NIGERIA

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED
10.2M

NOV 2017

NIGERIA

OCHA / Yasmina Guedda
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PART I:
SUMMARY

- Humanitarian needs and key figures
- Impact of the crisis
- Breakdown of people in need
- Severity of needs
The crisis in north-east Nigeria is one of the most severe in the world today. Across the six affected states of Borno, Adamawa, Yobe, Bauchi, Gombe and Taraba, 10.2 million people are estimated to be in need of humanitarian assistance in 2018, of whom 52 per cent are women and girls, and 48 per cent are men and boys. Children constitute 63 per cent of those needing assistance. The most acute humanitarian needs are clearly concentrated in Borno State – and areas bordering Borno in Adamawa and Yobe states – where the crisis shows no sign of abating.

**Protection of civilians**
North-east Nigeria is facing a severe protection crisis in which civilians living in conflict-affected areas suffer from grave violations of human rights and dignity. Since the start of the conflict, more than 20,000 people have been killed, more than 4,000 women and girls abducted, and more than 2 million people forcibly displaced. Particularly in Borno State, ongoing hostilities and military strategies have resulted in severe restrictions in freedom of movement, which have devastated livelihoods and rendered civilians extremely vulnerable.

**Humanitarian access**
Humanitarian access in conflict-affected areas, particularly Borno State, continues to be constrained by various factors. This includes restrictions on the movement of aid workers and civilians. Three LGAs remain hard to reach and 19 LGAs are only partially accessible to international humanitarian actors. Other key constraints to access include ongoing hostilities and violent attacks, a challenging physical environment (in particular during the rainy season) and bureaucratic impediments.

**Basic survival**
Millions of people in Nigeria’s north-east need assistance to ensure their basic survival. An estimated 3.9 million people are food insecure, and more than 400,000 children suffer from severe acute malnutrition. Only 30 per cent of health facilities are functional in Borno State, where malaria is endemic and cholera and other diseases affect the population regularly, often in life-threatening ways.

**Essential services and infrastructure**
Public services and the institutions that provide them have collapsed in areas where conflict has raged. Nearly half a million homes and 700 public buildings have been destroyed by the conflict, along with 1,200 schools, nearly 800 health facilities, and 1,600 water supply sources. More than half of all children in the north-east are out of school. In Borno State, the vast majority of public servants have not yet returned to conflict-affected areas, in part because they remain inhospitable.
The overall population and people-in-need figures are representative of the humanitarian situation as of November 2017.

**Overall People in Need of Humanitarian Assistance**: 10.2M

**By Population Category**
- 7.2M Remaining people in need
- 1.7M Internally displaced
- 1.3M Returnees

**By Sex and Age**
- **Children (<18 years)**: 6.4M (Female 3.4M, Male 3.0M)
- **Adults (18-59 years)**: 3.4M (Female 2.4M, Male 1.0M)
- **Elderly (>59 years)**: 455K (Female 189K, Male 266K)

**Total Female**: 5.9M
**Total Male**: 4.3M
PART I: IMPACT OF THE CRISIS

IMPACT OF THE CRISIS

Now entering its ninth year, the crisis in north-east Nigeria has created vulnerabilities and humanitarian concerns. An estimated 7.7 million men, women, boys and girls are in acute need of protection and assistance. While the humanitarian community has provided life-saving assistance to over 5.6 million affected people in 2017 and helped stabilise living conditions for millions of people, reducing mortality and morbidity, significant humanitarian needs still remain.

Evolution of the crisis

Clashes between the Nigerian military and non-state armed groups (NSAGs) escalated into conflict in May 2013, with authorities declaring a state of emergency in Borno, Adamawa and Yobe states. Since then, the region has experienced a massive destruction of infrastructure, a collapse of livelihoods, widespread displacement and brutal attacks on the civilian population.

More than half of the internally displaced persons (IDPs) in Nigeria’s north-east fled their homes in 2014 and 2015, after NSAGs seized control of a territory of more than 30,000 square kilometres, committing grave human rights abuses against the local populations they encountered. A government-led military campaign, which was also associated with protection concerns, subsequently allowed the Government to regain control of the territory. On one hand, the campaign enabled large numbers of people to move to population centres to receive humanitarian assistance, but on the other hand, it limited the supply of food and goods to civilians remaining in hard-to-reach areas. These people who have stayed in the hard-to-reach areas are cut-off from basic services and international humanitarian assistance.

Threats of attacks by armed groups and military restrictions related to the state of emergency – particularly restrictions on freedom of movement – continue to have negative impact on trade, livelihoods and markets, leaving a substantial proportion of the civilian population dependent on humanitarian assistance. Since the start of the conflict, more than 20,000 people have been killed, more than 4,000 people abducted and, as of November 2017, 1.6 million people remained displaced¹.

Borno State clearly remains the epicentre of the humanitarian crisis, with dozens of conflict incidents reported each month, while Yobe and Adamawa states report far fewer incidents. Direct violence against civilians, including the use of improvised explosive devices (often carried by human beings, including women or children²), is observed in Borno almost on a weekly basis. About 9 out of 10 displaced persons come from Borno and the State also hosts the vast majority (78 per cent) of IDPs.

Population movements

Today's humanitarian needs should be understood within the context of a protracted displacement situation, characterised by a lower level of hostilities than in preceding years but an increase in asymmetric warfare. With the crisis in its ninth year, thousands of people remain on the move each month (both displaced and returnees³). More than half of IDPs are entering their third year away from home and, while 77 per cent have expressed a desire to go back if conditions were conducive, 86 per cent of them say that the conditions for their safe and dignified return are not yet in place⁴.

The majority – 6 out of 10 – displaced families live in host communities, while the remainder are staying in formal or

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¹ Source: ACLED and other sources between January and November 2017.
² Covers the six states of north-east Nigeria in 2017.
³ Source: Displacement Tracking Matrix Rounds I through XIX. Reports are published every two months.
⁴ Covers the six states of north-east Nigeria.
informal camps. Secondary displacement is common, with more than 70 per cent of IDPs reporting that they have moved twice or more since they first left home.

However, a significant number of people have begun to return home. The Government of Nigeria and IOM-led Displacement Tracking Matrix (DTM) have recorded 1.3 million returnees since 2014, many of whom are returning to locations where infrastructure is still damaged or destroyed and services are not yet restored. The majority (56 per cent) of those returning are women, including single heads of households. Family members of the displaced are often separated during the return, with younger children remaining behind in the displacement location until those who have returned have been able to assess the security situation and ability to access food (in the form of humanitarian assistance or opportunities for farming) in areas of return.

In addition to those who have returned, it should be noted that almost one in four IDPs have indicated that they intend to locally integrate into their current place of displacement, which could potentially pose additional development challenges in urban centres.

The March 2017 signing and subsequent operationalisation of the Tripartite Agreement between the Government of Nigeria, Government of Cameroon and Office of the UN High Commissioner for Refugees (UNHCR) have facilitated further advocacy, stalling instances of forced returns of Nigerian refugees. Voluntary repatriations under the Tripartite Agreement are planned to take place in 2018 through a phased approach to areas in which return is considered to be safe.

Underlying causes
There are many factors that have contributed to the emergence of the crisis in north-east Nigeria. Even before the start of the conflict, the region experienced high levels poverty, underdevelopment, unemployment and inequality.

Demographic dynamics pose a challenge, considering that a large segment of the population is young (45 per cent are less than 15 years of age, and 30 per cent is between 15 and 34 years old). There is a high dependency burden due to youth unemployment and lack of opportunity. Within this context, girls are exposed to greater risks of sexual violence and abuse, early and/or forced marriage, teenage pregnancies, trafficking and abduction as sex slaves.

Globally, Nigeria ranks 152 out of 187 in the Human Development Index (HDI), which is well below the average for sub-Saharan Africa. Nationally, 46 per cent of the population is below the poverty line, while in the north-east, the figure is 77 per cent. Significant gender disparities continue to exist between regions. In the north-east and west of the country, women tend to become mothers in their teens, at 17 to 19 years of age, compared to 19 to 21 years in the central part of the country, and above 20 years in the coastal south.

The maternal mortality rate in north-east Nigeria is the highest in the country and almost 10 times higher than the rate in the country’s south-western zone (1,538/100,000 compared to 165/100,000 live births). The child mortality rate in the north-east (160/1,000 live births) is among the worst in the world, and the highest in the country. Wasting in the north-east is at 20 per cent, the second highest in the country.

Access to education has also been historically low with more than one third of children in the north-east out of school. Of those who attend school, 72 per cent are unable to read upon completion of sixth grade. In Borno, which has the lowest rates of any state in the country, only 35 per cent of adolescent girls and 46 per cent of adolescent boys are literate, compared to 98 per cent for both genders in Imo State in the south-east.

The extent and scale of humanitarian needs and the complexity of humanitarian operations are currently higher than the Government’s response capacity. While Nigeria is considered to be a lower middle-income country due to its oil and gas revenues, it is also currently undergoing a period of intense economic challenges – and recently emerged from the worst economic recession in 30 years – due to the fall in the price of oil, coupled with a significant reduction in oil production and a weakened currency.

Who is vulnerable?
The majority of the crisis-affected people have experienced extreme violence, and loss of family members, social connections, and property; they have accumulated and protracted stress, and are suffering from a deterioration in living conditions, a disruption of pre-existing protective mechanisms and a lack of access to essential services, such as health and education.

While 7.7 million people are estimated to be in need, there are varying levels of vulnerability within the affected community, which are frequently defined by age and sex. Vulnerability assessments show that female-headed households, for example, are at higher risk of sexual and physical violence and are also more likely to experience rape, sexual abuse and sexual exploitation as they engage in survival sex with community members who have access to food, shelter, or non-food items. This is compounded by the fact that the social fabric, including the supporting mechanisms and institutions, has collapsed and is unable to provide protection to the most vulnerable such as the elderly, women and children.

On the other hand, able-bodied men and adolescent boys are both at higher risk of coerced and forced recruitments by armed groups, and at a disadvantage in terms of access to assistance (as their presence, including their movement into or out of a specific geographic area may cause suspicion and lead to detention and questioning).

In some cases, vulnerability is linked to status or specific situations. For example, findings from World Food Programme’s food security assessments have shown a disproportionately higher prevalence of poor food consumption among newly displaced households compared to other population groups.
Meanwhile, returning refugees may also experience particular needs upon return, including difficulties in accessing housing, land and property, family separation, and community tensions due to perceived affiliations with the different parties to the conflict.

### Key humanitarian needs

The conflict has had a devastating impact on the civilian population in north-east Nigeria. To date, 1.6 million people remain displaced in the three most affected states.

#### Basic survival

At household level, displacement, lack of access to land, the closure of habitual trade routes and bans on traditional livelihood activities or inputs used (e.g., the ban on the fish trade and the purchase of fertilisers) have critically disrupted the region’s markets, and directly resulted in a loss of income opportunities for the region’s people, accompanied by significant food insecurity.

More than 80 per cent of IDPs identify agriculture or livestock as the main sources of livelihoods before the crisis, making a high dependence on external assistance inevitable in the short term. Households continue to face a strong erosion of their livelihoods, and high food prices, with staple food prices approximately 60 per cent higher than at the same time last year and up to 120 per cent above the five-year average. Among households receiving humanitarian food and livelihoods assistance, there have been improvements in food security indicators, such as Coping Strategies and Food Consumption Scores. However, these improvements would disappear if food assistance was discontinued and if restoring and strengthening livelihoods – especially crop and livestock production and income generating activities – are not adequately supported.

Recent food and nutrition assessments estimate that 2.6 million people are food insecure and require assistance as of October 2017, and this figure could increase to 3.7 million by the 2018 lean season (June through September), should adequate food and livelihoods assistance not be provided.

While livelihoods in northern and eastern parts of Borno State remain particularly affected by the conflict, improvements in security and access in other parts of Borno – particularly Maiduguri, Jere and Konduga LGAs, as well as most LGAs in Adamawa and Yobe states – have strengthened market function over recent months, with many geographical areas seeing improved market conditions.

#### Essential services

At the community level, the destruction of cities, towns and villages has led to a collapse of public services, most notably the health, nutrition, education and telecommunications infrastructure. The Recovery and Peacebuilding Assessment estimated that it would cost more than $9 billion to rebuild all damaged homes and infrastructure.

Approximately 40 per cent of health facilities, and nearly half of Borno State’s schools were destroyed during the conflict, causing civilian populations – including health workers, teachers and other civil servants – to flee. Where services are still functioning, they are overburdened with increased needs from both host communities as well as internally displaced families. Sheltering in overcrowded and often unhygienic conditions, the affected people are facing food insecurity and loss of livelihoods, poor access to water, poor health and nutrition conditions, and acute and repeated protection risks.

WASH assessments identify a vicious cycle, in which unsafe water, inadequate hygiene and poor sanitation have resulted in vulnerable individuals (particularly children under five and pregnant or breastfeeding women) becoming acutely malnourished after suffering repeatedly from diarrheal diseases.

While the provision of humanitarian assistance over the last year has stabilised the nutritional situation, an estimated 943,000 children under five across Borno, Yobe and Adamawa states are still acutely malnourished (440,000 with severe acute malnutrition or SAM, and 503,000 with moderate acute malnutrition or MAM). One in every five of these children with SAM and 1 in every 15 of these children with MAM are at risk of death if their malnutrition remains untreated. About 230,000 pregnant or breastfeeding women are also acutely malnourished. Health assessments warn of the particular risks faced by severely acutely malnourished children with medical complications, who are at high risk of dying due to the near absence of secondary health care facilities that can handle such cases.

Congestion, poor infrastructure and poor water and sanitation conditions are the main causes of the cholera outbreak which affected more than 5,000 people, and resulted in more than 60 deaths in 2017, but was successfully contained thanks to a coordinated multi-sectoral humanitarian response supported by the WASH, Health, Displacement Management Systems (CCCM) and Shelter and Non-food Items sectors.

With more than one third of children out of school, the resumption of education services is crucial not just for the future of the region, but also from a psycho-social perspective. With the majority of the conflict-affected people having experienced significant psycho-social distress, protection remains an urgent need at all levels. At least 30 per cent of IDPs are currently separated from their families, and 57 per cent of these have no contact with family members. In addition to the distress this has caused, family separation has a negative impact on livelihoods, as separated family members (especially men and children) were also providers to the households before the crisis. On average, 30 per cent of households are now headed by women, though it should be noted that in some locations this number is much higher (e.g., 54 per cent in Bama, 44 per cent in Kaga and 43 per cent in Gwoza). There are an estimated 6,000 unaccompanied minors, 5,500 separated children and 15,000 orphans, among other groups of children at risk or affected by protection concerns. Conflict and
displacement have undermined gender norms, affected child rights and have created a power shift between generations and gender roles\textsuperscript{14}.

Sexual violence, including rape, is a defining characteristic of the ongoing conflict, with 6 out of 10 women in the north-east having experienced one or more forms of gender-based violence (GBV)\textsuperscript{15}. Women, boys and girls are at particular risk within the current environment, with many reports of survival sex in exchange for food, money and freedom of movement (into and out of IDP sites). This exposes the population to increasing incidence of sexually transmitted infections including HIV, unwanted pregnancies, and obstetric fistula caused by sexual violence, leading to overall poor sexual and reproductive health outcomes.

The crisis has significantly affected the dignity of women and children. This is further entrenching pre-existing gender disparities. In the Global Gender Gap Index, Nigeria ranks 118\textsuperscript{th} out of 144 countries\textsuperscript{16}.

