)</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>Percentage of IDPs &amp; Returnees in Host Communities</td>
<td>Displacement Tracking Matrix Round 25</td>
</tr>
<tr>
<td>Education</td>
<td>Percentage of children 3-17 attending schools/learning spaces</td>
<td>Multi-Sectoral Needs Assessment (MSNA July 2018)</td>
</tr>
<tr>
<td>Education</td>
<td>Percentage of children 3-17 receiving learning materials</td>
<td>Multi-Sectoral Needs Assessment (MSNA July 2018)</td>
</tr>
<tr>
<td>Category</td>
<td>Indicator</td>
<td>Data Source</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Education</td>
<td>Percentage of children 3-17 in overcrowded class rooms</td>
<td>Joint Education Needs Assessment (JENA, August 2018)</td>
</tr>
<tr>
<td>Education</td>
<td>Percentage of schools/learning spaces without adequate WASH facilities</td>
<td>Joint Education Needs Assessment (JENA, August 2018)</td>
</tr>
<tr>
<td>Food Security</td>
<td>IPC level</td>
<td>Cadre Harmonisé October 2018</td>
</tr>
<tr>
<td>Health</td>
<td>Burden of Diseases (incidence of Cholera, Meningitis, Measles)</td>
<td>Surveillance System: Early Warning, Alert and Response System (EWARS) and Integrated Disease Surveillance and Response (IDSR)</td>
</tr>
<tr>
<td>Health</td>
<td>Number of functional health facilities (HF) with Basic Emergency Obstetric Care (BEmOC) per population of 500,000</td>
<td>HF Registry, Health Resources Availability Monitoring System (HeRAMS) and Projected Population, Displacement Tracking Matrix (DTM)</td>
</tr>
<tr>
<td>Health</td>
<td>Number of functional health posts (HF) by / 10,000</td>
<td>HF Registry, Health Resources Availability Monitoring System (HeRAMS) and Projected Population, Displacement Tracking Matrix (DTM)</td>
</tr>
<tr>
<td>Health</td>
<td>Percentage of Immunization coverage for vaccine preventable diseases per LGA</td>
<td>Expanded Programme on Immunization (EPI)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Prevalence of Global Acute Malnutrition (WHZ)</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions (SMART Survey Round V, April 2018) and Standalone SMART Survey in Marina, Fika, Yunusari (Yobe state) in April 2018 and Bama-Borno State, August 2018</td>
</tr>
<tr>
<td>Protection</td>
<td>Severity of vulnerable persons and protection needs</td>
<td>Protection Vulnerability Screen Assessment</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>Number of Households in need of emergency shelter solution</td>
<td>Displacement Tracking Matrix Round 25</td>
</tr>
<tr>
<td>WASH</td>
<td>Percentage of IDPs who received Hygiene Kits (or top ups) in the last 30 days</td>
<td>WaSH Sector Integrated Reporting System (IRS) and Displacement Tracking Matrix Round 24</td>
</tr>
<tr>
<td>WASH</td>
<td>Percentage of IDPs who received Hygiene Promotion in the last 30 days</td>
<td>WaSH Sector Integrated Reporting System (IRS) and Displacement Tracking Matrix Round 25</td>
</tr>
<tr>
<td>WASH</td>
<td>Percentage of water sources chlorinated</td>
<td>WaSH Sector Integrated Reporting System (IRS)</td>
</tr>
<tr>
<td>WASH</td>
<td>Liters per person per day</td>
<td>WaSH Sector Integrated Reporting System (IRS) and Multi-Sectoral Needs Assessment (MSNA July 2018)</td>
</tr>
<tr>
<td>WASH</td>
<td>Number of IDPs per latrine</td>
<td>WaSH Sector Integrated Reporting System (IRS) and Displacement Tracking Matrix Round 23</td>
</tr>
</tbody>
</table>
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5Ws</td>
<td>Who does what, where, when and for whom</td>
</tr>
<tr>
<td>ANC</td>
<td>Ante-natal care</td>
</tr>
<tr>
<td>BSFP</td>
<td>Blanket supplementary feeding programme</td>
</tr>
<tr>
<td>CCCM</td>
<td>Camp coordination and camp management</td>
</tr>
<tr>
<td>CILSS</td>
<td>Permanent Interstate Committee for Drought Control in the Sahel</td>
</tr>
<tr>
<td>DMS</td>
<td>Displacement management systems</td>
</tr>
<tr>
<td>DTM</td>
<td>Displacement Tracking Matrix</td>
</tr>
<tr>
<td>EiE</td>
<td>Education in Emergencies</td>
</tr>
<tr>
<td>ETS</td>
<td>Emergency Telecommunications Sector</td>
</tr>
<tr>
<td>EWARS</td>
<td>Early Warning and Alert Disease Response and Surveillance System</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>FEWS NET</td>
<td>Famine Early Warning Systems Network</td>
</tr>
<tr>
<td>FSOM</td>
<td>Food Security Outcome Monitoring</td>
</tr>
<tr>
<td>FSOM</td>
<td>Security Outcome Monitoring</td>
</tr>
<tr>
<td>FTR</td>
<td>Family tracing and reunification</td>
</tr>
<tr>
<td>GAM</td>
<td>Global acute malnutrition</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
</tr>
<tr>
<td>GBVIMS</td>
<td>Gender-Based Violence Information Management System</td>
</tr>
<tr>
<td>GBVSWG</td>
<td>Gender-Based Violence Sub-Working Group</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HeRAMS</td>
<td>Health Resources Availability Monitoring System</td>
</tr>
<tr>
<td>HH</td>
<td>Households</td>
</tr>
<tr>
<td>HNO</td>
<td>Humanitarian Needs Overview</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communications technology</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally displaced people</td>
</tr>
<tr>
<td>IED</td>
<td>Improvised explosive device</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>ISWG</td>
