This report is produced by OCHA Nigeria in collaboration with humanitarian partners. It covers the period January to March 2020. The next report will be issued in June 2020.

OVERVIEW

The trend of displacement in Yobe State in the first quarter of 2020 changed compared to the fourth quarter of 2019. While over 70 per cent of the 5,000 new arrivals in the State in the fourth quarter of 2019 originated from conflict areas in Borno State, only 30 per cent of the 6,317 new arrivals originated from Borno State this first quarter and the majority 70 per cent originated from remote communities in high risk security areas within Yobe State. About 3 per cent of the total new arrivals are secondary displaced persons from Borno State who had first taken refuge in the Republic of the Niger before coming in to Yobe State.

Priority needs include, food, health, nutrition, protection, shelter and NFIs, and WASH.

The Yobe State government, (in coordination with the Federal Government and other neighboring states), and with the support of partners is taking a strong inter-sectoral lead to implement measures to prevent and control the spread of COVID-19 in the state. The efforts are being coordinated by the State Rapid Response Team (RRT) which is an interagency forum led by the State Ministry of Health with the support of the World Health Organization (WHO) and partners. According to WHO, three Isolation Centers have been established in the state to treat any reported COVID-19 cases. So far, no case has been confirmed in the state during the reporting period.

Humanitarian access is shrinking in some areas in the state due to security concerns. Some Partners operating in Goneeri, Wajir and other rural areas in Gujba LGA have reduced the number of weekly field movements and time spent by staff at the program site. Partners have also reduced their field staff movement to Geidam and Yunusari LGAs due to unpredictable security environment in those LGAs. The security environment along Damaturu-Gashua road which also links to the Geidam and Yunusari LGAs continues to be unpredictable due to occasional armed attacks, illegal checkpoints and abduction of civilians, especially around Baban ngida and Dapchi towns by suspected None State Armed Groups (NSAGs).

Security, Access and CMCoord

The state continues to experience the same security risks during this first quarter of 2020 reporting period as in the fourth quarter of 2019. The risks included armed attacks, abduction and kidnaps, and improvised Explosive Devise (IEDs) attacks as well as general criminality. Armed attacks and abduction of civilians by suspected None State Armed Groups (NSAGs) were reported in Dapchi in Bursari, Kanama in Yunusari, Baban ginda in Tarmua and Goneri in Gujba LGAs. As a result, humanitarian partners reduced their staff movement and presence in deep field locations such as in Goneri in Gujba LGA, communities east

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1 According to International Office for Migration (IOM) field staff in Yobe and Yobe State Emergency Management Agency (SEMA). Areas of origin of IDPs from Yobe State include Gujba, Tarmua, Yunusari and Geidam LGAs.

2 The majority of the new arrivals are in Bade, Geidam, Gujba, Nguru and Damaturu local government areas (LGAs).
of Geidam and Yunusari LGAs. The heightened insecurity along Damaturu-Maiduguri road also continues to adversely impact on the overall humanitarian response in the state. Most partners in Yobe State normally rely on Maiduguri-based technical teams who frequently travel to the state to provide support. The security concerns on the road has significantly limited this movement, and has essentially led to some staff traveling via Abuja to Kano, then to Yobe: a four-day round trip with higher additional cost on organizations.

Civil-military coordination (CMCoord) has improved. The Military Sector 2 Command of Operation Lafiya Dole in Damaturu has designated a focal point officer for interaction with the humanitarian partners on issues affecting access. This has resulted in improvement in the movement of humanitarian staff and cargo to the deep fields locations.

Coordination
Humanitarian coordination continues to improve due to stronger state government participation and support. The newly instituted State Ministry of Humanitarian Affairs and Disaster Management continues to coordinate closely with OCHA and partners to facilitate access and other relevant matters to improve the humanitarian operating environment. The ministry established a focal point in March 2020 to mobilize and strengthen the role of relevant line Ministries, Departments and Agencies (MDAs) in coordination and information sharing with the sectors and partners. Education in Emergency Sector has been revitalized and meeting monthly; the first meeting was held in February 2020. In January 2020, OCHA established an additional zonal Local Coordination Groups (LCG) for partners operating in the eastern LGAs that includes Gujba, Gulani, Damaturu, Tarmuwa and Bursari which meets monthly in Damaturu town. This is in addition to the earlier two zonal LCGs in Gashua for partners operating in eight northern LGAs of Bade, Geidam, Machina, Karasuwa, Jakusko, Nguru, Yunusari, and Yusufari and in Potiskum for partners operating in Potiskum, Fune, Nangere and Fika LGAs which were set up in July 2019. These meetings provide avenues for field staff to update on field needs, responses, gaps and challenges.