**Humanitarian access**

In addition to the assessed needs presented above, a significant portion of affected people are hard to reach, which means that humanitarian actors are not able to assess their situation, or provide them with aid or basic services. These people are likely to face very high security risks and are believed to have limited or no access to markets, goods and services.
2016 - 2017

2016

5 April
First UN relief mission to Bama

10 - 12 April
Joint UN multi-sectoral assessment in Bama, Damboa, Dikwa and Monguno

27 June
Declaration of food emergency in Borno by the federal Government of Nigeria

12 July
Inter-agency assessment in Gwoza

Dec
Launch of a 10 times larger appeal than 2015 (US$1.05 billion)

29 - 30 Nov
EDG visits Maiduguri, Bama and Gwoza

Oct - Dec
Joint HCWG preparation of 2017 HRP

29 Sept
Inter-Ministerial Task Force starts Nigeria Emergency Coordination Centre

5 Dec
First humanitarian hub opens in Maiduguri

Global launch in Geneva with Government of Nigeria participating

76% increase of food assistance reaching for the first time ever 1 million people

7 June
Government of Nigeria launched 30MT food distribution in north-east

May
Closure of NYSC IDP camp in Adamawa

24 Feb
Oslo Humanitarian Conference on Nigeria and Lake Chad Region

24 Feb
First humanitarian hub opens in Maiduguri

Mid-Feb
More than 2000 humanitarian aid workers in north-east

July
The first local coordination group established in Gwoza

August
New displacement in Matagali assessment

14 - 15 August
Humanitarian hubs in Bama and Gwoza made operational

16 August
Cholera outbreak declared in Borno State

15 Sept
915,000 cholera vaccines arrive in Nigeria

27 Oct
Humanitarian hub in Ngala made operational

Oct
ERC informs UNSC that famine was averted

Oct
New analysis showed improved food and nutrition security saturation (Cadre Harmonisé)

17 Sept
Multi-sectoral rapid needs assessment

17 Sept
Cholera vaccination campaign

Nov
About 70% coverage of the appeal

2 Nov
IMTF, HLHCG meeting to finalise the 2018 HNOHRP

9 Nov
Extended HCWG on HNOHRP development

Dec
Cholera outbreak under control

21 Dec
Address to the media on the end of cholera outbreak in Borno State
Approximately 10.2 million Nigerians in the six states that make up the country’s north-east region require some kind of humanitarian or protection assistance, including 7.7 million people in the three worst-affected states (Borno, Adamawa and Yobe). Women and children represent 85 per cent of those in need.

An estimated 1.7 million people are internally displaced. Around 60 per cent of these are living with host communities, while the remainder are living in camps or camp-like settings such as schools or government buildings. The vast majority of displaced persons (more than 70 per cent) have moved more than once. Among the displaced are many former refugees – Nigerians who previously sought refuge across an international border and have since come back to their country, but remain unable to return to their settlement of origin due to ongoing insecurity.

In areas where the security situation has improved, particularly Adamawa State, more than 1.3 million people (former IDPs as well as former refugees) have returned to their settlement of origin.

For the people who have remained in their towns and villages, humanitarian needs have arisen due to the conflict’s devastating impact on trade and livelihoods, as well as the enormous strain on basic social services created by the arrival of displaced persons. The majority of people in this category (around 85 per cent) can be reached with humanitarian assistance. However, an estimated 930,000 people within this category are in areas that are hard to reach by humanitarian organisations and have therefore not yet been reached with aid.

### HUMANITARIAN NEEDS

#### BY POPULATION CATEGORY (in million)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total people in need</th>
<th>Remaining people in need</th>
<th>Internally displaced people</th>
<th>Returnees</th>
<th>% Female</th>
<th>% children, adult, elderly</th>
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#### BY SEX AND AGE

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<th>% children, adult, elderly</th>
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<td>Health</td>
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<td>STATES</td>
<td>BY POPULATION CATEGORY</td>
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<td>-----------</td>
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<td>Borno</td>
<td>NUMBER OF PEOPLE IN NEED</td>
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<td></td>
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<td>RETURNEES</td>
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<td>Yobe</td>
<td>NUMBER OF PEOPLE IN NEED</td>
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<td></td>
<td>RETURNEES</td>
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<td>TARABA</td>
<td>NUMBER OF PEOPLE IN NEED</td>
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<tr>
<td></td>
<td>RETURNEES</td>
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</tbody>
</table>

- **Female**: 54%, 56%, 61%, 62%, 61%, 61%
- **Male**: 46%, 44%, 39%, 38%, 39%, 39%

**By Age**
- Children (<18 years): 40%, 34%, 57%, 57%, 64%, 64%
- Adults (18 - 59 years): 36%, 39%, 39%, 38%, 29%, 29%
- Elderly (>59 years): 4%, 5%, 4%, 7%, 3%, 7%

**Remaining People in Need**
- Women: 54%, 56%, 61%, 62%
- Men: 46%, 44%, 39%, 38%

**Gender Distribution**
- Women: 54%, 56%, 61%, 62%
- Men: 46%, 44%, 39%, 38%
SEVERITY OF NEED

The most severe and acute needs across multiple sectors are concentrated in the areas of ongoing conflict, as well as areas hosting large numbers of IDPs. This includes almost all local government areas (LGAs) of Borno State, and areas of Adamawa and Yobe states that are bordering Borno.

In LGAs that are no longer directly affected by conflict, there are concurrent medium- to longer-term needs. These "transitional areas" include humanitarian needs related to recent population movements (i.e., high numbers of returns within the past two years) and higher-than-usual food insecurity linked to the impact of the conflict. These areas – primarily found in Adamawa and Yobe states – also have high recovery and development needs.

In Bauchi, Gombe and Taraba states, as well as remaining parts of Adamawa and Yobe states, there is a wide range of long-term needs related to poverty and under-development. The majority of these needs have to be met through longer-term recovery and development assistance that builds local capacities and strengthens systems and policies to address the root causes of the crisis.

2018 SEVERITY OF NEEDS BY LGA
PART II: NEEDS OVERVIEW BY SECTOR

- Health
- Protection
  - Child protection
  - Gender-based violence
- Early recovery and livelihoods
- Food security
- Nutrition
- Water, sanitation and hygiene
- Education
- Displacement management systems (CCCM) / Shelter and non-food items
- Logistics
- Emergency telecommunications
OVERVIEW

Around 7.9 million conflict-affected people are in need of primary and secondary health interventions across six states, of whom 5.4 million are located in the three worst crisis-affected states of Adamawa, Borno and Yobe.

Conflict-affected people remain at significant risk of epidemic-prone diseases like cholera, measles, meningitis, and viral haemorrhagic fevers (VHF) such as Lassa and yellow fever. Women and children are often disproportionately affected given their responsibilities within the family: collecting water, preparing food, and providing care to those who are sick.

Malaria is endemic in the north-east and accounts for half of all consultations in EWARS (Early Warning and Alert Disease Response and Surveillance system) sites, with a 50 per cent surge in cases during the rainy season (June through September). Malaria, acute respiratory infections and watery diarrhoea are the top three leading causes of illness among IDPs, along with high levels of severe acute malnutrition (SAM). More than 40,000 children are at risk of dying from SAM with medical complications.

The 2013 Nigeria Demographic Health Survey reported that the north-east region has a high unmet need for modern contraceptives, and an extremely low contraceptive prevalence rate of 3 per cent. This translates to a high fertility rate and very high mortality ratio of 1,538, compared to the national value of 576. Only 20 per cent of pregnant women deliver with a skilled birth attendant.

The lifetime prevalence of mental illness among Nigerians is estimated to be 12.1 per cent. This means that, out of the 7.9 million people in need in north-east Nigeria, over 930,000 people will suffer from a form of mental illness in their lifetime. Despite the magnitude of the problem, the region has a weak and poorly funded mental health system with very few mental health professionals compared to the rest of the country. This is particularly alarming given the high incidence rate of gender-based violence cases. Only 18 per cent of fully functional health centres in Borno State can reportedly provide violence survivors with integrated clinical standard treatment protocols, breach patient confidentiality and often blame survivors seeking care.

The current repetition of the Health Resources Availability Monitoring System (HeRAMS) assessment showed that, out of 755 health facilities in Borno State, 292 (39 per cent) are fully damaged, 205 (27 per cent) are partially damaged and 253 (34 per cent) are not damaged. In terms of functionality, 376 (50 per cent) are non-functional.

AFFECTED PEOPLE

All population groups are affected and have a right to receive health care. During this crisis, the most vulnerable groups are: all displaced persons (IDPs and returnees), all children under 5 years, all children under 18 years, and all children under 5 years. In terms of functionality, one in four health facilities in Borno State are non-functional.

PREFACE FOR THE HEALTH SECTOR

In the current situation, the most vulnerable groups are: all displaced persons (IDPs and returnees), all children under 5 years, all children under 18 years, and all children under 5 years.
the age of 5, adolescent girls and women of reproductive health age (15 to 49 years), the elderly (over 60 years), and the host community population below the Multidimensional Poverty Index (MPI). Across the six states, this includes 1.7 million IDPs, 1.3 million returnees, and 4.9 million people living in host communities/remaining people in need of health care services. The Health sector identified that the number of most vulnerable people in need in the three worst crisis-affected states of Adamawa, Borno and Yobe stands at 5.4 million.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Following the resurgence of polio at the end of 2016, this year has been marked by the rise of vaccine preventable outbreaks such as measles, meningitis and hepatitis E virus, reflecting the severe deterioration of an already disrupted health system.

Further compounding the crisis, the Borno State Ministry of Health (MoH) declared a cholera outbreak in August 2017. As of the beginning of November, the outbreak had claimed the lives of 61 individuals and the number of suspected cases stood at close to 5,000 mainly affecting displaced persons in Jere, Maiduguri, Dikwa, Monguno and Konduga local government areas (LGAs). Most cases were concentrated in the “Muna Corridor” in Maiduguri and Jere LGAs, which includes 15 different sites for displaced people, including Muna Garage, Customs House and Farm Centre. Following a rapid risk assessment, the State MoH and the Health sector graded the risk of spread in the Borno capital as ‘high’.

Although the cholera outbreak has been successfully contained by the Health sector’s partners under the MoH’s leadership in 2017, given the congestion, poor infrastructure, and water and sanitation conditions, there is an urgent need for further risk assessments in the high priority LGAs of Mobbar, Gwoza, Ngala, Kala/Balge and Bama. Strengthening of surveillance and case detection, and the preparedness for the establishment of cholera treatment centres and oral rehydration points along with social mobilisation efforts also continue to be priorities.

Critical gaps in primary and secondary health-care services remain to be filled through mobile teams and outreach services. Specifically, this includes regular nutrition screening in all the catchment areas, community mobilisation on key health issues and public health risks, and direct support to secondary health-care facilities and general hospitals (deployment of medical specialists, supplies, medicines, ambulances, etc.).

Mental, neurological and substance abuse (MNS) and related disorders account for an estimated 14 per cent of the global burden of disease. These disorders result in direct economic costs of mental health care and indirect economic costs from lost productivity, impaired functioning and premature death. People suffer from a wide range of mental health problems during and long after emergencies. In emergency settings, the rate of common mental disorders can double — often from 10 per cent to 20 per cent.

The conflict has resulted in significant psychological suffering among the affected people. In addition to the impact of the displacement and the weakened health delivery system, gross atrocities such as abductions, bombings and killings are expected to have a negative effect on the mental health of the affected persons.

The revitalisation and strengthening of the health system is crucial, especially the development of a functional referral system mechanism given that less than 30 per cent of health facilities in Borno have a functional referral mechanism to a higher level of care. Facilities that are functioning are short of staff, lack safe water, basic drugs and/or equipment. Although maternal and newborn health, such as ante-natal care services were available in at least half of the functional health facilities, comprehensive obstetric and abortion care were only available in 5 per cent and 18 per cent of IDP camp clinics, respectively. Normal delivery was at least partially available in 46 per cent of health posts.

KEY CHALLENGES IN 2017

- The current picture is one of a protracted crisis and a disrupted health system in an active armed conflict with restrictions on humanitarian access, especially in Borno State.
- Health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- A continuous influx of returnees and overcrowding of

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**BORNO STATE HEALTH FACILITIES: LEVEL OF DAMAGE AND FUNCTIONALITY**

<table>
<thead>
<tr>
<th>Damage Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Damaged</td>
<td>34%</td>
</tr>
<tr>
<td>Partially Damaged</td>
<td>27%</td>
</tr>
<tr>
<td>Fully Damaged</td>
<td>39%</td>
</tr>
<tr>
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<tr>
<td>Partially Functioning</td>
<td>20%</td>
</tr>
<tr>
<td>Not Functioning</td>
<td>50%</td>
</tr>
</tbody>
</table>

*(IN BORNO STATE, INCLUDING EMERGENCY CLINICS FOR IDP CAMPS)*

Source: Borno State MOH, September 2017

**ADAMAWA, BORNO AND YOBE: HEALTH CARE SERVICES STATUS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Available</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal health (ANC, L&amp;D, PNC)</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Family planning /Reproductive health</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>In-patient services</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Out-patient services</td>
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<td>100%</td>
</tr>
<tr>
<td>Referrals</td>
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<td>100%</td>
</tr>
<tr>
<td>Trauma</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Vit. A/deworming</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Health education &amp; community mobilisation</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Health Sector 5W October 2017
camps due to limited availability of safe shelter, and water, sanitation and hygiene (WASH) services continue to increase the risk of outbreaks.

- There is a serious shortage of skilled health-care workers, particularly doctors and midwives, as many remain reluctant to work in areas where the security situation is volatile.

**METHODOLOGY FOR NEEDS ANALYSIS**

In consultation with Health sector partners, the number of most vulnerable people was used as the baseline to calculate the number of people in need of health services, which was calculated based on the cumulative figure of all the identified most vulnerable people and those in severe poverty. This includes: all the IDPs, all returnees, all children under the age of 5, and females in their reproductive health age and the elderly. For the latter two vulnerable groups in the host population, we used the population below the MPI and excluded hosting populations with minimal IDP presence.

According to the MPI report, as of 2010, 46 per cent of Nigerians lived below the national poverty line and the north-east region was one of those ranking the lowest with 76.8 per cent under the poverty line. The MPI tracks deprivation across three dimensions and 10 indicators. More specifically, it reflects deprivation in adult and child malnutrition, child mortality within the household within a five-year period, lack of access to safe drinking water and lack of access to basic sanitation services. The MPI for the main affected states stands at 59 per cent in Adamawa, 70.1 per cent in Borno and 90.2 per cent in Yobe, all below the national poverty level.

In addition, to address the most vulnerable in the hosting communities, the people in LGAs with fewer than 1,500 IDPs (the threshold used by the Rapid Response Mechanism in north-east Nigeria) were excluded from the calculation of the number of people in need.
The ongoing conflict has resulted in grave violations of human rights, including brutal attacks resulting in death, injuries, sexual violence, abductions, early and/or forced marriages, arbitrary and extended detentions without trial, disappearances, deprivations, denial of services, family separations and forced recruitments by armed groups. Due to the high levels of human rights abuses, IDPs are manifesting signs of mass psycho-social distress.

The majority of the 6.7 million people in need of protection services are located in Borno, Adamawa and Yobe states. The most vulnerable populations in these three states are in desperate need of life-saving interventions. The limited availability of basic services, particularly in remote areas, continues to exacerbate protection risks to the affected people.

### Affected People

Protection threats are currently assessed to be greatest in conflict-affected LGAs, the vast majority of which are located in Borno State, with a smaller number of affected areas in regions of Adamawa and Yobe states bordering Borno.

Persons with special needs and vulnerabilities – including the elderly, the chronically ill, people with physical and mental disabilities, female- and child-headed households, unaccompanied and separated children, adolescent boys, and pregnant and lactating women – have been the most affected.