<td>Inter-Sector Working Group</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and young child feeding</td>
</tr>
<tr>
<td>LGA</td>
<td>Local government area</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate acute malnutrition</td>
</tr>
<tr>
<td>MNP</td>
<td>Micro-nutrient powder</td>
</tr>
<tr>
<td>MNS</td>
<td>Mental, neurological and substance abuse</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MPI</td>
<td>Multidimensional Poverty Index</td>
</tr>
<tr>
<td>NAERLS</td>
<td>National Agriculture Poverty Index</td>
</tr>
<tr>
<td>NCT</td>
<td>Needs Comparisons Tool</td>
</tr>
<tr>
<td>NFI</td>
<td>Non-food items</td>
</tr>
<tr>
<td>NSAG</td>
<td>Non-state armed groups</td>
</tr>
<tr>
<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>OHCT</td>
<td>Operational Humanitarian Country Team</td>
</tr>
<tr>
<td>OTP</td>
<td>Out-patient therapeutic programme</td>
</tr>
<tr>
<td>Pin</td>
<td>People in need</td>
</tr>
<tr>
<td>PLW</td>
<td>Pregnant and lactating women</td>
</tr>
<tr>
<td>PNC</td>
<td>Post-natal care</td>
</tr>
<tr>
<td>PSWG</td>
<td>Protection Sector Working Group</td>
</tr>
<tr>
<td>SAFE</td>
<td>Safe access to fuel and energy</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe acute malnutrition</td>
</tr>
<tr>
<td>SC</td>
<td>Stabilisation centre for severe acute malnutrition</td>
</tr>
<tr>
<td>SEOP</td>
<td>State Education Operational Plan</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
</tr>
<tr>
<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNHCR</td>
<td>Office of the UN High Commissioner for Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UN International Children’s Emergency Fund</td>
</tr>
<tr>
<td>VHF</td>
<td>Viral Haemorrhagic Fever</td>
</tr>
<tr>
<td>VHF</td>
<td>Very high frequency</td>
</tr>
<tr>
<td>VTS</td>
<td>Vaccination Tracking System</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
</tbody>
</table>
1. ACLED, 2018.
3. Adamawa State Emergency Management Agency
5. UNICEF, 146 children (45 boys, 101 girls) were used in 77 incidents of suicide attacks in north-east Nigeria, 2017.
9. DTM, Round XXV, October 2018.
11. Drafted and implemented by the Camp Coordination and Camp Management sector.
13. DTM, Round XXV, October 2018.
15. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018.
17. No humanitarian actors, national or international, have sustainable access.
18. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018.
19. GBV Information Management System (GBVIMS), based on reported GBV incidents and does not imply prevalence, 2018.
22. A garrison town is a town that has a military base and little or no civilian authority presence.
23. WFP, Emergency Food Security Assessment, October 2018.
27. WHO, Classification of a nutrition situation: GAM <5% acceptable; 5-10% poor; 10-15% serious; >15% critical, April/May 2018.
28. These figures cannot represent the nutritional situation of all inaccessible populations but serve as proxy indicators.
29. DTM, ETT, proxy analysis on 1,887 children of 6-59 months who are considered as new arrivals, August to mid-September 2018.
37. Multiple Indicator Cluster Survey, 1,538/100,000 compared to 165/100,000 live births in the north-east, 2011.
41. UNPD, Livelihoods and Economic Recovery Assessments, August 2018.
43. DTM, Round XXIII, June 2018.
44. UNPD, Livelihoods and Economic Recovery Assessments, August 2018.
45. UNDP, Human Development Indices and Indicators, Statistical Update, 2018.
49. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018.
50. Additional information on the protection sector narrative, HNO, 2019.
52. Early Warning and Response System/ Integrated Disease Surveillance and Response reporting system.
53. HCT Key messages, in 2017, over 5,300 cholera cases were reported, including 61 deaths, December 2017.
54. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018.
55. ACLED, September 2018.
56. This includes 35,701 refugees who returned to Nigeria from neighboring countries.
57. Rapid multi-agency assessments in Pulka, January, April and August 2018.
58. PSWG Advocacy Note on Detention of IDPs, Humanitarians lack access to detention centres. with the exception of ICRC, January 2018.
59. GBV and child protection issues are addressed in more detail in the separate chapters.
60. 39 per cent in Borno State, 44 per cent in Yobe State.
62. UNHCR, Vulnerability Screening, December 2017.
63. UNHCR, Vulnerability Screening, December 2017.
64. UNHCR, Protection Monitoring Thematic Report: The Impact of the Conflict on Female-Headed Households in the North East, 71% of FHH report that their husbands are absent mainly due to: military detention (28 per cent), killed by NSAGs (27 per cent) or separated during a NSAG attack (16 per cent), June 2018.
65. GBV Information Management System (GBVIMS), January to March 2018.
67. UNHCR, Vulnerability Screening, December 2017.
68. Namely the principle of non-refoulement (Art. 33 of the 1951 Refugee Convention) and in the case of IDPs, the UN Guiding Principles on Internal Displacement and the AU Convention for the Protection and Assistance of Internally Displaced Persons (the Kampala Convention).
70. UNHCR, Return Intention Surveys, carried on 1,029 HH, 2018.
71. UNHCR, Return Intention Surveys, February 2018.