In March 2020, Early Recovery Coordination Forum supported by INGO partners based in Yobe State and the sector coordinator based in Maiduguri was established. It coordinates with the State Ministry of Budget and Planning, SEMA and other relevant MDAs to strengthen information sharing and coordination. The forum has met once in March 2020 to discuss how it may move forward with its mandate. A Social protection sub-working group was also established in March 2020 to streamline and coordinate state government and partner social protection response programs. Partners are currently supporting the state government in drafting a State Social Protection Policy which will guide state and partner plans and action on social protection program.

Localization
The United Nations (UN) and International None Governmental Organizations (INGOs) continue to build the capacity of local partners, including the civil society organizations and the state Ministries, Departments and Agencies (MDAs). Some 16 civil society organizations (CSOs) are currently partnering with the UN and INGOs in delivering of humanitarian assistance in the deep-field difficult to access locations. OCHA is supporting Yobe State Network of Civil Societies Organizations to finalize its strategy that will guide its operations for the next three years. The network has established coordination structures in all the 17 LGAs of the state with 24 offices in the key wards, and is collaborating with State Rapid Response Team (RRT) in risk communication and community engagement for the prevention of the spread of COVID-19.

Population in Need
Displaced persons, especially the newly arrived from Borno state as well as returnees and vulnerable host community households continue to be the most in need of life-saving support. According to IOM DTM round 30 published in December 2019, there are 134, 511 IDPs and 176,201 returnees in Yobe. This figure does not include the 6,317 new arrivals reported in the first quarter of 2020. Tracking and targeting of the newly displaced persons remains a key challenge as most of them settle in different host community locations across the state, especially in Geidam, Damaturu, Bade and Nguru. It is important to note that the number of the new arrivals might fluctuate from time to time depending on the security context in Yobe and Borno States.

SECTORAL SITUATION ANALYSIS

Health

The Health Sector, led by the State Ministry of Health with the support of the World Health Organization (WHO) and partners, is leading state preparedness for prevention and control of COVID-19 pandemic. Three Isolation Centers have been established in the state in State Specialist Hospital (SSH) Damaturu, Yobe State University Teaching Hospital (YSUTH) and Federal Medical Center (FMC) Nguru. It is, however, not yet clear how much resources are available from the state to support the
implementation of the planned activates. Although the COVID-19 preparedness plan is robust, there is need to identify and address issues related to the overall impact of the outbreak on the most vulnerable groups such as women, IDPs, and people with special needs. In particular, the impact on livelihood and protection concerns of these groups needs to be monitored. As the state continues to receive new arrivals, there is high risk that these new arrivals may carry along infections as most of the children and adults were not vaccinated in the remote areas they came from.

The outbreak of COVID-19 pandemic is impacting on the delivery of other health services. This includes limitation in the availability of health commodities supplies because of the increasing cost and limited availability of items such as face masks, hand gloves and disinfectants.

### Food Security and Livelihood

According to Food Security Sector\(^3\), there is an increase in population requiring food and related assistance in the first quarter of 2020 compared to the fourth quarter of 2019. The number of LGAs that are in crisis phase have also increased from 8 LGAs in October 2019 to 11 LGAs in the March 2020. This is partly attributed to security challenges in some remote areas which have caused population displacement and limited local coping strategies. The newly displaced persons from areas within Yobe State as well as from Borno State also demand resources to respond to their needs. Restrictions due to the spread of COVID-19, is likely going to impose additional challenge for households to access their livelihood activities thereby impacting on their access to food and other needs. Food security partners already spent longer time in the distribution of food and cash-based support due to the need to maintain social distancing. This raises additional challenges, especially in high risk security areas.

### Nutrition

The nutrition situation in Yobe State continues to remain poor with persistent high GAM levels, above 10% emergency threshold since October 2016. According to the Northeast Nutrition and Food Security Surveillance round 8 conducted in October 2019, the prevalence of acute malnutrition (GAM) in the whole of Yobe was 11.5% and a prevalence of severe acute malnutrition was 1.5%. The GAM levels were highest in Central Yobe region (13.8%)\(^4\) followed by Southern Yobe (11.1%) and Northern Yobe (10.8%). In 2019, a total of 81,244 severely acutely malnourishes children were admitted for treatment, approximately 70% of the target. The prevalence of malnutrition among women of children bearing age (18-49) was very high at 15%, above both Borno and Adamawa. The percentage of children 0-5 months exclusively breastfed (EBF) was only at 35.1% with Southern Yobe region with low EBF of 29.9%. Only 3% of children 6 - 23 months are receiving the minimum acceptable diet. The main drivers of malnutrition in Yobe include poor infant and young child feeding practices, high food prices leading to decreased food accessibility, high prevalence of diarrhoea and malaria, and poor hygiene practices.

\(3\) This is based on Cadre Harmonise (CH) analysis for Yobe State. The analysis was conducted from 3rd to 7th March, 2020 and validated during a National consolidation workshop in Abuja from the 9th to 12th March, 2020.