Nearly 85 per cent of the IDPs are from Borno, which also hosts 76 per cent of the total number of IDPs. Since the escalation of violence in 2014, 97 per cent of internally displaced persons have fled their homes as a direct result of the conflict. Nearly 60 per cent of them are living in host communities, placing considerable strain on already limited resources.

Children under 18 years old constitute 56 per cent of IDPs and 48 per cent are under 5 years old.

About 2.9 million people are estimated to be at risk of gender-based violence (GBV) threats. The most vulnerable groups are women, girls and boys. Female-headed households, widows, women with disabilities and adolescent girls remain the most at-risk groups. Although very minimal, an increase in the number of males (mostly children) seeking help for GBV services is being witnessed.

### Humanitarian Needs of the Affected People

Protection risks and needs of vulnerable persons

The conflict between the Nigerian security forces and non-state armed groups in north-east Nigeria has severely increased the protection risks faced by the people of the region, particularly impacting the most vulnerable persons including the elderly, the chronically sick, people with physical and mental disabilities, female- and child-headed households, unaccompanied and/or separated children, adolescent boys, and pregnant and/or lactating women. Threats are often compounded by the high...
level of congestion endured by displaced families, the lack of basic resources for survival, and the location of vulnerable individuals in isolated, insecure or inhospitable places.

A high percentage of displaced women and girls are survivors of sexual and gender-based violence (SGBV) and face stigmatisation when they return to their communities. Females heading households, widows and adolescent girls remain critically vulnerable to violence by armed actors as well as members of the community, and are susceptible to resorting to survival sex in exchange for resources, including food and shelter. Women and girls have been particularly vulnerable to abductions by non-state armed groups, and have experienced severe violations including rape, forced marriage, forced labour, or other forms of violence during their abduction.

High numbers of unaccompanied and separated children, orphans and child-headed households have critical protection needs and many children have had to resort to hawking or begging as a means of survival. Children abducted by non-state armed groups or conscripted by militias, survivors of rape and children born out of sexual violence, face stigmatisation and subsequent ostracisation.

Able-bodied boys and men are at risk of coerced or forced recruitments by armed actors. They also face specific vulnerabilities in terms of access to assistance, as their presence in or movement from one geographical area to another may cause suspicion and lead to detention and questioning, with the possibility of extrajudicial violence.

Many widows and orphans have been disinherited and have lost their property given the patriarchal system in place in the north-east. Virtually all (99 per cent) of vulnerable IDPs in newly accessible sites in Borno do not have access to legal documentation. Widespread destruction of civil infrastructure due to the conflict and lack of federal and state coordination and dedicated resources continue to jeopardise efforts to provide legal redress to the affected people. Over 70 per cent of vulnerable IDPs lack sufficient sources of livelihood, while all vulnerable displaced households interviewed in newly accessible areas of Borno reported the need for livelihood assistance for daily sustenance.

Challenges to safe, dignified and voluntary returns

More than 1 million IDPs have returned to their LGAs of origin in Borno, Adamawa and Yobe states. Over 388,237 Nigerian refugees have returned from Cameroon and Niger since August 2015, 41 per cent of whom arrived in Nigeria in 2017. At least 6 per cent of refugee returnees report to have been forced back into Nigeria from their respective countries of asylum. Many returns have fallen short of international standards on voluntariness, safety and dignity, including refoulement, and populations have returned to dire situations of secondary displacement, with shortages of basic needs/services including food, water, shelter and health.

Most of returning refugees are in secondary displacement situations as they have not been able to return to their places of origin. Similarly, attempted returns of IDPs are not always successful or sustainable. While the desire by some IDPs and refugees to return to their places of origin remains a priority, concerns persist that conditions in those areas are not yet conducive for such returns, particularly in Borno State. Returning IDPs may not be sufficiently informed regarding remaining threats, including improvised explosive devices (IEDs) and unexploded devices, and may be incentivised by assistance, political agendas, and push or pull factors.

People in areas recently retaken by the Nigerian Government lack critical basic services such as the reconstruction of destroyed infrastructure, houses and private properties. Security concerns persist including the targeting of IDP sites through person-borne IED attacks carried out predominantly by young girls, which have increased since July 2017.

There are also potential tensions between returning IDPs and returning refugees and those who never left their homes due to suspicions of association with parties to the conflict. Many women and children do not venture out of their settlement for fear of abduction or due to lack of permission from male relatives.

Furthermore, the presence of unexploded devices in many areas is an obstacle for safe returns and will render the resumption of livelihood activities, including farming and herding, perilous.
Restrictions on movement and militarisation of civilian space

The restrictions on freedom of movement imposed by military actors severely hamper access to services and assistance by affected people, as well as livelihood opportunities, and gives rise to risk of exploitation. The absence of civil authorities in areas recently retaken by the Nigerian armed forces has allowed the military to play an active role in almost all aspects of civilian life, including the administration of IDP sites, which undermines the humanitarian and civilian character of those sites. In addition, the prominent role of the Civilian Joint Task Force and vigilante groups in carrying out security functions remains a concern especially regarding the respect of international standards. There are reported cases of violations perpetrated by members of the security forces, including physical and sexual violence and sexual exploitation.

Gaps in the legal frameworks for IDPs

The 1.7 million internally displaced lack an effective legal framework to safeguard their rights. This gap in the law has undermined the critical legal needs of the affected people, hinders access to justice and expeditious administration of justice, protection from human rights violations, including arbitrary detentions, enforced and involuntary disappearances, and adjudication of matrimonial and family issues related to housing, land and property.

KEY CHALLENGES IN 2017

- A lack of resources to protection programming undermines the provision of comprehensive assistance to persons in need of life-saving interventions.
- The role of the military in maintaining security in and around the camps makes it difficult to maintain the civilian character of IDP sites.
- The absence of local government and civil authorities in areas recently retaken by the Government impedes the availability of basic resources and the rule of law for affected communities.
- The limited capacity of local partners on the ground, particularly in Borno State, restricts the delivery of specialised services.

METHODOLOGY FOR NEEDS ANALYSIS

In estimating the people in need of protection support it was determined that all IDPs, returning IDPs and Nigerian refugees returning from neighbouring countries have immense protection needs. The population in areas recently retaken by the Nigerian military and areas inaccessible to aid workers face a similar or worse-off situation. The methodology further recognised that accessible locations – including those who were not displaced – have inherent vulnerabilities which were exacerbated by the conflict given the widespread and endemic insecurity, the meagre available resources and existing tensions between IDPs and local communities. It was therefore determined that, to capture the most vulnerable portion of host communities and returnees with serious protection needs, a percentage planning figure would be used. The Protection Sector Working Group (PSWG) recognises that there are populations in hard-to-reach areas in all but four of the Borno LGAs. Based on the PSWG's severity ranking of protection concerns per LGA in the six assessed states, the percentage of the host/local community in need was determined by the following: a severity ranking of 7 equals 30 per cent of the host/local community for the LGA, 4 equals 25 per cent, 2 equals 15 per cent, 1 equals 10 per cent and 0 equals 3 per cent. The protection severity map details the magnitude of protection concerns, safety and security risks of vulnerable IDPs, returnees and other affected people in each LGA, based on protection assessments and vulnerability screenings. The severity ranking was validated by Protection, Child Protection and GBV Protection partners at the national and field levels.
PART II: PROTECTION: CHILD PROTECTION

OVERVIEW

About 2.5 million conflict-affected boys and girls and 700,000 caregivers are in need of Child Protection in Emergencies services. About 34,000 children (of whom 47 per cent are girls) are believed to be in need of case management services. The estimated caseload includes 6,000 unaccompanied minors, 5,500 separated children and 15,000 orphans, among other groups of children at risk, or affected by protection concerns.

At least 1.75 million conflict-affected children and 490,000 caregivers are estimated to be in need of psycho-social care due to the protracted conflict, displacement, hardship and accumulated distress.

Around 13,000 children are estimated to have been recruited, abducted or held by state and non-state armed groups. During that time, children may have experienced sexual violence and may have been forced to participate in physical violence.

AFFECTED PEOPLE

Boys and girls compose at least 62 per cent of the conflict-affected population in the states of Borno, Yobe, Adamawa, Bauchi, Gombe and Taraba. It is estimated that over 2.5 million children across the six states have been impacted by the conflict and are in need of urgent assistance. Almost 9 in 10 (89 per cent) of them are in Borno, Adamawa and Yobe states.

More than half (55 per cent) of children in need of protection assistance are girls and almost 1 in 3 (32 per cent) are younger than five years old.

An estimated 700,000 caregivers (80 per cent of whom are women) are in extremely vulnerable conditions across the six states, including 664,000 in Borno, Adamawa and Yobe states. This group includes: widows, women-headed of households, single caregivers with several children, and foster parents, among others.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

The protection needs of boys and girls in Nigeria’s north-east are critical. More than 1.75 million affected children are in need of psycho-social care, due to the severe distress caused by the protracted conflict, hardship and displacement. In addition, it is estimated that 490,000 affected caregivers are in need of psycho-social care and 210,000 of some form of life skills and/or economic support.

Displaced, separated and unaccompanied children are at heightened risk of abuse, exploitation and neglect. An estimated 34,000 children, of whom 47 per cent are girls, are in need of case management services, including over 16,000 children whose cases have been documented and supported in 2017 and will continue to require services in 2018. More than 10,000 children are believed to be unaccompanied or separated from their families and an even higher number of children are believed to have lost one or both parents due to the conflict.
The conflict has also increased the risk of sexual violence for girls and labour exploitation for boys. Data shows that, among the GBV survivors seeking assistance, 44 per cent are children, of whom 98 per cent are girls, and 46 per cent reported having suffered from sexual violence.

Furthermore, it is believed that 800,000 children are at risk of being injured or killed by unexploded devices and remnants of war across north-east Nigeria. Children and their families need critical awareness raising and increased knowledge on how to mitigate the risk of such incidents.

At least 8,000 children are estimated to have been recruited, abducted or held by non-state armed groups and 5,000 children are believed to be associated and used by state-armed groups. Children used and associated with armed actors are exposed to severe abuses and violations, especially emotional, physical and sexual violence. In addition, boys and girls have been increasingly affected by grave child rights violations. Between January 2014 to October 2017, 162 children (42 boys and 120 girls) were used as person-borne IEDs by non-state armed groups. In 2017 alone, the number of children involved in so-called “suicide” attacks was three times higher than the number for 2014, 2015 and 2016 combined.

Children have also been arbitrarily detained for long periods of time with no access to legal representation, while they or their caregivers undergo investigations for suspected ties to non-state armed groups. At least 968 children (501 boys and 467 girls) had been deprived of their liberty by the security forces in 2017 as of October; out of this number, 526 children (278 boys and 248 girls) were released on 4 October from Giwa military barracks to the Borno State Ministry of Women Affairs and Social Development and will require long-term multi-sectoral support, including continued follow-up and child protection integrated services, once they are back in their communities. Additionally, 442 children (219 boys and 223 girls) are still held in administrative custody by the Nigerian security forces in Maiduguri, while an unknown and likely higher number of boys and girls are believed to be held in other locations, such as Gwoza, Bama, Mafa and Damboa.

All these conflict-related experiences have a significant impact on the development of children and the psycho-social well-being of adolescents and caregivers. More than 700,000 caregivers are estimated to be in extremely vulnerable situations and have been deeply affected in their capacity to cope with adversity and take appropriate care of themselves and their children.

There is an urgent need to rapidly scale up child protection interventions that support the well-being of children, adolescents and caregivers recognising the specific ways in which each group has been affected by the emergency. In lack of a rapid, integrated and well-coordinated response, the impact of the armed conflict may lead to immediate and long-term devastating consequences on the lives and general well-being of children, their parents and their entire communities.

**KEY CHALLENGES IN 2017**

- There is an insufficient presence of child protection actors with strong operational capacity in the LGAs with the highest needs, especially in Borno State, such as Kala/Balge, Gubio, Mobbar, Ngala, Gwoza, Askira/Uba and Mafa. Some other LGAs would require a significant boost of the ongoing intervention, such as Bama, Konduga, Kaga and Monguno.

- Adolescent boys and girls need a diversified programme, tailored to their specific needs, in order to better benefit from child protection interventions.

- Case management services have focused mainly on unaccompanied and separated children, overlooking other vulnerabilities and concerns affecting boys and girls. Referral pathways need to be strengthened, e.g., for health and justice needs.

- There is an urgent need to accelerate family tracing and reunification (FTR) services in order to increase the reunification rate. To achieve this, child protection partners will need to engage more in FTR activities and to be held accountable for their caseload.

- The Handover Protocol for children encountered in the course of armed conflict in Nigeria and the Lake Chad Basin region as well as the Paris Principles, two
key documents regulating the sphere regarding children allegedly associated with armed groups, have not yet been adopted. This has delayed the advocacy for stronger protection of children associated with armed groups and forces.

- The delayed and slow release of detained children and caregivers greatly undermines their resilience and intensifies their psycho-social needs.
- There is a lack of education and sustainable economic opportunities for returnee children and caregivers, which jeopardises the reintegration process.
- There is a lack of community-based strategies to support the effective reintegration of returnee children and caregivers, including identifying effective mechanisms to prevent and respond to social stigmatisation and rejection.
- Children without appropriate parental care need more systematic follow-up and support. Documentation and monitoring of alternative care arrangements is an area that needs to be strengthened.

**METHODOLOGY FOR NEEDS ANALYSIS**

The analysis on the overall severity of child protection needs was derived from two indicators, one primary (weighted at 70 per cent) and one secondary (weighted at 30 per cent).

The primary indicator is based on the severity of a group of sub-indicators that includes the need for case management, psycho-social care, mine-risk education, as well as security incidents and fatalities reported during 2016 and 2017. Data sources for these include: UNHCR’s Vulnerability Screening; the Displacement Tracking Matrix (DTM) Assessment Round XVIII; Landmine/Explosive Remnants of War Knowledge, Attitudes and Practices Survey; the Monitoring and Reporting Mechanism database; and the Child Protection Information Management System database.

The secondary indicator is based on the demographics of the affected people and includes children and caregivers from displaced and returnee groups, and children and caregivers living in host communities across the six states. The child protection severity and vulnerability exercise was carried out and validated by the Child Protection Working Groups in the states of Adamawa, Borno and Yobe.
OVERVIEW

Rape is widespread in host communities and IDP settlements. More than half of survivors who accessed services between April and June 2017 had been raped, most frequently by someone known to them such as an intimate partner, neighbour or primary caregiver. Gender-based violence (GBV), especially sexual violence, is grossly under-reported due to very legitimate fears of retaliation by the perpetrator, stigmatisation by communities and family members, and limited availability and confidence in response services, particularly within the Health sector. According to the 2013 Nigeria Demographic and Health Survey, 45 per cent of women who experienced violence never sought help or told anyone about the violence.

Women and adolescent girls in particular are at constant risk of violence due to overlapping protection concerns. Early and/or forced marriage, forced prostitution and survival sex are common coping strategies for economically-depressed households. At the same time, women and adolescent girls are being attacked while engaging in everyday activities such as fetching water and going to the latrines. Therefore, integrating GBV prevention and risk mitigation measures throughout other key sector plans such as WASH, Food Security and DMS (CCCM), as per the 2015 Inter-Agency Standing Committee GBV Guidelines, is crucial to address these outstanding protection concerns.

