HUMANITARIAN IMPLEMENTATION PLAN (HIP)

NIGERIA

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2014/01000

AMOUNT: EUR 7 500 000

1. CONTEXT

Nigeria is the most populated country of Africa with a population estimated around 170 million people, i.e. approximately one sixth of the whole African population. Nigeria is classified as a mixed economy emerging market, and has already reached lower middle income status according to the World Bank. It has an abundant supply of natural resources, well-developed financial, legal, communication, transport sectors and a stock exchange, which is the second largest in Africa. Despite a booming economy, Nigeria presents growing inequalities and a large part of the population doesn’t have access to essential services. Considering the deterioration of the situation in the past years, the humanitarian situation in Nigeria is of serious concern.

ECHO’s Integrated Analysis Framework for 2013-14 identified high humanitarian needs in Nigeria. The vulnerability of the population affected by the crisis is assessed to be high.

UNDP 2012 Human Development Index places Nigeria 153rd out of 187 countries: a country with a low human development. All macro indicators regarding health status are poor and in 2011 all were under the African average except for neonatal mortality. The country is also regularly hit by epidemics (measles, cholera, lassa fever, meningitis, etc), linked to poor coverage/access to clean water & sanitation Nigeria has the highest number of malnourished children in Africa. Over 11 million children under five years old are stunted across the country and 1.4 million children are suffering from acute malnutrition in the 11 most Northern States. The official GAM rate is 14.4%, which represents a serious situation. The prevalence of stunting is extremely severe: above 40% in 16 States of Nigeria, all located in the North of the country. National agricultural production has been rising by around 1% in the last three decades, and this performance does not strengthen the food security situation. Economic access is the main reason of food insecurity in Nigeria. Although diverse food items are largely available, a broad proportion of population cannot afford them. It is actually estimated that 63% of the population lives below 1 USD per day.

Beyond health, food security and nutrition challenges, Nigeria is facing a complex emergency with different types of crisis in different regions.

The northern part of the country presents some characteristics of the Sahel region with semi-arid conditions, high poverty level, endemic malnutrition and very poor social and human development. Moreover, since 2011, northern States of Nigeria and more particularly those located in the North-East (Borno, Yobe and Adamawa) have been the scene of deadly activities of the jihadist group Boko Haram. With the military intervention of the Nigerian federal government, these three states, hosting more than 9 million people, have been declared in a state of emergency in May 2013. Civil insecurity is causing population displacement within Nigeria (estimated number of 46 650 as of August 2013) and is spilling over into neighboring countries. As of August 2013, about
15,000 people (Nigerians seeking refuge and returnees) are reported to be displaced outside Nigeria (in Cameroon, Chad and Niger) and more than 30,000 are IDPs. They often require humanitarian assistance as host communities are themselves facing challenges for their own survival and do not have the capacities to support newcomers.

Plateau state and other parts of the Middle Belt have suffered for decades from violence linked to land disputes between the semi-nomadic cattle-herders and settled farmers. With Boko Haram attacks rapidly increasing in the last 4 years reports indicate that the number of states exposed is growing. Violent incidents carried out by armed groups and communities are endemic throughout Nigeria, and the past five years we have also seen a substantial increase in the frequency. Since May 2011, 8,165 deaths have been reported due to violence and 3,134 since January 2013. All three critical regions the Delta, the Middle Belt and the northern states are particularly concerned by this upsurge of violence.

More broadly, civil insecurity does not only cause displacements and protection issues, it also seriously disrupts the economy of the region: trade of major cereal markets for the whole Eastern part of Sahel is disturbed causing high prices of staple food items, some farmers are leaving their land, casual employment is dropping depriving the poorest of Nigerians and many foreign migrants of essential incomes. The situation is the most acute in Borno and Yobe states where food crisis situation - (phase 3 according to Integrated Food Security Phase Classification (IPC) - was declared by Famine Early Warning Systems Network (FEWSNET) in May 2013. It is estimated that about 30% of the population of Borno and Yobe, about 2.1 million people, require food assistance.