\(4\) Analysis by the Nutrition Sector.
IOM and SEMA have recorded 6,317 new arrivals in the period from January to March 2020. These new arrivals remain desperate for shelter and NFIs in Bade, Geidam, Gujba, and Damaturu LGAs. Displaced persons are expected to continue arriving in Yobe State in small scale from Borno and from remote communities in Yobe state to urban centers where security is perceived to be relatively stable. Most of these vulnerable persons are women and children. The majority of the new arrivals are currently living in open spaces and makeshift shelters, a situation projected to worsen during the rainy season. In Buni Yadi and Buni Gari, some 310 new arrivals have occupied a government school.

**Education**

Strengthening the Education Sector is currently one of the State Government key priority for development. The state governor declared a state of emergency for the sector in May 2019 and has asked for more support in terms of resource investment and technical capacity from partners. The sector is still consolidating the level of investment that the State government has committed and the achievement to date as a result of this declaration.

On response activities, the state government is conducting professional development (TPD) for teachers of Primary 1 to Primary 6 across all the formal schools in the state. The Education in Emergency Working group (EiEWG) is working with partners, the State Ministry of Education and the State Universal Education Board to strengthen sector coordination. Global Education Cluster (GEC), in collaboration with Education in Emergencies Working Group conducted a training on core cluster coordination (CCCT) in February 2020 in Abuja attended by Yobe EiEWG focal points. Additionally, Yobe EiEWG with support from iMMAP developed and deployed a new reporting tool – Report Hub as a one-stop shop where partners may input their response reports and accessed by the sector.

**Protection**

**Gender Based Violence (GBV):** The GBV Sub Sector of the Protection Sector continues to coordinate all GBV prevention and response activities in Yobe State. There are unconfirmed reports by field-based partners in Nguru and Bade LGAs of increase in the number rape cases. The One-Stop Shop Center for GBV has been established at the General Hospital Potiskum to serve as a referral hub for all issues and cases related to GBV in Zone C and Zone B axis of Yobe state, while the Shifa Sexual Assault and Referral Center in Damaturu continues to serve zone A of the State. It is yet to be confirmed how many cases are being processed in these centers. Other partners in the state support safe space for women and girls in Gujba, Kukareta and Damaturu. Key personnel in the state have been trained on facilitation of access to justice for survivors of GBV.

Efforts are ongoing to ensure collaboration with Yobe State Agency for Control of Aids (YOSACA) and Primary Health Care Board for continued supply of HIV prophylaxis and STI/contraception respectively for survivors of GBV. The existing referral pathway and service directory is currently being updated and a review meeting is scheduled to hold late April 2020. The GBV sub sector is actively participating in the COVID-19 preparedness and response efforts.

**Sexual Reproduction Health:** The Sexual and Reproductive Health (SRH) Sub-group continues to support the health sector response to GBV and other areas of SRH namely MPDSR, Obstetric care a Fistula repairs, Family Planning and Sexually Transmitted Infections (STI). The Sector has supplied Reproductive health kits to 14 health facilities across the state including General Hospitals, primary health care centers and tertiary hospitals to support SRH service delivery. Key personnel in the state have been trained on Clinical Management of Rape for survivors of Sexual Assault. The Maternal and Perinatal Death Surveillance and Response reviews would commence April 2020. In view of the COVID-19 pandemic, the sub working group is working with partners to ensure continued uninterrupted delivery of SRH services and support to pregnant women and GBV survivors who could be affected and in isolation due to COVID-19.

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5 Most of the rape cases are reported in the host community and involve the abuse of minors.

6 Kindly refer to UNFPA team in Yobe for more details: Homsuk Emmanuel Swomen | E-mail: swomen@unfpa.org | Phone: +2348039200949
Water, sanitation and hygiene (WASH) situation remains vague as there is no consolidated and reliable data that holistically highlights the status in the state. While there are good number of ongoing water, sanitation and hygiene interventions in state, life-saving and recovery response efforts are not adequately coordinated hence it is difficult to segregate between emergency and recovery/development intervention.

**Early Recovery**

Early recovery coordination mechanism has been established in the state in March 2020. This has been a key gap in the state. Recovery partners include the state government, UN, INGOs and Civil Society organizations (CSOs). The forum will enhance coordination and information sharing to prevent duplication of activities and promote complementarity. The state government and partners are currently implementing several projects aimed at recovery and building of community resilience. Sectors covered include Food Security and Livelihood, Health, WASH and Protection.

**KEY RECOMMENDATIONS**

- The need for the state government to have contingency plan for humanitarian emergency response. SEMA usually provides some level of response but there is need for a more predictable and robust capacity as an immediate first responder while the humanitarian organization mobilize for more resources to sustain the response.
- Although the COVID-19 preparedness plan is robust, there is need to identify and address evolving needs due to the impact of the lockdown on the most vulnerable groups such as women, IDPS, people with special needs.
- The Health Sector to closely monitor the health status of the new arrivals due to the increased risk that they may bring along new infections as most of them have come from remote areas where they had no access to health services, including vaccination.