AFFECTED PEOPLE

An estimated 2.9 million people need protection from GBV across the north-east conflict-affected states of Borno, Yobe, Adamawa, Taraba, Bauchi and Gombe. About 54 per cent of all IDPs are women and girls, many of whom are heads of households living in crowded and culturally inappropriate conditions. Adolescent girls are often the most at-risk of GBV, particularly sexual violence. They are targeted while performing basic tasks such as traveling to water points, collecting firewood for cooking, and going to the communal latrines. They are often forced into prostitution, early marriage and survival sex in exchange for food, freedom of movement and basic needs.

Women and girls abducted by armed actors who were raped and forcibly married during their captivity often face stigmatisation and rejection from their communities upon their return. These girls, women and the children who were born as a result of rape are often feared by communities and ostracised from society because they are suspected to be sympathisers of the armed groups. Even given these consequences, families are still forcibly marrying daughters as young as 12 years old to members of armed groups, citing poverty as the main reason.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Violence against women, girls and boys, including sexual violence and other forms of GBV, is widespread but under-
reported. Rape survivors need access to life-saving medical treatment. Survivors of sexual violence and/or physical assault have only a few hours to access emergency contraception that prevents pregnancy. This can be a matter of life and death for adolescents in particular, as complications from pregnancy are one of the leading causes of death for girls from 15 to 19 years of age in the developing world. All GBV survivors are also at elevated risk of severe and long-lasting health, emotional, social, economic and security problems. They may die from injuries unsafe abortions, or from committing suicide.

Safety and security challenges are higher for women and girls living in areas where the security parameter is limited to the LGA towns. Their traditional roles lead them to walk long distances to collect firewood and water, which places them at risk of abduction and sexual violence thereby limiting their freedom of movement which in turn affects their livelihoods. As a result, negative coping mechanisms, such as families using child marriage to access food and ensure social security and protection are common. Safety measures (including safe energy options) especially for female-headed households are needed to restore the dignity and harness resilience.

Survival sex by girls and young women was mentioned throughout the assessment as a coping mechanism for lack of income at the household level and represents a concerning change in girls’ behaviours since the crisis began.

Survivors of rape and children born out of sexual violence often face stigmatisation and subsequent ostracisation. They require access to a full range of services to meet their immediate and reintegration needs. Up until now, the response to these cases has been very minimal and on an ad hoc basis with huge challenges, in a situation where systematic human rights monitoring, documentation and reporting are lacking. Additionally, provision of access to justice and promotion of a functioning legal system are urgently needed to mitigate future risks of re-occurrence of GBV.

### KEY CHALLENGES IN 2017

- Survivors face significant challenges accessing GBV response services. As the GBV response has significantly increased in 2017, a better understanding of the magnitude of the problem was developed. All indications show that GBV protection needs are increasing as vulnerability factors continue to exist.

- A gap analysis has shown that the coverage of services available outside of Maiduguri to respond to the needs of girls, women, boys and men vulnerable to violence is still very limited. Few organisations are capable of providing adequate and comprehensive support to survivors. Partners have limited capacity to prevent and respond to GBV. Given the multi-sectoral and technical nature of GBV response and prevention, the need for capacity enhancement of frontline actors cannot be over-emphasised in the context of the north-east Nigeria response.

- A culture of impunity for GBV perpetrators prevails due to gaps in the legal framework, limited access to legal recourse and fear of reporting, among other factors.

- Limited access to economic empowerment contributes to a rise in the use of negative coping mechanisms.

### METHODOLOGY FOR NEEDS ANALYSIS

The number of people in need of GBV protection is estimated using GBV severity mapping at LGA level. A number of sub-indicators were identified to make up an overall vulnerability severity indicator for GBV needs. A number of sub-indicators were identified to make up an overall vulnerability severity.

### PART II: PROTECTION: GBV PROTECTION

<table>
<thead>
<tr>
<th># IDF POPULATION WALKING LONG DISTANCES TO WATER SOURCES</th>
<th># PERCENTAGE OF GBV INCIDENTS REPORTED JAN - OCT 2017</th>
<th># OF SINGLE FEMALE-HEADED HOUSEHOLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>186,162</td>
<td>Rape</td>
</tr>
<tr>
<td>Adamawa</td>
<td>35,423</td>
<td>Physical assault</td>
</tr>
<tr>
<td>Yobe</td>
<td>18,752</td>
<td>Denial of resources</td>
</tr>
<tr>
<td>Taraba</td>
<td>16,140</td>
<td>Psych/ emotional abuse</td>
</tr>
<tr>
<td>Bauchi</td>
<td>3,340</td>
<td>Forced marriage</td>
</tr>
<tr>
<td>Gombe</td>
<td>1,483</td>
<td>Sexual assault</td>
</tr>
<tr>
<td>Data on distance to water sources considers more than 10 minutes of travel time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

indicator for GBV needs. These sub-indicators were grouped into three vulnerability priority levels. Priority 1 sub-indicators (weighting at 60 per cent) are the number of female-headed households and the number of pregnant/lactating mothers, both traditionally at higher risk of suffering from GBV (sexual exploitation, rape/sexual assault, domestic violence/neglect). Priority 2 sub-indicators (weighting at 30 per cent) are the number of separated minors and the number of orphaned minors. Priority 3 (weighting at 10 per cent) is the number of people who have access to safe spaces for women and youth. The combination of the three levels of vulnerability priority make up the LGA-level severity for GBV. The data for the sub-indicators is obtained from DTM XVIII, UNHCR's Vulnerability screening, the GBVIMS and various assessment reports.

Based on this, out of 112 LGAs: 29 per cent (33 LGAs) are classified as being in the 'emergency' category (scale: 7); 18 per cent (20 LGAs) are classified as being in the 'crisis' category (scale: 4); another 18 per cent (20 LGAs) are classified as being in the 'stressed' category (scale: 2); another 18 per cent (20 LGAs) are classified as being in the 'minimal' category (scale: 1); and 17 per cent (19 LGAs) are classified as being in the 'normal' category (scale: 0).

The severity map and number of people in need for GBV was validated by GBV Sub-Working Group (GBVSWG) partners in Adamawa, Yobe and Borno as well as during the Call-to-Action on Protection from GBV in Emergencies workshop held in Maiduguri in October 2017, where the detailed methodology and results were presented to the GBVSWG. All the feedback received was considered in the final calculations for the number
The conflict in Nigeria’s north-east has left 5.7 million people in urgent need of early recovery assistance.

An estimated 431,840 houses were destroyed in the six states of the region. Approximately 700 public buildings were impacted by the conflict, 94 per cent of which were fully destroyed. In addition, 300 km of power distribution cables and 19 substations were destroyed in Borno alone. Over 1,200 schools, 788 health facilities, 1,600 water supply sources, and 16 parks and other recreation facilities have also been destroyed in the north-east.

At the end of 2017, about 86 per cent of households spend more than they earn and 30 per cent are economically inactive.

The general destruction of basic social services is affecting all facets of community life in the affected states and, in particular, social service delivery. More than 900,000 students have been out of school with 600 teachers killed, 19,000 teachers in displacement and 1,200 schools destroyed. The destruction of over 60 per cent of health facilities is contributing to outbreaks of diseases almost on an annual basis. Furthermore, the shortage of livelihoods has resulted into unsustainable coping mechanisms for the affected people.

The conflict in Nigeria’s north-east, now entering its ninth year, has decimated an already vulnerable population. According to a Household Survey conducted by the UN Development Programme (UNDP) in 2016 to assess changes in livelihoods and economic recovery, 7 out of 10 people in the states of Yobe, Borno, Adamawa and Gombe were living below the World Bank extreme-poverty line of less than $1.90 a day, and economic opportunities were severely limited. The situation has worsened since then. For the past three years, fields have gone unplanted and once-vibrant market places are nearly empty, with prices of goods skyrocketing to almost 150 per cent higher than in 2016.

The national Recovery and Peacebuilding Assessment established that three quarters of conflict-related damages are found in Borno State (representing $6.9 billion), and that nearly two thirds of total needs ($3.9 billion) are also located in this state. Health facilities in the conflict-affected areas have been completely or partially damaged, leaving them unable to deliver even basic health-care services. Damages to the health infrastructure are estimated at $59 million, with 90 per cent of total damages in Borno State alone. This has negatively affected the provision of health and nutrition services in the affected LGAs. High morbidity, excessive mortality and the high rate of severe malnutrition cases have been a consistent feature. The capacity of the State Government and health partners to respond has been overstretched and reduced to such an extent that, in Borno, there is virtually no secondary health-
care provision outside of the capital, Maiduguri, and access to primary health services is limited and not comprehensive in most locations.

The conflict has also affected access to education with an estimated 1,200 school facilities destroyed, 1,500 schools closed for over two years and 952,029 school-aged children with no access to education.

Additionally, insecurity has affected access to basic services, farmlands, markets, and other sources of livelihoods leading to high unemployment rates and low economic participation.

For many individual households, conflict and displacement have resulted in a loss of housing, livelihoods, productive assets, and business networks. Since 2004, the number of economically inactive households has risen by 59 per cent in rural LGAs, with up to 76 per cent of households assessed unable to meet basic needs such as food, transportation, medical care and energy. The main coping strategies adopted by households include child labour, begging, debt contraction, and reduction in the number of meals per day and sale of assets.

In addition, the current conflict has worsened the pre-existing issues of exclusion and, in some cases, ruptured the bonds and relationships between and within groups and communities. Intra-communal structures and processes that traditionally regulated violence and resolved conflicts have been weakened. There are signs of social fragmentation as tensions based on ethno-religious, social and other divisions including between IDPs and host communities, are emerging.

Adamawa, Borno and Yobe states have clearly been the most affected by conflict and displacement. Meanwhile, Bauchi, Gombe and Taraba states continue to be affected by the spill-over of IDPs into their administrative boundaries, which imposes a large economic burden on them as host states. The livelihoods situation of IDPs and returnees (both former IDPs and refugees) is dire, as they lack regular income sources and competition for jobs often strains the host communities.

Borno State has the highest number of IDPs (1.4 million) with Maiduguri alone hosting 300,000 IDPs, predominantly within host communities. As a result of this population increase, daily waste generation in Maiduguri rose from an estimated 390 to 570 tons per day – a 45 per cent increase from pre-conflict levels – resulting in an environmental degradation estimated at a $2.9 million loss. Refuse accumulations are ideal breeding sites for rats, mosquitoes and flies, vicariously promoting the transmission of vector-borne diseases such as dengue and yellow fever. In Maiduguri, this has resulted in the increased incidence of malaria and, more recently, cholera. Open dumping and poor waste management practices increase flood risk in low-lying areas and poor sanitation and drainage increases the incidence of water-borne diseases including cholera and typhoid fever, the incidence of which spikes during the rainy season (June through September) across the entire Lake Chad region.

### KEY CHALLENGES IN 2017

Early recovery interventions received only limited funding in 2017. Out of the sector’s total budget of $44.5 million, only 5 per cent of funding had been received as of November 2017. Therefore, a significant proportion of needs identified by the sector in 2017 have remained unaddressed or have worsened. These needs have been re-assessed and rolled over to 2018.

### METHODOLOGY FOR NEEDS ANALYSIS

Sector partners have agreed to adopt a methodology for analysing needs that considers three key issues: levels of destruction, levels of unemployed work force, and security incidents. The three factors are assessed to determine the severity of needs by LGA and the prioritisation of intervention locations.

However, sector partners recognise that the cross-cutting nature of interventions that are delivered using early recovery approaches such as time-critical activities that facilitate the delivery of humanitarian relief materials will rely less on some of the above criteria than others in prioritising intervention locations.
FOOD SECURITY

OVERVIEW

About 3.9 million people in the six states of north-east Nigeria are projected to be food insecure and considered to be facing either crisis, emergency or famine situations. Out of these, 3.7 million are in Adamawa, Borno, and Yobe states. Given access challenges and lack of availability of data, four LGAs (Abadam, Guzamala, Kala/Balge and Marte) are not included in the overall figure. Compared to March 2017, the latest Cadre Harmonisé analysis, released in November 2017, found that the number of food insecure people has significantly decreased in the six states.

Food security outcomes have improved among people receiving humanitarian assistance. However, these improvements are unlikely to be sustained without continued humanitarian food and livelihood assistance.

The crisis has had a particular impact on the 1.6 million IDPs in Adamawa, Borno, and Yobe whose livelihoods have been significantly eroded. Meanwhile, the presence of IDPs has placed an additional food and livelihood needs burden on host communities, many of whom were already in a poor and vulnerable state before the crisis. The value chain for crops, livestock and fisheries has been severely disrupted as a result of the conflict.

In areas where the security situation has stabilised, hundreds of thousands of households have returned to their homes or close to their homes. They urgently require support to re-establish sustainable livelihoods and safe and dignified access to basic services, as well as community-based protection mechanisms.

AFFECTED PEOPLE

All the people in Adamawa, Borno, and Yobe in phases 3 to 5 of the Cadre Harmonisé are considered to be affected. This includes: IDPs (women, men, girls and boys); resident farmers, herders, and those engaged in fishing activities who have lost their source of livelihoods or are unable to access land for farming; IDP returnees and refugee returnees; and host communities.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

While the intensity of armed conflict in north-east Nigeria has diminished, the overall security situation – especially in Borno State – remains volatile, hindering freedom of movement and resumption of livelihood activities, as well as the full functioning of markets and the opening of trade routes. Safety and security challenges are higher for women and girls who walk long distances to collect firewood and water and are at risk of abduction and sexual violence. This limited freedom of movement also impacts their ability to engage in livelihood activities. As a result, to ensure access to food, families are resorting to negative coping mechanisms, such as begging, survival sex, and early or forced marriage, and selling of productive assets.

In Borno State, continued insecurity and restrictions of

NUMBER OF PEOPLE IN NEED

<table>
<thead>
<tr>
<th>Category</th>
<th>Number in Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs</td>
<td>1.6M</td>
</tr>
<tr>
<td>Returnees</td>
<td>0.6M</td>
</tr>
<tr>
<td>Total</td>
<td>3.9M</td>
</tr>
</tbody>
</table>

BY SEX

- Male: 49%
- Female: 51%

BY AGE

- Children (<18 Years): 35%
- Adult (18-59 Years): 62%
- Elderly (>59 Years): 3%

SEVERITY MAP

- No Data
- Normal
- +

PEOPLE IN NEED PER STATE - BY CATEGORY

<table>
<thead>
<tr>
<th>State</th>
<th>Remaining people in need</th>
<th>IDPs</th>
<th>Returnees</th>
<th>Total</th>
<th>Total Rounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>140,356</td>
<td>268,662</td>
<td>794,633</td>
<td>0.79</td>
<td></td>
</tr>
<tr>
<td>Bauchi</td>
<td>42,536</td>
<td>-</td>
<td>133,497</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td>Borno</td>
<td>1,234,474</td>
<td>267,546</td>
<td>1,917,354</td>
<td>1.92</td>
<td></td>
</tr>
<tr>
<td>Gombe</td>
<td>18,035</td>
<td>-</td>
<td>51,043</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Taraba</td>
<td>32,648</td>
<td>-</td>
<td>32,648</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Yobe</td>
<td>104,922</td>
<td>92,825</td>
<td>157,747</td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,572,971</td>
<td>629,033</td>
<td>2,196,004</td>
<td>3.9</td>
<td></td>
</tr>
</tbody>
</table>

PEOPLE IN NEED PER STATE - BY SEX AND AGE

<table>
<thead>
<tr>
<th>State</th>
<th>Children</th>
<th>Adult</th>
<th>Elderly</th>
<th>Total Female</th>
<th>Total Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>24,362</td>
<td>24,362</td>
<td>794,633</td>
<td>395,004</td>
<td>395,004</td>
<td>395,004</td>
</tr>
<tr>
<td>Bauchi</td>
<td>4,093</td>
<td>4,093</td>
<td>133,497</td>
<td>65,889</td>
<td>65,889</td>
<td>65,889</td>
</tr>
<tr>
<td>Borno</td>
<td>58,783</td>
<td>58,783</td>
<td>1,917,354</td>
<td>938,096</td>
<td>938,096</td>
<td>938,096</td>
</tr>
<tr>
<td>Gombe</td>
<td>1,565</td>
<td>1,565</td>
<td>51,043</td>
<td>25,114</td>
<td>25,114</td>
<td>25,114</td>
</tr>
<tr>
<td>Taraba</td>
<td>1,001</td>
<td>1,001</td>
<td>32,648</td>
<td>16,738</td>
<td>16,738</td>
<td>16,738</td>
</tr>
<tr>
<td>Yobe</td>
<td>29,966</td>
<td>29,966</td>
<td>157,747</td>
<td>481,564</td>
<td>481,564</td>
<td>481,564</td>
</tr>
<tr>
<td>TOTAL</td>
<td>119,730</td>
<td>119,730</td>
<td>2,196,004</td>
<td>1,920,405</td>
<td>1,920,405</td>
<td>1,920,405</td>
</tr>
</tbody>
</table>
movement imposed by military activities have prevented the large-scale resumption of livelihoods for all population groups. Cultivation, cattle rearing and fisheries, which used to account for 80 per cent of the livelihoods, are largely now limited to secured perimeters around towns, catering to less than 15 per cent of the population. The land cultivated for the three main staple foods (sorghum, maize and millet) decreased by 25 per cent between 2008 and 2014. For millet alone, some areas have seen a decrease of up to 77 per cent\(^7\). In Adamawa and Yobe, improved security, movement and access have led to an increased ability to resume agricultural and livestock livelihood activities, including among IDPs in host communities\(^8\).