In the northern part of the country and also southwards, all along the Benue and Niger Rivers and in the Delta area, populations are regularly affected by floods. In 2012, over 7.7 million people were affected by severe floods and received little to no assistance despite official commitment and provision of public/private funds (about USD 180 million). Unable to resume appropriate livelihoods, it is estimated that approximately 30% of them, 2.3 million people, are in a state of moderate food insecurity. Similar level of flooding is expected again in 2013.

2. Humanitarian Needs

1) Affected people/ potential beneficiaries:

It is estimated that 4.2 million people affected by different humanitarian crises in Nigeria will need multi-sectoral assistance in 2014, as follows:

- 2.1 million people are food insecure in northeastern states and require emergency food assistance (IPC 3) and an additional 3 million moderately food insecure are at risk.
- 1.4 million children under five are acutely malnourished, almost half million of them are suffering from Severe Acute Malnutrition (SAM) require life-saving treatment.
- Population displacement: although access to accurate information is limited, it is estimated that about 45,000 people have been displaced in Nigeria and are currently hosted by relatives. About 15,000 Nigerians and foreign nationals have fled to neighboring countries: to Cameroon, Niger and Chad. Support have been
provided to these refugees, and in case of return multi-sectorial support (shelter, health, wash, protection, food and nutrition) will be required.

- Nigeria is regularly affected by natural disasters: floods (along the Benue and Niger rivers) and epidemics (Cholera, Measles and Yellow Fever across the country). Considering the recurrence of those events, we can estimate that 0.5 million people will be affected by these external shocks.

- The level of violence in Nigeria has reached its highest point yet. Violent incidents carried out by armed groups and communities are endemic throughout Nigeria and affect a large number of the population. A large part of the population in the violence prone states are directly affected by local tensions (farmers versus cattle herders; land issues, etc.) in northern states, the Middle Belt and the Delta region.

2) Description of the most acute humanitarian needs:

Food security

Widespread floods across the country in late 2012 and particularly along the Benue and Niger rivers caused damage to the size of the harvests. These areas are forecasted in being at IPC Phase 2. According to a NEMA/FEWSNET/OCHA/WFP/CILSS survey in January 2013, cereal and tuber production fell by 12% compared to 2011 and 6% compared to the five-year average. Considering that Nigeria produces about half of all cereals of the West Africa region, this deficit already has serious repercussions not just on the supply in Nigeria, but in the whole region. The prices of staple food items are above last years’ prices and above the five-year average. In the main market of Kano, in June 2013, the price of maize was 69% above the five years average.

Forecasts from FEWSNET indicate that in the epicenter of the area affected by Boko Haram activity, Borno and Yobe States, declining crop production related to insecurity has resulted in many farms not being cultivated due to population displacement and insecurity blocking farmers from accessing their land. This, along with the decrease in income opportunities for casual labourers, restricted trade flows and market activity, and the continued high prices of staple food items risks creating a food crisis measured at IPC Phase 3 level = Crisis. In addition Katsina State, is also indirectly affected by the growing civil insecurity. The number of migrants is growing and at the same time an increasing percentage of the local population is seeking labour opportunities to compensate for the lower incomes as a result of the reduced harvest in 2012. Labour supply is currently about 20% above normal. This is negatively impacting labour wages and is further reducing the income for poor households. As a result 20% of the population of Katsina State is estimated to be in IPC Phase 2 = Stressed.

No official data is available on the overall number of people in food insecurity. However, it is estimated from several studies that about 30% of the population of Borno and Yobe States, about 2.1 million people require emergency food assistance (IPC Phase 3). In Katsina State, it is estimated that about 770 000 people are food insecure (20% of the population). And a further 2 310 000 people (30% of those people affected by floods in 2012) in other parts of Nigeria are also estimated to be food insecure. If the situation
continues to deteriorate many more people could be at risk of food insecurity or deterioration of their livelihoods, affecting their resilience to future crises.

