HUMANITARIAN NEEDS OVERVIEW 2016

PEOPLE IN NEED
7M

NOV 2015

NIGERIA

Photo: Fragkiska Megaloudi
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 need 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.
PART I: SUMMARY

- Humanitarian needs & key figures
- Impact of the crisis
- Breakdown of people in need
- Severity of need
PEOPLE IN NEED

7.0 M

2.0 M

4.2 M

112,249

721,393

Source: DTM Round 5, Word Population 2014
14.8 million people are affected by the crisis in the north-east of Nigeria precipitated by Boko Haram-related violence since 2009. The armed conflict has affected civilians already living in precarious conditions and undermined poverty reduction and development efforts, putting at risk inter-ethnic and inter-religious co-existence, strained State Government resources and depleted community coping capacities over the past six years. While some internally displaced people (IDPs) live outside the four states of focus, these states, Adamawa, Borno, Gombe and Yobe, have been disproportionally affected by the crisis and are prioritized and referred to collectively here as north-east. From the affected population, an estimated 7 million people, comprising displaced, confined and hosting civilians, are currently in need of humanitarian assistance.¹

HUMANITARIAN NEEDS

1. Protection: 7 million people are suffering from the extreme consequences of armed conflict including displacement, deprivation and disease, affecting the most vulnerable in particular. 2.2 million people have been displaced,² many for over a year. 3 million people are estimated to be trapped in inaccessible areas. People are subject to killings, security incidents and flagrant human rights violations. A high toll of physical abuse, abduction, extortion, disappearances, maiming, forced conversion, theft, sexual exploitation, sexual violence and forced recruitment into Boko Haram has been endured by women and children.

2. Access to food and basic services including health, education, water and sanitation: There are 4 million vulnerable people in accessible areas: a host community population of 1.8 million and 2.2 million IDPs,³ who have exhausted resources and have limited or no access to basic services. In inaccessible areas the needs of 3 million people are unknown, but reports indicate they are expected to have no basic services and be severely food insecure. Without sufficient water, sanitation and health care, people are increasingly susceptible to disease. Public infrastructure has been destroyed or damaged; over 600,000 children have lost access to learning due to the conflict.⁴ With poor rains, lack of access to agricultural land and limited market access, food insecurity and malnutrition are on the rise.

3. Shelter: Having fled from their communities due to violent conflict, 2.2 million IDPs are living in makeshift shelters, seeking refuge in overcrowded, poorly-resourced camps or centres, including at least 50 schools, or with friends and relatives, which results in serious protection concerns. Over 80% of IDPs are living in host communities, where space and resources are over-stretched, and belongings worn out from protracted displacement. Spontaneous returns have occurred in 2015 as localised security situations change, and this trend is likely to increase. In northern Adamawa an estimated 262,324 people on the move, and for the first time, for those in ongoing displacement, for vulnerable people reached areas become accessible, the conflict shifts, and new needs will emerge: different needs will emerge: for vulnerable people reached for the first time, for those in ongoing displacement, for people on the move, and for people starting to rebuild their lives on return.

4. Humanitarian Access: reaching the most vulnerable communities with humanitarian assistance remains severely constrained in 26 Local Government Authorities (LGAs) where the needs of approximately 3 million people can only be estimated. As the conflict shifts, and new areas become accessible, different needs will emerge: for vulnerable people reached for the first time, for those in ongoing displacement, for people on the move, and for people starting to rebuild their lives on return.
## Part I: Humanitarian Needs & Key Figures

### Total Population in 4 States (Adamawa, Borno, Gombe and Yobe)

- **15.2M**

### Number of People Affected

- **14.8M**

### Number of People in Need

- **7.0M**

### Internally Displaced Persons

- **2.2M**
  - 30%
  - IDPs in camps

- **1.8M**
  - 23%
  - IDPs in host communities

- **3.0M**
  - 47%
  - People inaccessible

### Children (Under 18 Years)

- **3.8M**
  - 1.9M girls
  - 1.9M boys

### Adult (18-59 Years)

- **2.8M**
  - 1.5M women
  - 1.3M men

### Elderly (Over 59 Years)

- **427k**
  - 182k women
  - 235k men

### Food-Insecure People

- **3.9M**

### Malnourished Persons

- **2.5M**

### Shelter-NFI

- **1.6M**

### IDP Child Protection

- **1.4M**

### Children in Need of Emergency Learning

- **1.0M**

### Cholera Cases in Borno

- **1.0k**

**Website:** https://www.humanitarianresponse.info/en/operations/nigeria
Boko Haram-related violence and military measures/operations have left widespread devastation in the north-east, forcing more than 2.2 million civilians to flee their homes. People trapped in conflict-affected areas fear death and abduction and many are missing, while the destruction of infrastructure and disruption of livelihoods have exacerbated pre-existing low levels of access to education and health services. Boys are forcibly recruited by Boko Haram and thousands of women and girls have been subjected to sexual abuse and enslavement, while some have been used as suicide bombers. Communities in Adamawa, Borno, Gombe and Yobe that have experienced relative calm are hosting most of the IDPs, overstretching food, water and the provision of basic services. The capital of Borno State, Maiduguri, has alone received almost half of the IDPs in the north-east.