Some trade routes have re-opened compared to last year. However, there are pockets across the region with poor market functionality. Preliminary results of the September 2017 joint WFP and Famine Early Warning Systems Network (FEWS NET) market survey in Adamawa, Borno and Yobe found that while there is an overall increased demand for goods, the majority of traders would not be able to meet a potential doubling of demand. They cited lack of capital, credit and residual insecurity as the main constraints.

Households continue to face high food prices, with staple food prices in conflict-affected areas of the north-east approximately 60 per cent higher than at the same time last year, and up to 120 per cent above the five-year average\(^9\). Restrictions of movement, limited access to seeds and other agricultural inputs and frequent displacement have contributed to low levels of food consumption, as poor households in the region remain dependent on market purchases to meet their food needs.

The Rapid Baseline Assessment on Safe Access to Fuel and Energy (SAFE) survey found that 96 per cent of the surveyed households depend on fuelwood or charcoal for cooking and nearly 20 per cent of the households reported that at least one person in their community had experienced sexual and gender-based violence (SGBV) while collecting fuelwood\(^10\). Given the urgency of addressing the multi-sectoral risks related to energy in the crisis-affected north-east, a SAFE Sub-Working Group was established in 2017 under the Food Security sector in Maiduguri, with strong links and involvement with actors in the DMS (CCCM), Protection and Early Recovery sectors.

In IDP camps, food continues to be the greatest unmet need, with 72 per cent of IDPs reporting food as their greatest need, and cash and food distributions identified as the main source of food\(^11\). IDPs living in camps and camp-like settings in Adamawa, Borno and Yobe cite daily labour, petty trade and farming as the main livelihoods opportunities. In sites where IDPs are living with host communities, 91 per cent report having access to livelihood activities, with more than half of these sites showing farming as the predominant source of livelihood. The analysis of household livelihood activities based on gender reflects that male-headed households have better access to income from agricultural activities across the three states. In order to strengthen food security outcomes, protection concerns that inhibit female-headed households from engaging in agricultural activities must be addressed.

Among households receiving humanitarian food and livelihoods assistance, there have been improvements in food security indicators, such as Coping Strategies and Food Consumption Scores. These improvements may not be sustained if food and livelihoods assistance were to be discontinued. The Food Security Outcome Monitoring (FSOM) carried out in August 2017 across Adamawa, Borno and Yobe showed that households not receiving food assistance were twice as likely to suffer from poor food consumption than households receiving food assistance, thereby exacerbating existing protection risks. Food security outcome indicators remain very high for newly displaced households\(^12\).

While the food security situation has somewhat stabilised compared to last year, it should be noted that the majority of affected people – particularly in Borno State – remain dependent on food and livelihoods assistance to meet their basic needs. This will likely continue to be the case unless there is a significant change in the conflict environment.

### Key Challenges in 2017

Key challenges faced by the Food Security sector have centred on limited access due to security constraints, which impeded the delivery of food and agricultural livelihoods assistance, and prevented assessments and regular monitoring to gain a
cultural understanding of the situation. Where agricultural inputs assistance could be distributed, quality cereal seeds (millet, sorghum and maize) and fertilisers were adequately provided; however, finding quality cowpea seeds within the Nigerian market proved challenging. Additionally, funding shortfalls contributed to pipeline breaks which delayed and prevented food assistance from reaching households. Finally, protection concerns, including safe access to fuel and energy by the affected people, also remained challenging to address throughout 2017.

**METHODOLOGY FOR NEEDS ANALYSIS**

The people-in-need figure is based on the November 2017 Cadre Harmonisé projections of populations in phases 3 to 5. The Cadre Harmonisé is a regional framework for food security and vulnerability analysis, which analyses the food and nutrition situation of the states by local government area. It is developed from a classification of areas based on four main outcome indicators (nutritional status, mortality, food consumption and livelihoods change), as well as consideration of the impact of contributing factors to the outcomes. The classification of people in hard-to-reach areas was based on limited qualitative data, as well as assumptions based on the situation in accessible areas. The November Cadre Harmonisé analysis did not classify levels of food insecurity in four LGAs in Borno State – Abadam, Guzamala, Kala/Balge and Marte – as there was no available data for analysis. The findings are made based on consensus by all partners with facilitation from the Cadre Harmonisé technical team, composed of the Federal Ministry of Agriculture and Rural Development, the National Bureau of Statistics, the Permanent Interstate Committee for drought control in the Sahel (CILSS), the Food and Agriculture Organization, FEWS NET and the World Food Programme.
The areas of central Borno and northern Yobe are facing a critical nutrition situation, with global acute malnutrition (GAM) rates of 10 to 20 per cent (the global emergency threshold is 15 per cent).

Children suffering from severe acute malnutrition (SAM) with medical complications face a high risk of dying due to inadequate coverage of health services, especially in-patient treatment facilities, and the absence of referral mechanisms.

Water-borne diseases such as diarrhoea and cholera, coupled with inadequate access to quality water and sanitation facilities, are further compounding the malnutrition situation.

Maternal, infant and young child feeding practices are inadequate, and micro-nutrient deficiencies are widespread.

**AFFECTED PEOPLE**

Pregnant or lactating women (PLWs) and children under five are the most vulnerable to malnutrition in any emergency. The main causes of malnutrition in north-east Nigeria are linked to inadequate food intake, unsafe water, insufficient hygiene and sanitation, diseases and forms of psycho-social deprivation resulting from the conflict. Children at particular risk include 6,000 unaccompanied minors, 5,500 separated children and 15,000 orphans.

Out of the 3.5 million people in need, 2.4 million are children under the age of five who require services to control micronutrient deficiency and 1.1 million are PLWs who need support to ensure adequate infant and young child feeding. The majority of the malnourished children are found in Adamawa, Borno and Yobe states. An estimated 439,520 children are severely malnourished and 502,536 are moderately malnourished in those three states. In Yobe, there is a particularly worrying increase from the 104,917 (end of 2016) to 197,825 (end of 2017). Borno saw a decrease in SAM cases from 296,601 (end of 2016) to 207,505 (end of 2017). The decrease in SAM cases was also realised in Adamawa from 47,417 (end of 2016) to 34,193 (end of 2017).

**HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE**

The majority of north-east Nigeria’s conflict-affected people are at risk of hunger and malnutrition. Recent SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys have indicated pockets of high malnutrition, with critical situations of GAM with rates above the 15 per cent emergency threshold in one Borno LGA (Jakusko) and five northern Yobe LGAs (Karasuwa, Machina, Nguru, Yunusari and Yusufari). Serious GAM situations (between 10-14 per cent) are also reported in five northern Borno LGAs (Abadam, Mobbar, Guzamala, Kukawa and Nganzai) and eight central Borno LGAs (Damboa, Gubio, Kaga, Kunduga, Mafa, Magumeri, Marte and Monguno).

The nutrition situation is further compounded by outbreaks of water-borne diseases, among other issues such as disrupted

**PEOPLE IN NEED PER STATE - BY CATEGORY**

<table>
<thead>
<tr>
<th>State</th>
<th>Remaining people in need</th>
<th>IDPs</th>
<th>Roturnees</th>
<th>Total</th>
<th>Total Rounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>724,403</td>
<td>36,745</td>
<td>174,298</td>
<td>935,506</td>
<td>0.94</td>
</tr>
<tr>
<td>Bauchi</td>
<td>21,025</td>
<td>13,684</td>
<td>-</td>
<td>34,709</td>
<td>0.03</td>
</tr>
<tr>
<td>Borno</td>
<td>970,629</td>
<td>345,301</td>
<td>141,609</td>
<td>1,457,539</td>
<td>1.46</td>
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<tr>
<td>Gombe</td>
<td>6,087</td>
<td>7,184</td>
<td>-</td>
<td>13,271</td>
<td>0.11</td>
</tr>
<tr>
<td>Taraba</td>
<td></td>
<td>8,488</td>
<td>-</td>
<td>8,488</td>
<td>0.01</td>
</tr>
<tr>
<td>Yobe</td>
<td>1,005,854</td>
<td>27,106</td>
<td>24,136</td>
<td>1,057,096</td>
<td>1.06</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,728,058</td>
<td>438,508</td>
<td>340,043</td>
<td>3,506,609</td>
<td>3.5</td>
</tr>
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</table>

**PEOPLE IN NEED PER STATE - BY SEX AND AGE**

<table>
<thead>
<tr>
<th>State</th>
<th>Girls</th>
<th>Boys</th>
<th>Women</th>
<th>Total Female</th>
<th>Total Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>329,017</td>
<td>316,465</td>
<td>298,024</td>
<td>617,041</td>
<td>318,465</td>
</tr>
<tr>
<td>Bauchi</td>
<td>12,673</td>
<td>11,352</td>
<td>10,684</td>
<td>23,357</td>
<td>11,352</td>
</tr>
<tr>
<td>Borno</td>
<td>543,364</td>
<td>465,405</td>
<td>448,770</td>
<td>992,134</td>
<td>465,405</td>
</tr>
<tr>
<td>Gombe</td>
<td>4,782</td>
<td>4,407</td>
<td>4,082</td>
<td>8,864</td>
<td>4,407</td>
</tr>
<tr>
<td>Taraba</td>
<td>3,242</td>
<td>2,636</td>
<td>2,610</td>
<td>5,862</td>
<td>2,636</td>
</tr>
<tr>
<td>Yobe</td>
<td>386,211</td>
<td>345,743</td>
<td>325,142</td>
<td>711,353</td>
<td>345,743</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,279,289</td>
<td>1,148,008</td>
<td>1,079,312</td>
<td>2,358,601</td>
<td>1,148,008</td>
</tr>
</tbody>
</table>
agricultural and market activities. An estimated 3.7 million people in food security phase classification 3 to 5 are in need of assistance in the three most-affected states of Adamawa, Borno and Yobe while 440,000 children under five are estimated to be severely malnourished.

In some areas, the limited health system functionality has resulted in beneficiaries having to walk long distances to access nutrition services, which exposes them to threats of GBV and other protection issues. Nutrition services have also been undermined by the volatile security situation, particularly in partially accessible and hard-to-reach areas, where health facilities which should be operating 24-hour care services are not able to do so without compromising the safety of health workers and patients.

The steady flow of displaced persons returning both from within Nigeria and from neighbouring countries, creates a myriad of challenges in places of return. The scale of the devastation in many areas where the security situation has stabilised is astounding and implies continued hardship for those heading home. People’s sources of income have been decimated: their fields have been left uncultivated, pastoralism has been disrupted and trading opportunities have been cut off. The conflict has separated families and further exacerbated the already limited access to food, water, education, shelter and health care. To date, 66 per cent of all health care facilities are not able to do so without compromising the safety of health workers and patients.

However, overall, the nutrition situation in the three most-affected states of Adamawa, Borno and Yobe has stabilised compared to last year, with the exception of some hard-to-reach areas in Damasak, Kukawa, Gubio and northern Yobe LGAs. The increased presence of partners across the region has resulted in greater coverage of nutritional needs.

KEY CHALLENGES IN 2017

The availability in terms of quality and technical capacity of the health workforce has been a key handicap in areas hosting large numbers of displaced families, leading to long waiting hours, long distances walked to the nutrition sites and compromised quality of services provided. The coverage of nutrition services has been concentrated in the Maiduguri metropolis with limited or partial coverage in the other LGA headquarters, and no services outside of headquarters.

The absence of services to manage moderate acute malnutrition (MAM) and the low coverage of blanket supplementary feeding programme (BSFP) exert additional pressure on SAM management, as the condition of most moderately malnourished children deteriorates to severely malnourished if they are not assisted in a timely manner. The lack of operational secondary health facilities providing 24-hour health services and of medical referral pathways has severely limited the Health sector’s ability to manage SAM cases with medical complications in stabilisation centres (SCs).

There is currently an over-emphasis on services treating acute malnutrition rather than those preventing it (such as promotion of optimal maternal infant young child feeding (ICYF) and micro-nutrient deficiency control).

METHODOLOGY FOR NEEDS ANALYSIS

Young children under the age of five and PLWs are most vulnerable to malnutrition. Scientific evidence has shown that beyond the age of two, the effects of malnutrition are irreversible. Child malnutrition is the single biggest contributor to under-five mortality due to greater susceptibility to infections and slow recovery from illness.

The Nutrition sector therefore considers the population in need to include all conflict-affected children under five years of age (estimated to 20 per cent of the total conflict-affected population), as well as all pregnant or breastfeeding women (estimated to 8 per cent of the total population).

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 (where the total number of children requiring vitamin A supplementation was the highest) and among pregnant or lactating women (where the number of women who needed to be reached with infant and young child feeding messages was the highest).
PART II: WATER, SANITATION AND HYGIENE

WATER, SANITATION AND HYGIENE

OVERVIEW

Access to water, sanitation and hygiene (WASH) remains a major challenge across Nigeria’s north-east, particularly in congested areas that are experiencing high population movements (both new displacements and returns). Sudden and high population movements into camps generally add a burden to existing WASH facilities and render services less effective and efficient. About 36 per cent of IDP camps, hosting approximately 425,000 IDPs, are considered at risk of flooding while a great majority of IDP camps are located in hard-to-reach areas due to insecurity, IEDs and unexploded ordnances.

Serious protection concerns limit women’s and girls’ ability to access the most basic WASH services such as water, communal bathing sites and latrines. Perpetrators predominantly target women and girls at these service points which has significantly impacted their freedom of movement and their overall sense of security.

Since June 2017, more than 5,000 people have already been affected by epidemic outbreaks (cholera and hepatitis E). As of November 2017, the cholera epidemic continued to affect eight LGAs in Borno State. The number of deaths resulting from cholera is higher than would be expected in a situation where timely and efficient treatment is available, indicating gaps in access to WASH and health services and assistance.