Many migrants from Benin, Niger, Chad and Cameroon also normally come to find seasonal or permanent work in the northern states of Nigeria. The disruption of the local economy and civil insecurity means less labour opportunities for hundreds of thousands poor casual workers, with little or no livelihoods alternatives.

**Nutrition**

UNICEF estimates that more than 756,000 children die every year in Nigeria before they reach their 5th birthday, of which a third die because of malnutrition and related causes. Acute malnutrition rates exceed the emergency threshold in six of the northern states of Nigeria: Sokoto, Borno, Jigawa, Kano, Kebbi and Yobe.

In 2013, it is estimated that a total of 491,862 children are at risk of severe acute malnutrition (SAM), representing approximately the total caseload of Niger and Mali together, and over 926,000 children are affected by moderate acute malnutrition (MAM). As of July 2013, the number of children admitted in Integrated Management of Acute Malnutrition (IMAM) programmes in 2013 rose by 36% compared to last year. This reflects the increase in operational capacities and also an increase of admissions due to the situation. In addition, over 11 million children under five years old are affected by chronic malnutrition, the second highest figure in the world after India.

### 3. Humanitarian Response

1) National / local response and involvement

While the government's awareness of humanitarian needs is increasing and it has financial capacities to address needs, as far as malnutrition is concerned response to needs is still hampered by limited capacity of existing services both at the federal and the state level.

The NEMA (National Emergency Management Agency) directly linked to the presidency is managing the Monthly Humanitarian Forum focused mainly on support planning and information sharing regarding natural disasters. During 2012 floods, NEMA has been able to secure USD 180 million through a charity group composed by both public representatives and private sector. Substantial assistance has been provided to IDPs in urban areas through SEMAs (States Emergency Management Agency), however little progress have been made to have other humanitarian issues at the agenda of this forum. NEMA has delivered in 2013 food aid from their strategic stocks to IDPs in neighbouring states of Borno and Adamawa and refugees in Niger on the other side of the international border.

Nutrition response: health structures at the federal level and in 11 northern states are to a limited extent involved in the management of acute malnutrition. Some states have started to put more resources (funds and staff) to try and reduce the high acute malnutrition rates. However, the level of allocation of these resources remains inadequate compared to the needs.

Food security response: the Nigerian government is planning to release food stocks of the national grain reserves in the north eastern states but the quantities mobilised might be insufficient to appropriately mitigate the situation. The Nigerian government needs to
quickly mobilise additional emergency (targeted) food assistance responses and facilitate humanitarian access.

2) International Humanitarian Response

There is no Consolidated Appeal Process (CAP) in Nigeria, just a UN Humanitarian strategy, which estimated, late 2012, that USD 32 million was required to face humanitarian needs for year 2013. This corresponded mainly to the requirement for the Nutrition and Wash sectors and only 40% of those funding needs were met as of June 2013. This estimate did not include the humanitarian needs developed throughout the year due to the crisis in the North East of Nigeria and the development of the food crisis related to high prices and drop of informal employment opportunities. Unmet humanitarian needs are therefore much higher.

The main humanitarian donors in 2013 are the EU with a total assistance programme of EUR 8 million, CERF (USD 6.4 million), Japan (USD 2.5 million), private (EUR 1 million), and Sweden (USD 0.5 million). Other, not specifically humanitarian, donors like DFID are also present with significant budgets.

3) Constraints and DG ECHO response capacity

In the North of the country and particularly in the North-East where humanitarian needs are the most acute, insecurity is limiting access of humanitarian agencies to the population. Building and protecting the humanitarian space is essential to ensure adequate assessment of needs and quality of implementation. Despite these conditions, ICRC, UNICEF and few NGOs are able to operate. The World Food Programme does not have yet an operational presence in Nigeria but is assessing the possibility to start a programme. In other parts of the country, several NGOs are conducting assessments and starting projects: the volume of humanitarian activities may be scaled up with additional funding.

In 2012, ECHO provided support to OCHA for the coordination of humanitarian activities and for the provision of humanitarian trainings.