72. Incident data from open sources.

73. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018.

74. REACH, Multi-Sector Needs Assessment Joint Analysis, for instance, in Michika, Mubi North, Mubi South, Madagali, Maiha, Girei, Yola North, Yola South and Numan in Adamawa State, and in Geidam and Gujba LGAs of Yobe State, August 2018.

75. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018; DTM, 2018; UNHCR, Vulnerability Screening, December 2017; and Child Protection partners database.


77. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018; DTM, 2018; UNHCR, Vulnerability Screening, December 2017; and Child Protection partners database.

78. More than 110 girls were abducted by non-state armed groups in Dapchi, Bursari LGA, Yobe State in April 2018; six of these girls were killed since.

79. GBV Information Management System (GBVIMS), August 2018.

80. The trend of children released in 2017 and 2018 comprised 61 per cent girls and 39 per cent boys; this is indicative of the fact that a lower number of boys were released and not necessarily an indication of percentages of recruitment for boys and girls.


82. Child protection Sector, 5Ws reports, particularly in Borno, Bama, Damboa, Dikwa, Gwoza, Jere, Kala Balge, Konduga, Mafa, Maiduguri, Monguno and Ngal (Borno State) and in Damaturu and Potiskum (Yobe State).

83. OCHA/REACH, at least 15 per cent of 1,000 households interviewed reported security incidents, including abduction at school or on the way to and from school, as a barrier to education, August 2018.

84. Mines Advisory Group database, EWR and landmines incidents, June 2018. These figures do not include Adamawa and Marte LGAs in Borno State, which are inaccessible and are not included in the analysis.

85. Bama, Damboa, Dikwa, Gwoza, Jere, Monguno, Kala Balge, Konduga, Mobbar, Ngala, Nganzai in Borno State and Madagali in Adamawa State.