The emergency nutrition situation with GAM rates above 15 per cent are of serious concern for the WASH sector, considering the clear link between malnutrition and diarrhoeal diseases. At least six LGAs in central and northern Yobe, hosting 205,000 children under five and 75,000 pregnant or lactating women, have been identified as being at particular risk.

NEEDS

Needs are assessed to be highest among IDPs in camps and camp-like settings (mostly present in Borno State), IDPs in host communities, and returnees who have come home to destroyed towns (mostly in Adamawa and Borno states).

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

The high volume of population movements, both new displacements and returns, is placing significant strain on access to basic services, including WASH. Access to services is particularly problematic in 10 LGAs of Borno State (Mobbar, Chibok, Nganzai, Magumeri, Mafa, Rann, Ngala, Abadam, Gwoza and Marte), seven LGAs in Adamawa State (Hong, Borno, Bauchi, Yobe, Gombe, Taraba and Adamawa), two LGAs in Bauchi State (Yiwhang and Wanjala) and three LGAs in Yobe (Adamawa, Borno and Taraba). In these states, there are approximately 1,139,948 people in need, of which 981,260 are IDPs and 188,688 are returnees.

AFECTED PEOPLE

- IDPs, particularly women and girls in camps and camp-like settings or in host communities;
- Returnees, both former refugees and former IDPs;
- Families hosting IDPs;
- Communities hosting large numbers of displaced persons affected by epidemics;
- People in hard-to-reach areas.

The number of people in need is as follows:

<table>
<thead>
<tr>
<th>State</th>
<th>Remaining people in need</th>
<th>IDPs</th>
<th>Returnees</th>
<th>Total</th>
<th>Total Rounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>181,644</td>
<td>114,071</td>
<td>495,836</td>
<td>791,551</td>
<td>0.79</td>
</tr>
<tr>
<td>Bauchi</td>
<td>51,940</td>
<td>51,940</td>
<td>-</td>
<td>103,880</td>
<td>0.10</td>
</tr>
<tr>
<td>Borno</td>
<td>470,199</td>
<td>648,345</td>
<td>454,515</td>
<td>1,573,059</td>
<td>1.57</td>
</tr>
<tr>
<td>Gombe</td>
<td>26,064</td>
<td>26,064</td>
<td>-</td>
<td>52,128</td>
<td>0.05</td>
</tr>
<tr>
<td>Taraba</td>
<td>55,033</td>
<td>55,033</td>
<td>-</td>
<td>110,066</td>
<td>0.11</td>
</tr>
<tr>
<td>Yobe</td>
<td>354,268</td>
<td>85,007</td>
<td>82,467</td>
<td>521,742</td>
<td>0.52</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,139,948</td>
<td>981,260</td>
<td>1,032,818</td>
<td>3,154,026</td>
<td>3.2</td>
</tr>
</tbody>
</table>

- Children under five
- Adult (18-59 years)
- Elderly (60 years and older)

NUMBER OF PEOPLE IN NEED

- 3.2M people in need
- 1.1M IDPs
- 1.0M Returnees

BY AGE

- 57% Children (<18 years)
- 37% Adult (18-59 years)
- 6% Elderly (60 years and older)

BY SEX

- 45% Male
- 55% Female

The map shows the severity of the situation across different states in Nigeria, with varying levels of severity indicated by different colors.
In addition, vulnerable populations are regularly exposed to epidemic outbreaks, including cholera and hepatitis E, particularly during the rainy season (June through September). The risk that these epidemics pose is increased due to the high population density both in formal and informal IDP sites, most of which do not have sufficient WASH, health, and shelter services. In 2017, hepatitis E affected 850 people, including five deaths, in four LGAs of Borno State between June and September 2017. As of November 2017, cholera had affected more than 5,246 people, including 61 deaths, in eight LGAs since August 2017. A large number of sites that are hosting IDPs were established spontaneously, without any assessment of the physical and geographical suitability of the site. As a result, 59 out of 164 IDP camps in Borno State (accommodating approximately 425,000 people) are considered to be at risk of flooding due to their location along or close to water flow accumulation areas. This includes 12 'low vulnerability' camps (accommodating 30,900 IDPs), 12 'medium vulnerability' camps (accommodating 338,000 IDPs) and 35 'high vulnerability' camps (accommodating 55,260 people). Congestion in IDP sites is already high and is expected to continue to worsen as a result of new arrivals which will place further pressure on health and sanitation facilities.

The emergency nutrition situation with GAM rates above 15 per cent is of serious concern for the WASH sector considering the strong link between the two issues, i.e., the vicious cycle in which unsafe water, inadequate hygiene and poor sanitation often result in diarrhoeal diseases, which take a serious toll on people’s nutritional situation. According to the Nutrition sector, the situation is particularly worrying in six LGAs in central and northern Yobe.

Protection remains a serious concern regarding access to WASH services. According to the DTM report of August 2017, 29 per cent of IDPs in camps or camp-like settings say that their toilets are not separated by sex and 69 per cent say the same for bathing areas. More than half of the toilets do not lock from the inside and 44 per cent say there is no lighting. Women and girls identified WASH service points as the most unsafe locations in their communities. They no longer use latrines and communal bathing areas at night because of their overwhelming fear of being raped and/or attacked. Many families, particularly female- and child-led households, cite insecurity within the camps as one of the contributing factors of adolescent girls being forced into early marriages.

The scale-up of humanitarian assistance throughout 2017 has allowed the WASH sector to narrow the needs gap, including in IDP camps where WASH services were scaled up from virtually nothing to a current average of 11.3 litres per person per day (Sphere standards recommend a minimum of 15 litres per person per day). Meanwhile, the situation outside of camps, particularly in the more stable parts of Yobe and Adamawa, has not seen any major improvement in the WASH situation in recent years: the number of people living in rural areas who access and use improved water sources has remained almost exactly the same since 2015 (62 per cent currently from 61 per cent in 2015).

### KEY CHALLENGES

While the WASH sector has been able to achieve most of its strategic objectives for 2017, key remaining challenges include limited government and partner capacities and presence in hard-to-reach areas. Additionally, the number of people in need in 2017, particularly IDPs, ended up being higher than projected at the end of 2016, which meant that activities had to be scaled up beyond anticipated levels.

### METHODOLOGY FOR NEEDS ANALYSIS

Information presented in this chapter draws on data from various WASH baseline needs assessments, multi-sectorial needs assessments with a WASH component, the Vaccination Tracking Matrix (VTS, population data), the DTM (IDPs, returnees and access to WASH services), the Health sector (epidemiological data related to cholera and hepatitis E), the Nutrition sector (GAM rates) and the DMS (CCCM), Shelter and NFI sector (IDP sites flood vulnerability).
Data sources were used concomitantly and/or complementarily to analyse WASH vulnerabilities and needs in each of the LGAs across the six north-east states: Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe.

Depending on data available from the various sources, needs and vulnerability were estimated on the basis of the WASH sector’s emergency standards related to access to safe and sufficient water quantity for survival (15 litres per person per day), access to an improved source of water (e.g., 500 people per hand pump), access to and use of an improved sanitation facility, mostly latrines (maximum of 50 people per latrine) and having been reached with hygiene promotion sensitisation over the past 30 days. This also applied to geographical locations that were affected by cholera and hepatitis E. Additionally, all children and pregnant or lactating women targeted by the Nutrition sector in geographical areas with GAM rates above 15 per cent were included. So were the people living in IDP sites rated as “highly vulnerable” to flooding.
OVERVIEW

Education needs in north-east Nigeria are the result of ongoing conflict, including deliberate and targeted attacks by armed actors against school facilities, education personnel and children. An estimated 2.9 million children are deprived from quality education or have no access to education at all.

There is a need for teaching and learning materials as well as the construction and rehabilitation of classrooms. The damages to the education infrastructure in Borno, Adamawa and Yobe as of 2016 were estimated at $249 million47.

Additionally, there is a need for psycho-social support and training for teaching staff, as well as support in identifying and incentivising teachers where there are shortages, particularly in hardship areas.

Recent assessments48 show that, on average, only an estimated 29 per cent of children are attending school in Borno, Yobe and Adamawa states.

AFFFECTED PEOPLE

In the six states of the north-east, there are 11.3 million children between 3 and 17 years old49. The most recent net attendance rate from 2015 shows the number of out-of-school children aged between 6 and 17 to stand at approximately 3.3 million (29 per cent). This represents an increase of around 330,000 in Borno and over 90,000 in Adamawa compared to 2013. There was a decrease in Yobe of around 110,00050.

Almost 750,000 children aged between 6 and 17 and teachers remain internally displaced, 280,000 of whom live in camps or camp-like settings. Another 750,000 children in communities hosting IDPs are also in need as they struggle to cope with their already severely limited resources, the increased demand and overcrowding in classrooms51.

More than half a million children aged between 6 and 17 and teachers are among those returning to their areas of origin. This represents an increase of over 100,000 from the previous year. They are returning to areas where basic services remain severely limited or are lacking completely. Issues of overcrowding are likely to worsen if the current return trends continue.

Close to 200,000 school-aged children and teachers fled to neighbouring countries. While this group is not included among the people-in-need figure as they are outside of the country, these refugees might add to the existing caseload for north-east Nigeria if the access situation continues to improve in the region and more refugees cross back into Nigeria52.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

The conflict in north-east Nigeria is a unique situation where the systematic destruction of education has been both a key objective and a tragic outcome of hostilities. The deliberate targeting, burning and looting of schools began in 2009, with some schools repeatedly attacked over the years53. The disruption of education has been severe, with schools burned...
and looted, especially in Borno where nearly half of all school buildings (635 out of 1,359) were damaged as of 2016. All schools in the northeastern states were closed from November 2014 to June 2015. As of August 2017, an estimated 57 per cent of schools remained closed in Borno; in Yobe, however, the situation is less dire with only 3 per cent of schools closed⁴⁴.

The repair and provision of classrooms remains one of the most frequently cited priorities for communities⁴⁵. The shortage of infrastructure is exacerbated by continuing reports in 2017 of schools being occupied by armed forces and being used as shelter by IDPs in Borno and Adamawa. In Borno State, as of October 2017 at least six schools were sheltering IDPs (three in Gwoza, two in Dikwa and one in Pulka) and one school was also occupied in Yobe State. Sustained support is required to ensure continued access to education in communities already reached by the response.

The presence and quality of WASH facilities at schools, especially in IDP camps, has also been cited as a major concern, along with poor hygiene practices. Insufficient WASH services in schools contribute to creating a poor learning environment and increase the likelihood of outbreaks of water-borne diseases. Therefore, more latrines and clean drinking water must be availed in schools, along with adequate and regular maintenance of the WASH facilities. For this, community support was identified as a critical need. It should be noted that the lack of adequate WASH facilities in schools has a higher impact on the education of girls, as it deters them from attending schools during menstrual cycles. While the data available on the condition of facilities across the region is inconsistent and scarce, improving these facilities would contribute to higher retention rates and help mitigate future disease outbreaks.

In addition to infrastructural needs, there is a significant gap for teaching and learning materials including textbooks. Teachers are not able to deliver meaningfully due to the lack of scholastic materials. School furniture, including tables and chairs for learners and teachers, are greatly needed, particularly in camp settings.

The conflict’s impact on livelihoods has also had a damaging effect on children's ability to access education as families often have to resort to negative coping mechanisms such as child labour and early marriage. Reduced household incomes have turned education fees and levies into one of the greatest barriers to education and some children have been deprived of education for months or years⁵⁶.

All of these issues were to some extent already present before the emergency began but available data points to a significant conflict-related increase in all of the aforementioned challenges. If access to school is restored, children will require accelerated learning programmes in order to catch up for a chance to be integrated into the appropriate year group.

Across assessments, communities consistently cite school feeding as a priority intervention, especially for IDPs in Borno. There is evidence that where ongoing school feeding was stopped, attendance dropped⁵⁷. Therefore, the provision of school feeding and contributions towards wavering educational levies are likely to improve attendance as well as potentially help mitigate the reliance on child labour and early marriage as negative coping mechanisms.

Finally, an estimated 611 teachers have been killed by armed groups as of 2017, with another 19,000 confirmed to have been displaced by violence⁵⁸. This has exacerbated the already chronic lack of qualified teachers. Those who remained are overburdened due to overcrowded classrooms and insufficient materials. They are also responsible for helping address the needs of children suffering from psychological trauma which may impact teachers themselves as well. Given that teachers are both recipients of assistance and the best first responders to Education in Emergencies needs, they require increased and sustained support. The existing teaching force requires: strengthened pedagogical practices and classroom management skills, including non-violent alternatives to corporal punishment; training in psycho-social support; support for their own mental and physical welfare; and training in emergency-related subject matters such as mine risk, life skills, health and hygiene.

KEY CHALLENGES IN 2017

The continued occupation of schools by armed forces and the use of schools as shelter for IDPs remains a concern in Pulka,
Dikwa and Monguno. This has strained education service delivery and prevented many children from attending classes. Better coordination on the identification of needs between the Education and Shelter sectors is required to tackle this issue.

Community resilience has not been supported enough so that schools and communities can plan to reduce the risk of and respond to emergencies (conflict disaster risk reduction) in their communities. They need the skills and support to identify threats and to respond to those threats to ensure that schools are safe spaces for children. This increases parents’ confidence in schools as safe places for their children.

Durability has been a key challenge in the provision of temporary learning structures. Sites in Borno have reported that only a minority of temporary spaces established are still standing after enduring a year of wind and sandstorms. Increased focus on semi-permanent structures and the rehabilitation of permanent structures would be more cost-effective and eliminate the need to repeatedly replace and repair.

Similarly, though there is ample evidence that there is a lack of infrastructure, including WASH facilities and teaching and learning resources, there is insufficient data on enrolment and attendance figures, the available teaching cadre and its levels of qualification to identify where the gaps remain. This hinders the ability to effectively target specific areas of greatest need. Moreover, more detailed information on population movements and market conditions would be required to better inform the design and targeting of school feeding and any cash-based interventions focusing on livelihoods. Building the data management capacity of the Ministry of Education could help address some of these gaps.

METHODOLOGY FOR NEEDS ANALYSIS

The Education sector’s population of concern includes children aged 3 to 17, as well as teaching personnel. Within the six states, five different potential caseload groupings are considered when calculating the total number of people in need of Education in Emergencies assistance: IDPs; returnees; host communities and vulnerable people in hard-to-reach areas; and non-displaced estimated to be out-of-school due to the ongoing conflict.

All of those estimated to be in hard-to-reach areas are considered in need due to the lack of humanitarian access, and the systematic targeting of education by non-state armed groups. Similarly, 100 per cent of IDP children are considered in need of Education in Emergencies assistance, regardless of their location and whether they are in school or out-of-school. Due to the ongoing conflict, frequent and repeated displacements they underwent, and the low levels of functioning public services even in accessible areas, 100 per cent of returnee children are also considered in need.

For host communities directly impacted by the presence of IDPs in their communities, the same methodology was applied as in 2017. To calculate this figure, EiE Working Group partners agreed that a multiplying ratio of 1:1 should be used (IDP to host community member) in Bauchi, Gombe and Taraba, and a ratio of 2:1 for Borno, Yobe and Adamawa should be applied. This is due to the added burden that host communities face while sheltering IDPs, and reflects the reality that no education service provided in areas hosting IDPs would exclude/target either population group specifically.

For the non-host, non-displaced children estimated to be out of school due to the ongoing conflict, the Net Attendance Ratios recorded for early childhood development, primary and secondary students in the 2015 National Education Data Survey were used as baseline. The severity ranking was then used as a proxy to assume the impact the crisis has had on attendance. Only the three conflict-affected states of Borno, Yobe and Adamawa, were considered for these figures. This combination of sources and proxy indicator was necessary as there is no reliable or disaggregated data on current attendance or enrolment.