Despite these challenges, Nigeria does have resources and capacities. With little investment in the last three years, ECHO managed, through its partners, to support a breakthrough in the field of nutrition in the Northern part of the country, with governmental resources starting to invest into the sector, like the State of Katsina.

International organizations and the UN system are mostly dedicated to support long term development programmes based on national policy. Recognition that both humanitarian and development challenges should be considered as accompanying strategy remains the major objective.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions.

Considering the extent of affected population and financial resources available at national level, ECHO will continue to advocate for the recognition of the complex humanitarian needs throughout Nigeria. Strengthening humanitarian expertise and capacities of humanitarian and national agencies as well as the link between relief and development will also be a priority.
The focus in humanitarian actions will stay on improving access to the treatment of malnutrition and related health care for vulnerable children under 5 years of age and pregnant and nursing women. Emergency food assistance is also a priority: actions to secure food pipelines on time and emergency cash transfers will be part of the response package.

Pillar 1 will focus on the management of acute malnutrition and associated diseases in order to reduce mortality. Operations to be funded will include:

- Identification and treatment of severely and moderately malnourished children, and their integration within existing health systems.
- Quality improvement of acute malnutrition management (including measures to improve performance criteria, to improve pipelines of essential health and nutrition products, to improve involvement of communities, to improve integration of WASH in nutrition, etc.).
- Improvement of coverage of malnourished children to be effectively treated.
- Improvement of information systems related to malnutrition.

Further to the above ECHO will allocate funds to two additional pillars:

Pillar 2 will be provision of essential assistance and protection of population victims of violence in Nigeria and in the neighboring countries (Niger, Chad, and Cameroon):

- Emphasis will be put on mitigation and conflict mediation related to inter communal clashes among communities and bet. Prevention of conflicts related to land issues can reduce the extent of the actual tensions among communities of farmers and cattle breeders in the middle states. Discussion with the Instrument for Stability and various European Development Fund (EDF) projects should also be further discussed.

Pillar 3 is the response to natural disasters and epidemics:

- Considering the limited response capacity, priority will be given to preparedness, early warning and emergency response to prevent high mortality rate in case of sudden flood and/or epidemics. First weeks are crucial to limit the extent of outbreaks and avoid destructive coping mechanisms among affected population. ECHO via its Civil Protection Mechanism and the UN System (OCHA-UNDAC) are already engaged to build capacity of NEMA/SEMA in long term perspective.

Effective coordination is essential. ECHO supports the Inter-Agency Standing Committee’s Transformative Agenda (ITA) and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.
4. LRRD, COORDINATION AND TRANSITION

1) Other DG ECHO interventions: an emergency decision (of EUR 3 million) has been adopted in 2012 to assist victims of 2012 floods. Humanitarian agencies have been able to assist the most affected communities living in the confluence area of Benue and Niger Rivers.

2) Other services/donors availability: close working relations with the EU Delegation in Abuja have been developed over the past years. Meetings in 2012 have marked the common interest of EC services to further consider Nutrition and Food Security concerns and develop a comprehensive approach. Potential opportunities on transition/LRRD issues should be further discussed with development donors such as DFID, USAID and the UN system. Recognition that humanitarian challenges are hampering efforts made by the government and development donors has now been accepted as basis of further discussions.

3) Other concomitant EU interventions: opportunities with other EU funding mechanisms such as Food Security Thematic Programme will be discussed with the Delegation. The EU Delegation, which is managing substantial Instrument for Stability (IIS) funds has been committed to improve living conditions of the Delta region population as conflict mitigation approach. Potential opportunities should be further discussed to mitigate conflict related to land issues in the Middle Belt states or any other protection related issues.

4) Exit scenarios: in 2014, efforts will be made to support the EU Delegation on the 11th EDF programming on nutrition and food security aspects as part of the Health and Resilience sector focus in the North to ensure effective LRRD and pro-poor targeting. Key considerations such as prevention and response to natural disasters and epidemics, access to essential services to avoid exclusion, growth economy in peri-urban and rural areas, etc. will require in-depth technical and strategic discussions with the development donors and the government.