86. The severity levels are normal, minimal, moderate, crisis and emergency as agreed by the ISWG and HCT.

87. This consolidated data was collated

88. GBV Information Management System (GBVIMS), based on reported GBV incidents and does not imply prevalence, 2018.

89. GBV Information Management System (GBVIMS), 2018.


93. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018.


95. GBV Sub-Sector, 5 W, 2018.

96. GBV Sub-Sector, 5 W, 2018.

97. GBV Sub-Sector, 5 W, 2018.

98. GBV Sub-Sector, 5 W, 2018.

99. GBV Sub-Sector, 5 W, 2018.

101. United Nations Multidimensional Poverty Index, less than $1 a day.

102. DTM, 2018; REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018; UNHCR, Vulnerability Screening, December 2017.

103. Out of these, 32 per cent, 20 per cent and 1 per cent are respectively girls, women and elderly women whereas 27 per cent, 16 per cent and 2 per cent are correlative boys, men and elderly men.

104. HCT Key messages, in 2017, over 5,300 cholera cases were reported, including 61 deaths, December 2017.

105. Health Sector, CERF Application, 2018.

106. One million IDPs (34 per cent girls; 27.7 per cent boys; 23.8 per cent women; 18.6 per cent men; 2.6 per cent elderly women; 2.2 per cent elderly men); 700,000 in host communities (30.6 per cent girls; 26 per cent boys; 22 per cent women; 15 per cent men; 3 per cent elderly women; 10 per cent elderly men); 900,000 returnees (31 per cent girls; 24.2 per cent boys; 17.4 per cent women; 15.3 per cent men; 4 per cent elderly women; 4.1 per cent elderly men); 800,000 people in inaccessible areas: (35 per cent girls; 33.4 per cent boys; 17.2 per cent women; 15.6 per cent men; 1.5 per cent elderly women; 1.2 per cent elderly men)


110. DTM, Round XXIV, August 2018.

111. DTM, ETT, 2018.

112. DTM, Round XXIV, August 2018.

113. DTM, ETT, 2018.

114. DTM, Round XXIV, August 2018.

115. Madagali, Maiha, Michika, Mobbar, Guzamala, Kukawa, Nganzai, Maiduguri, Jere, Machina, Nguru, Yunusari, Mubi North, Mubi South, and Song.


120. Burden = proportion of population of 0-59 months (for SAM), 6-59 months (for MAM) or PLW x [Prevalence + (prevalence x incidence)].


123. Given access challenges and lack of availability of data, two LGAs (Abadam and Marte) are not included in the overall figure.

124. DTM, Round XXV, October 2018.


126. FEWS NET, updates, August 2018.

127. Save the Children, Household Economy Approach (HEA), the north-east Millet, Cowpea & Sesame Livelihood Zone, Borno State, 2018.


129. WFP, Expanded Food Security Outcome Monitoring (EFSOM), 2018.

130. National Programme for Food Security (NPFS), Seasonal Crop Situation Update for Adamawa State, October 2018.
132. WFP, Vulnerability Analysis and Mapping, Bulletin #9 and #10, July and August 2018.
134. WFP, 2018.
135. The Cadre Harmonisé (CH) is the framework for consensual analysis of acute food and nutrition insecurity situations used in the West Africa and Sahelian countries and it covers sixteen northern states of Nigeria plus the Federal Capital Territory (FCT). The analysis took food access, livelihoods evolution, nutrition and mortality as outcomes indicators and relevant contributing factors such as Hazards and Vulnerability, Food Availability, Access, Stability and Utilization including Water, and Sanitation, into account.
140. Basic education is free and compulsory per the Education Act 2004. However, SUBEB allows a small fee (approximately USD $0.3 per term) to be collected by the school management committees to support school expenses which are not funded by the State.
142. REACH, Multi-Sector Needs Assessment Joint Analysis, August 2018; Joint Education Needs Assessment (JENA), 2017.
144. DTM, Round XXIII, June 2018.
145. 492,408 girls, 385,679 boys, 278,563 women, 247,265 men, 67, 310 elderly women and 78,405 elderly men.
146. DTM, Round XXIII, June 2018.
147. DTM, ETT, 2018.
148. DTM, Round XXIII, June 2018; and SPHERE standards.
149. DTM, Round XXIII, June 2018.
150. DTM, Round XXIII, June 2018.
This document is produced on behalf of the Humanitarian Country Team and partners. This document provides the Humanitarian Country Team’s shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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