In the absence of figures covering both qualified, displaced, non-displaced out-of-work teachers, and teachers still working, the international standard for student/teacher ratio (1 to 40) was applied to calculate the number of education personnel most likely in need of Education in Emergencies assistance and to estimate the number of potential teaching personnel to target for training and support.
PART II: DMS (CCCM) / SHELTER AND NFIs

DMS (CCCM) / SHELTER AND NFIs

OVERVIEW

An estimated 1,713,771 people remained displaced in the six northern states of Nigeria as of October 2017. Continued military operations coupled with movements back to the LGAs of origin are some of the drivers of mobility in sites and host communities. In total, over three million people were assessed to be on the move since the start of the crisis.

Needs vary significantly across the six affected states, from acute emergency needs to early recovery needs, depending on the security scenarios and levels of accessibility. In Borno state and some LGAs bordering it, acute needs are caused by continuous movements of populations.

Six out of 10 IDPs live in host communities (of whom 90 per cent are hosted by family members, and only 10 per cent have their own homes). The remaining IDPs live in one of more than 250 camps or camp-like settings (such as schools or government buildings), the majority of which were created in a spontaneous rather than a planned manner.

Displaced persons who live in sites are particularly exposed to a series of protection and environmental threats, as well as WASH and health issues due to high population congestion. Additionally, 85 per cent of people living in sites report issues a lack of information about the available humanitarian services that could assist them.

Shelter and non-food items (NFIs) needs among returnees are also urgent. Nearly one quarter of them are currently living in either damaged or self-made – often inadequate – shelters.

Extreme weather in north-east Nigeria affects regularly 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.

NUMBER OF IDPs

<table>
<thead>
<tr>
<th>State</th>
<th>Number of IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>1,326,445</td>
</tr>
<tr>
<td>Adamawa</td>
<td>140,356</td>
</tr>
<tr>
<td>Yobe</td>
<td>104,922</td>
</tr>
</tbody>
</table>

NUMBER OF IDPs BY SITE TYPE, LOCATION AND STATE.

<table>
<thead>
<tr>
<th>State</th>
<th># IDPs</th>
<th># Sites</th>
<th>% of Sites</th>
<th># IDPs</th>
<th># Locations</th>
<th>% Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>10,216</td>
<td>22</td>
<td>9%</td>
<td>130,140</td>
<td>435</td>
<td>35%</td>
</tr>
<tr>
<td>Borno</td>
<td>640,911</td>
<td>201</td>
<td>85%</td>
<td>685,534</td>
<td>386</td>
<td>31%</td>
</tr>
<tr>
<td>Yobe</td>
<td>13,037</td>
<td>13</td>
<td>6%</td>
<td>91,885</td>
<td>408</td>
<td>33%</td>
</tr>
<tr>
<td>Total</td>
<td>664,164</td>
<td>236</td>
<td>100%</td>
<td>907,559</td>
<td>1,229</td>
<td>100%</td>
</tr>
</tbody>
</table>

PEOPLE IN NEED PER STATE - BY CATEGORY

<table>
<thead>
<tr>
<th>State</th>
<th>Remaining people in need</th>
<th>IDPs</th>
<th>Returnees</th>
<th>Total</th>
<th>Total Rounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>32,675</td>
<td>-</td>
<td>-</td>
<td>32,675</td>
<td>0.03</td>
</tr>
<tr>
<td>Bauchi</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Borno</td>
<td>960,706</td>
<td>-</td>
<td>-</td>
<td>960,706</td>
<td>0.96</td>
</tr>
<tr>
<td>Gombe</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Taraba</td>
<td>31,707</td>
<td>-</td>
<td>-</td>
<td>31,707</td>
<td>0.03</td>
</tr>
<tr>
<td>Yobe</td>
<td>24,412</td>
<td>-</td>
<td>-</td>
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<td>0.02</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,049,500</td>
<td>-</td>
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</tr>
</tbody>
</table>

PEOPLE IN NEED PER STATE - BY SEX AND AGE

<table>
<thead>
<tr>
<th>State</th>
<th>Children</th>
<th>Adult</th>
<th>Elderly</th>
<th>Total Female</th>
<th>Total Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>22,030</td>
<td>9,287</td>
<td>1,358</td>
<td>17,197</td>
<td>15,478</td>
</tr>
<tr>
<td>Bauchi</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Borno</td>
<td>647,713</td>
<td>273,062</td>
<td>39,931</td>
<td>505,604</td>
<td>455,102</td>
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<td>Gombe</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Taraba</td>
<td>21,378</td>
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<td>1,318</td>
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<td>15,021</td>
</tr>
<tr>
<td>Yobe</td>
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<td>6,939</td>
<td>1,015</td>
<td>12,848</td>
<td>11,565</td>
</tr>
<tr>
<td>TOTAL</td>
<td>707,580</td>
<td>298,301</td>
<td>43,622</td>
<td>552,337</td>
<td>497,166</td>
</tr>
</tbody>
</table>
AFFECTED PEOPLE

Out of the 1,713,771 individuals identified as displaced in north-east Nigeria in October 2017, the overwhelming majority of IDPs (92 per cent) are located in the three states of Borno, Adamawa and Yobe. Borno State hosts the majority of IDPs, 1,326,445, while Adamawa and Yobe host 140,356 and 104,922 individuals respectively.

People with specific needs include women and children (79 per cent of the IDP population, with 28 per cent of the population being children under five) and elderly people. About 39 per cent of IDPs (673,638 individuals) live in 252 IDP sites (camps, collective centres and camp-like settings) in the six north-east states and 1,040,133 individuals are in 1,932 host community locations, with the majority in host families.

More than half of returnees are currently in Adamawa State. Out of the 1,307,847 people assessed in return areas, the majority returned three years ago (in 2014), while 11 per cent returned in 2015, 8 per cent in 2016 and 5 per cent in 2017.

HUMANITARIAN NEEDS OF THE AFFECTED PEOPLE

Shelter

Shelter needs patterns have shifted since the beginning of the conflict, in line with various waves of displacement and returns.

In camps and camp-like settlements, congestion is high and over one third of affected people are currently living in emergency family shelters, and another third live in makeshift shelters. About 23 per cent of all IDPs live in collective shelters (such as schools, government buildings, community centres, etc.). The availability of adequate shelter solutions is a concern; over 70,000 internally displaced households settled in camps are assessed to be living in either inadequate or self-made shelters and/or in sites prone to flooding.

IDPs living in towns, outside of camp settings, cite tarpaulins as the most needed shelter material (88 per cent), along with materials to repair housing. There is a lack of capital for IDPs to pay rent which could lead to forced evictions. Land disputes and lack of access to land are also an issue of concern for IDPs living in host communities, particularly in Adamawa, Taraba and southern Borno. Plots surrounding congested camps are private, with insecure land tenures and property. The returnees lack the capacity to build shelters in rural areas, which can lead to environmental degradation.

In the towns, outside of camp settings, resources and local resilience capacities are stretched thin, with increasing competition for resources. The sector projects that nearly 310,000 vulnerable and non-displaced people from towns will therefore require assistance in 2018.

The transitional needs of returnees, though shaped by very different dynamics, are also urgent. Nearly one quarter of returnees assessed in return areas (270,000 individuals, i.e., 50,000 households) live in inadequate shelters, 85.5 per cent of whom (40,000 households) live in partially damaged housing, and 14.5 per cent of whom (10,000 households) live in self-made structures. Adamawa, Yobe and southern Borno host
the highest number of returnees in need of transitional shelter support, with 238,264 individuals in both states living either in partially damaged or in self-made shelters. In the few areas of return where markets are functioning, a lack of capital to purchase building materials is undermining opportunities to stimulate early recovery.

Gender-based violence (GBV) is widespread for IDPs living in host communities and camps or camp-like settings. Perpetrators target the most vulnerable households, particularly the 29 per cent that are estimated to be female- and child-led. It is crucial that shelters are made of materials that can provide physical protection from harmful elements. They need to have doors and windows that lock and the surrounding environment needs to be well lit. Most reported rape cases happen at night\(^6\). Women and girls explained during focus group discussions that they did not move at night for fear of being attacked and some living in camp-like settings felt their shelter did not provide adequate protection from potential perpetrators\(^6\).

**Non-food items**

NFIs remain the second most reported need of affected populations in the north-east of Nigeria, both in host communities and in camps or camp-like settings, where the provision of NFIs is not systematic due to the lack of prepositioned items in key receiving areas.

The three main NFIs requested by the affected people are mats (41 per cent), mosquito nets (29 per cent), and kitchen sets (20 per cent). The short lifespan of shelter-related NFIs (six months on average) as well as the continuous population movements require that the items be replenished regularly.

**Displacement management systems (CCCM)**

Out of nearly 250 camps and camp-like settings (which host more than 670,000 IDPs)\(^6\), a majority reported high levels of congestion, with an available area per individual of 10 to 18 m\(^2\) (half of what is prescribed by the Sphere standards). Many camps continue to receive new arrivals, including extremely vulnerable people from hard-to-reach areas.

Only 42 per cent of sites (109) receive site management support from a humanitarian partner through the site facilitation approach. Authorities have enhanced camp management by appointing camp managers but this has only been implemented in fewer than 15 per cent of current sites in hard-to-reach areas, given the particularly limited capacities in those areas.

Access to land remains a critical issue, as authorities are unable to allocate sufficient land for IDPs. Flooding remains a risk for the majority of IDPs in camps, including 35 IDP sites considered at high risk, 12 at medium risk, and another 12 at low risk. Over 43 per cent of the population in these sites are living in self-made shelters and a congested environment, without proper drainage systems.

The level of congestion has increased the population’s exposure not only to disease outbreaks and epidemics, but also to GBV, which is widespread among IDPs living in host communities and camps or camp-like settings. Women and girls are disproportionately affected due to prevailing cultural and social norms which restrict their movements and access to opportunities and resources. The lack of gender separation of bathing areas remains a concern in 69 per cent of the IDP sites, and the inability to lock toilets in 53 per cent of the sites. Only 18 per cent of the IDP sites reported functioning lighting on sites, further increasing protection risks while fewer than 10 per cent of camps or camp-like settings currently have recreational spaces for children. About 85 per cent of camps or camp-like settings report serious problems due to lack of information, citing a particular lack of information on distribution of assistance.

**KEY CHALLENGES IN 2017**

- Unpredictable population movements and limited capacities continue to pose a challenge to partners’ abilities to respond in a timely manner. While partners significantly scaled up their activities, they met only 48 per cent of the Shelter and NFIs targets of the 2017 Humanitarian Response Plan due to limited funding, access constraints, and insufficient capacity to respond to the scale of the needs.
• Continuous turnover of humanitarian staff, paired with rapid turnover of camp managers, has limited the sector’s address needs in a timely manner.

• Camp management services have increased by 66 per cent in 2017 (from 37 to 109 sites), however the capacity for site facilitation remains weak, especially in remote areas.

• Extreme rains destroyed many shelters and the rainy season greatly reduced access to places in severe need of immediate interventions.

• Land availability continues to represent a major challenge because available land is often not suitable for human settlements and/or are flood-prone. Land disputes and the security of sites are also common concerns.

• There are no protection mechanisms in place to protect women and girls living in camps or camp-like settings. There is a near-absence of community-based protection mechanisms, which exacerbates the impact that inadequate shelters, unsafe WASH facilities and inadequate lighting have on the safety of women and girls.

**METHODOLOGY FOR NEEDS ANALYSIS**

**Displacement management systems (CCCM)**

The sector projects that all IDPs currently in sites, new arrivals from hard-to-reach areas, and approximately 80 per cent of returning refugees – who have crossed back into Nigeria, but remain in a situation of secondary displacement – will require qualitative camp management support. This assessment is based on DTM data, site assessments, the Access Working Group’s projections on hard-to-reach areas, and baseline trend analyses regarding new arrivals and movements of population based on the DTM’s Emergency Tracking Tool. It also takes into account interventions undertaken in 2017 and existing capacities. In total, the sector assessed over 1.2 million IDPs in sites in critical and priority need for targeted CCCM services in 2018. This includes up to 660,000 IDPs currently in sites as well as 540,000 projected new arrivals.

**Shelter**

The sector projects that all IDPs and vulnerable returnees living in inadequate shelters, as well as those who have recently returned, will continue to require humanitarian shelter and NFI support. Assessments indicate that more than half of the IDPs in and outside camps do not have adequate shelters or are on the move. In addition, 24 per cent of the return population assessed lives in partially damaged or self-made shelters, based on shelter damage assessments or living conditions in return areas. The sector projects new displacements and arrivals from hard-to-reach LGAs as well as movements of refugees coming back into Nigeria. The methodology used to define the needs include DTM data, partner shelter needs assessments and sector gap analyses, the returnees shelter assessment regarding the housing situation of returnees in their place of origin, and the Access Working Group’s projections of people living in hard-to-reach areas as well as non-displaced communities.

**Non-Food Items**

The NFI needs analysis is based on DTM data gathered in camps and towns, as well as partners’ assessments.

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**RETURNES (HOUSEHOLDS) LIVING IN DAMAGED SHELTERS**

<table>
<thead>
<tr>
<th>State</th>
<th>Households living in partially damaged housing</th>
<th>Households living in self-made shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>4,992</td>
<td>1,560</td>
</tr>
<tr>
<td>Adamawa</td>
<td>13,113</td>
<td>4,050</td>
</tr>
<tr>
<td>Yobe</td>
<td>23,355</td>
<td>313</td>
</tr>
</tbody>
</table>

Source: DTM Round XIX

**ESTIMATED HOUSEHOLDS IN NEED OF SHELTERS PER TYPE OF CURRENT TYPE OF SHELTER**

<table>
<thead>
<tr>
<th>Type of Shelter</th>
<th>Borno</th>
<th>Adamawa</th>
<th>Yobe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households without shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households living in emergency shelters</td>
<td>50,000</td>
<td>100,000</td>
<td>150,000</td>
</tr>
<tr>
<td>Households living in self-made shelters</td>
<td>200,000</td>
<td>250,000</td>
<td>300,000</td>
</tr>
</tbody>
</table>

Source: DTM Round XIX
The Humanitarian Needs Overview focuses on the needs of affected people in north-east Nigeria. However, it also considers some broader operational needs that must be met in order to provide assistance across the country. More specific requirements will be articulated in the forthcoming Humanitarian Response Plan.

**Logistics Sector**

With 10.2 million people in need of assistance, the increased humanitarian activity is placing a growing demand on the logistical capacity in the affected states in north-east Nigeria. At the same time, an unpredictable security situation is putting more and more strain on the logistics resources available. Several conflict-affected areas remain hard to reach or only partially accessible, and movements are particularly hampered during the rainy season (June through September).

**Logistics**

The sector is needed to support relief efforts with logistics coordination, to assess and address logistics issues as they arise and to facilitate access to logistics services. Coordination and circulation of logistics information, as well as capacity-building are required to disseminate relevant and up-to-date logistics information and enhance the existing capacity of the humanitarian community. This includes logistics-focused trainings such as the set-up of mobile storage units, warehouse management and customs.

Coordination of humanitarian cargo movement is vital to ensure the continued and timely delivery of humanitarian relief items. The number of cargo movement requests received from humanitarian partners significantly increased since November 2016 when the humanitarian cargo movement notification procedure was implemented: from 263 (November 2016) to 1,309 (August 2017).

Road movement of cargo and personnel remains limited in some key operational areas, while some organisations have further restrictions on overnight stays in field locations. Therefore, the humanitarian community relies extensively on air operations to deliver on their programmes, conduct assessments or monitoring missions and transport light cargo to hard-to-reach areas, ensuring continuous access to beneficiaries and project implementation sites.

The need for air services has increased in line with the expansion of humanitarian activities in the north-east, including an increase of human resources required on the ground. The number of passengers using the rotary-wing service has almost tripled in 2017, increasing from 1,222 passengers in January to 3,248 in September. The fixed-wing service is also crucial to maintain the link between the capital of the country, Abuja, and the north-east locations, Maiduguri and Yola. Furthermore, both rotary- and fixed-wing air operations are crucial to ensure a capacity for essential medical and security evacuations of humanitarian staff.

The need for expansion or reduction of humanitarian air assets and services will be regularly assessed, tailoring them to the needs of the humanitarian community and taking into consideration the evolving security situation and consequent changes in inaccessible or hard-to-reach locations.

**Emergency Telecommunications Sector**

Years of conflict in north-east Nigeria have had a devastating impact on the information and communications technology (ICT) infrastructure and services in the three most conflict-affected states of Borno, Yobe and Adamawa.

Telecommunications services, including mobile networks and local Internet service, are either inexistent or highly unstable in deep field locations in the abovementioned states. When available, they are limited to metropolitan areas. The telecommunications infrastructure is lacking in operational areas outside of urban centres. This has a negative impact on the humanitarian operations as humanitarians are in need of reliable telecommunications services to carry out their duties efficiently and in a safe manner.

Given the critical needs for ICT in north-east Nigeria, the Emergency Telecommunications sector (ETS) has been providing shared security telecommunications and Internet services in Maiduguri and in field locations (Banki, Dikwa, Monguno and Ngala), at 4,620 m² as of the end of 2017. New storage space may be required in other locations, based on the needs of partners.
connectivity services for the entire humanitarian community in Borno and Yobe states since November 2016. During a user feedback survey conducted by the ETS in August 2017, aid workers expressed that security telecommunications and Internet connectivity are the most needed services to support their operations in Monguno, Banki, Damasak, Damboa and Dikwa. In addition, they identified a need to expand to new areas. This includes the upgrade of the existing security telecommunications networks in Damaturu and Maiduguri, radio training and programming and deployment of very high frequency (VHF) radio communication, satellite communication and Internet services in the various humanitarian hubs across Borno State (Maiduguri, Gwoza, Bama, Ngala, Dikwa, Monguno, Banki, Rann and Damasak). Humanitarians workers in north-east Nigeria identified additional needs for ETS services in Gubio and Kaga in Borno, Potiskum in Yobe and Yola in Adamawa.

COORDINATION

Coordination services are vital to support inter-agency and multi-sectorial humanitarian response, humanitarian advocacy, and strategic and operational decision-making. The scale and complexity of the crisis has necessitated the activation of a strong inter-agency coordination structure in both Maiduguri (operational) and Abuja (strategic).

Among the required coordination mechanisms are the Humanitarian Country Team (HCT) and Operational Humanitarian Country Team (OHCT), as well as Inter-Sector Working Groups (ISWGs) at all relevant levels. Working directly in support of the Humanitarian Coordinator and the Deputy Humanitarian Coordinator, these structures also support the regular engagement with federal and state-level authorities.

There is an urgent need for timely, high quality analysis and information management to inform the work of the humanitarian leadership and coordination structures. This includes coordination of inter-sectoral data as well as qualitative analysis and policy guidance on cross-cutting issues such as humanitarian access, community engagement and civil-military coordination.

In light of the massive destruction of infrastructure witnessed in operational areas, humanitarian partners have also identified a need for safe, secure and functional living and working space. This will require the timely roll-out of new humanitarian hubs, in addition to the ones already established in Maiduguri, Gwoza, Bama, Dikwa and Ngala.

The volatile conflict environment has resulted in the need for support and coordination of UN staff safety and security issues, in particular in support of the expansion of humanitarian operations into all areas in need of life-saving aid.

Partners have also identified a need for a flexible common funding mechanism that can address shortfalls and underfunding within sectors, support response priorities identified by the HCT and enhance local capacities. The creation of a Nigeria Humanitarian Fund in 2017 has begun to respond to this need and will require further strengthening and operationalisation.
PART III: ANNEXES

Assessment and information gaps
Methodology
Acronyms and abbreviations
The analysis informing the 2018 HNO is based on over 70 sector-specific assessments. Over the course of 2017, the amount and depth of data improved due to the scale-up of operations, including through improvements in cross-referencing and complementarity between different data collection efforts between sectors, sector-specific surveys and expanded collection of multi-sectorial data. Despite enhancements in data collection and analysis techniques, both in terms of quality and reach, there continues to be gaps in knowledge on the humanitarian needs across the north-east, including difficulties in accessing many communities.

Furthermore, the timing of the assessments could be better adapted to the planning cycle.

Humanitarian partners continue to work to further refine population and displacement estimates to better determine the location and number of people in need.

The highest number of assessment activities is for Jere (21), Maiduguri (18), Konduga (17) and Bama (17) LGAs in Borno. This was followed by Michika (14), Madagali (13) and Mubi North (13) LGAs in Adamawa.
Severity mapping

Based on feedback from key stakeholders, the Nigeria HCT built upon the methodology for this year’s needs analysis. Specifically, partners committed to four major actions: 1) Deliver an estimate of people in need (total and per sector); 2) Provide a severity analysis and people-in-need figures at LGA level; 3) Decentralise analysis and include direct validation from field-based partners; 4) Use data as the priority source for needs analysis, relying on more indirect estimates only when data is not available; and 5) Deliver an estimate of people in need in areas deemed hard to reach by humanitarian partners.

Sector-specific needs severity

Each sector was asked to estimate the severity of needs in their sector for all 112 LGAs in the six states, using a mutually-agreed severity scale (1–2 – 4 – 7 and 11 points), expressing the severity of a particular indicator (‘minimum’, ‘stressed’, ‘crisis’, ‘emergency’ and ‘catastrophe’). For a normal situation, sector should put 0, meaning the situation is not requiring immediate humanitarian assistance.

Starting in July, each sector worked with partners to define a set of indicators that would best estimate needs severity in their sector and was expected to have LGA-level datasets available by mid-September. This work included agreeing thresholds for indicator values along the 5-point severity scales to ensure that datasets from different sectors could be aggregated across sectors, even though widely divergent datasets would be used. In parallel, partners worked to organise and carry out targeted assessments to improve analysis.

Recognising the difficult data collection environment in north-east Nigeria, partners agreed that data would likely be unavailable for all indicators in all LGAs, particularly in the three states of Bauchi, Gombe and Taraba where partners have a limited or no presence.

Once all data had been collected, sectors translated these results into severity scores (1 to 11) according to the thresholds in their agreed severity scales. Some sectors like Protection and Education then combined individual indicator scores into a single composite severity score for every LGA and shared the result with the UN Office for the Coordination of Humanitarian Affairs (OCHA). While others shared each single indicator with scores and data to be entered into a composite indexing tool (in this case the Needs Comparison Tool, NCT, provided by OCHA (https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-useful-links) separated by sector or theme.

The results were then shared back to each sector for validation and refinement at the national and sub-national level before being endorsed by the ISWG and the HCT

A full list of sector severity indicators and sources appears in the table at the end of this annex.

Inter-sector needs severity

The inter-sector needs severity overlays all sectors’ severity analysis alongside contextual indicators (displacement and conflict incidents) to identify LGAs with the greatest concentration of severe needs across multiple domains or themes.

Calculating people in need

People in need in this HNO are a sub-set of the population living in the six states of north-east Nigeria. These people are estimated to have their current levels of access to basic services, goods and social protection as inadequate to re-establish normal living conditions without additional assistance. They are people whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted due to the conflict. This was further broken down into sub-categories of IDPs, returnees (former IDPs and refugees) and remaining people in need. It is also broken down by sector, providing details about the intensity, severity or type of need.

The sectors’ people-in-need figures

Each sector – Health, Protection (including Child Protection and GBV Protection), Early Recovery and Livelihoods, Food Security, Water, Sanitation and Hygiene, Nutrition, DMS (CCCM), Education, Shelter and NFIs – was asked to use the available needs assessment reports to identify the number of people in need and apply internal, sector-specific methodologies to estimate the number of people in need for LGAs that were not covered by needs assessments or where data was limited.

The people-in-need (PiN) figure for each sector is provided as follows:

<table>
<thead>
<tr>
<th>States</th>
<th>LGAs</th>
<th>IDP</th>
<th>Returnees</th>
<th>Remaining people in need</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>State 1</td>
<td>LGA1</td>
<td>100</td>
<td>200</td>
<td>300</td>
<td>600</td>
</tr>
<tr>
<td>State 1</td>
<td>LGAAX</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td>State 2</td>
<td>LGA1</td>
<td>200</td>
<td>400</td>
<td>600</td>
<td>1,200</td>
</tr>
<tr>
<td>State XX</td>
<td>LGA XX</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>150</td>
</tr>
<tr>
<td>Sector PIN</td>
<td></td>
<td>375</td>
<td>750</td>
<td>1,125</td>
<td>2,250</td>
</tr>
</tbody>
</table>
METHODOLOGY

The overall number of people in need of humanitarian assistance is an estimated proxy using the maximum value of the exclusive agreed three categories of affected people in the local government areas (as the lowest aggregated level of data known) and across sectors.

For example, if the overall PiN for more than one sector for a given LGA will be calculated:

<table>
<thead>
<tr>
<th>States</th>
<th>LGAs</th>
<th>Sector 1</th>
<th>Sector 2</th>
<th>Overall PiN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>IDP</td>
<td>Returnees</td>
<td>Remaining people in need</td>
</tr>
<tr>
<td>State 1</td>
<td>LGA1</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>State 1</td>
<td>LGAXX</td>
<td>9</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>State 2</td>
<td>LGA1</td>
<td>4</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>State XX</td>
<td>LGA XX</td>
<td>18</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>39</td>
<td>49</td>
<td>20</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5Ws</td>
<td>Who does what, where, when and for whom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC</td>
<td>Ante-natal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSFP</td>
<td>Blanket supplementary feeding programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCM</td>
<td>Camp coordination and camp management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CILSS</td>
<td>Permanent Interstate Committee for Drought Control in the Sahel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMS</td>
<td>Displacement management systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTM</td>
<td>Displacement Tracking Matrix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EiE</td>
<td>Education in Emergencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETS</td>
<td>Emergency Telecommunications Sector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EWARS</td>
<td>Early Warning and Alert Disease Response and Surveillance System</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEWS NET</td>
<td>Famine Early Warning Systems Network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSOM</td>
<td>Food Security Outcome Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSOM</td>
<td>Security Outcome Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTR</td>
<td>Family tracing and reunification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAM</td>
<td>Global acute malnutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBVIMS</td>
<td>Gender-Based Violence Information Management System</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GBVSWG</td>
<td>Gender-Based Violence Sub-Working Group</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HeRAMS</td>
<td>Health Resources Availability Monitoring System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH</td>
<td>Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HNO</td>
<td>Humanitarian Needs Overview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communications technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDP</td>
<td>Internally displaced people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IED</td>
<td>Improvised explosive device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISWG</td>
<td>Inter-Sector Working Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and young child feeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LGA</td>
<td>Local government area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate acute malnutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MNP</td>
<td>Micro-nutrient powder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MNS</td>
<td>Mental, neurological and substance abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPI</td>
<td>Multidimensional Poverty Index</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAERLS</td>
<td>National Agriculture Extension Research Liaison Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT</td>
<td>Needs Comparisons Tool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NFI</td>
<td>Non-food items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSAG</td>
<td>Non-state armed groups</td>
<td></td>
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<tr>
<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
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<td>OHCT</td>
<td>Operational Humanitarian Country Team</td>
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<tr>
<td>OTP</td>
<td>Out-patient therapeutic programme</td>
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<tr>
<td>PIN</td>
<td>People in need</td>
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<tr>
<td>PLW</td>
<td>Pregnant and lactating women</td>
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<td>PNC</td>
<td>Post-natal care</td>
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<td>PSWG</td>
<td>Protection Sector Working Group</td>
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<tr>
<td>SAFE</td>
<td>Safe access to fuel and energy</td>
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<tr>
<td>SAM</td>
<td>Severe acute malnutrition</td>
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<tr>
<td>SC</td>
<td>Stabilisation centre for severe acute malnutrition</td>
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<td>SEOP</td>
<td>State Education Operational Plan</td>
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<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>Office of the UN High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>UN International Children’s Emergency Fund</td>
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<tr>
<td>VHF</td>
<td>Viral Haemorrhagic Fever</td>
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<tr>
<td>VHF</td>
<td>Very high frequency</td>
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<td>VTS</td>
<td>Vaccination Tracking System</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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1. All data on IDPs and returnees is taken from the Displacement Tracking Matrix (DTM), Round XIX, October 2017. DTM tracks all IDPs and all returnees, regardless of whether they have remained within Nigeria or crossed an international border at some point during their displacement.

2. Please see Child Protection sub-sector needs overview for a detailed breakdown on the number of children used to carry person-borne improved explosive devices.

3. The DTM tracks all IDPs and all returnees, regardless of whether they have remained within Nigeria or crossed an international border at some point during their displacement. In parallel, UNHCR in collaboration with the Nigeria Immigration Service (NIS), the State Emergency Management Agency (SEMA), and the National Emergency Management Agency (NEMA) carry out registrations at border control points in the north-east where initial immigration and security screening of the returnees is conducted. As of July 2017, UNHCR and partners had registered 360,000 individuals at border points. Once back in Nigeria, returning refugees are recorded by the DTM either as returnees (if they have managed to return to their settlement of origin) or as IDPs (if they have been unable to return home and are therefore in a situation of secondary displacement).


5. DTM, Round XIX, October 2017.


8. Human Development Index, 2015.


15. UNFPA, 2016.


17. DTM, Round XIX, October 2017.


22. The MPI report was published by the Oxford Poverty and Human Development Initiative and the United Nations Development Programme in June 2015, based on data collected between 2004 and 2014.

23. About 46 per cent of IDPs in most severe sites in Borno State have extreme protection risks and needs (UNHCR Vulnerability Screening Round III).

24. About 31 per cent of IDP households in areas recently retaken by the Nigerian armed forces in Borno are female-headed (UNHCR Vulnerability Screening Round III) and 44 per cent of such female-headed households are widows.


27. UNHCR Returnee Refugee Dashboard, October 2017.

28. GBV Information Management System (GBVIMS).

29. GBVIMS data collected by 10 partners at single service provision points in five states from April to June 2017.


31. Plan International, A Child Protection and Education Needs Assessment in Select Communities of Borno and Adamawa
33. International Rescue Committee, Women, Protection and Empowerment Baseline Survey, March 2017
40. DTM, Round XVIII, August 2017.
42. FAO and UNHCR Rapid Baseline Assessment on Safe Access to Fuel and Energy in Borno State, April 2017, carried out with IDPs in the Jere LGA.
43. DTM, Round XVIII, August 2017.
51. DTM, Round XVIII, August 2017.
52. UNHCR, August 2017.
54. UN, Report of the Secretary-General on Children and Armed Conflict in Nigeria, 2017.
56. DTM, Round XVIII, August 2017.
60. DTM, Round XIX, October 2017.
61. GBVIMS data collected by 10 partners at single service provision points in five states from April to June 2017.
63. 96 camps in Borno State hosting 637,718 individuals; 14 camps in Taraba hosting 6,383 individuals; 13 camps in Yobe hosting 13,206 individuals; 21 camps in Adamawa hosting 9,750 individuals. Source: DTM Round XVIII.
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.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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