Drivers and Underlying Factors
The north-east has a history of marginalization and chronic under-development, with poverty, illiteracy and youth unemployment all higher than the rest of the country. A lack of investment to address these inequalities contributed to sparking the cycle of violence and displacement that has continued since 2009. Between 2010 and 2013 poverty levels in all Nigeria’s regions decreased, with the exception of the North East region where the percentage of people in poverty increased by 3.1%. In this fragile context, porous borders, regional insecurity, growing extremism and forced displacement in the Lake Chad Basin add a regional dimension to the present humanitarian crisis.

Increasing Vulnerabilities Among the Affected Population
Displacement has led to greater competition for access to basic services, as well as disruption to livelihoods and lack of access to markets and agricultural land. Already-poor host communities have been sharing resources with one of the largest IDP populations in the world (comparable to Yemen) for more than twelve months with little support, and are now relying on negative coping strategies after savings and assets have been used up. This exhaustion of household and community resources has caused fatigue on the part of the host communities and, if not addressed, could create difficulties between displaced people and host communities,
which could lead to secondary displacement of IDPs. Inequality in access to assistance has led to different patterns of need among displaced communities, but the prevalence of risky livelihoods such as hawking, begging, and child labour indicates an urgent need for basic services and livelihood assistance targeted at men and women to mitigate growing vulnerabilities and protect children from exploitation and violence.

IDPs in formal and informal camps and centres, and within the host communities, face overcrowding in already inadequate living conditions that have led to the outbreak of communicable diseases, like the 2015 cholera outbreak. Short-term solutions, such as using schools to host IDPs in Borno, has not only housed IDPs in inadequate conditions but has negatively affected the host communities, leaving 50 schools out of their primary function.

IDPs originally from areas that were Boko Haram strongholds fear the perception of being sympathetic to Boko Haram from security forces and host communities. As military presence in

![Crisis Timeline](image-url)
and around IDP camps and centres increased during the latter part of 2015, reports that an unknown number of IDPs have been detained, including boys and men, have increased. In at least one instance, girls and women rescued from insurgent camps spent several months in de-radicalization centres.

As some IDPs begin to move back to their communities in Adamawa they are finding complete devastation of homes and infrastructure, mined communities and, due to persistent fear of repeat attacks, often remain displaced in the closest town. Recent displacement trends show that as the military pushes Boko Haram out, the population that had previously been trapped in that area moves out immediately to urban centres where they are in need of humanitarian assistance. While there is a growing tendency to talk of return, with over 80% of Borno's LGAs still considered high or very high security risk for the international humanitarian community to access, unseen aspects to this humanitarian crisis remain.

### SELECTED SOCIΟ-ECONOMIC INDΙCATORS IN ΝΙΓΕΡΙΑ
(National and North-East Region) 2013

<table>
<thead>
<tr>
<th></th>
<th>Literacy rate %</th>
<th>Male unemployment (age 14-49) employed in the 12 months prior to survey but currently not employed</th>
<th>Antenatal care for pregnant women %</th>
<th>Child mortality (under 5) per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East Region</td>
<td>39.7</td>
<td>6.5</td>
<td>49.3</td>
<td>160</td>
</tr>
<tr>
<td>National</td>
<td>78.1</td>
<td>3.3</td>
<td>65.7</td>
<td>126</td>
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Source: NHDS, 2013
While there have been many assessments in the north-east over the last year, a large-scale comprehensive and statically representative assessment has not been done. In a rapidly changing context, sectors used secondary data from Government sources to estimate needs, including the 2013 Nigerian Demographic Health Survey (NDHS), and localized or thematic assessments including the Food and Nutrition Security and Livelihood Assessment of August 2015, and regular monitoring systems like Famine Early Warning Systems Network (FewsNet) and the NEMA/International Organisation of Migration (IOM) Displacement Tracking Matrix (DTM).

Data on the extent of the needs of people in inaccessible areas is limited or non-existent, and relies on the accounts of newly-displaced people and the conditions of recaptured areas. Most of the vulnerable people have multi-faceted needs including access to safe emergency shelter, food, water and health care in addition to protection; some groups have specific needs, such as young children, pregnant and lactating women and older people in need of nutrition support, and children in need of emergency learning.

As patterns of displacement continue to shift and with 34% of LGAs in the four states extremely difficult to access, it is challenging to estimate and forecast figures of people in need for specific locations (see the Methodology Section at the end of Part II, which also includes sources). In the absence of a recent inter-agency assessment, the figures from different assessments, using different average household size or definitions of host communities, had to be triangulated.

<table>
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<tr>
<th>NUMBER OF PEOPLE IN NEED BY SECTOR, SEX AND AGE</th>
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<tbody>
<tr>
<td><strong>Early Recovery &amp; Livelihoods</strong></td>
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<td><strong>WASH</strong></td>
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<td><strong>Protection</strong></td>
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<td><strong>Food Security</strong></td>
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<td><strong>Health</strong></td>
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<td><strong>Nutrition</strong></td>
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<td><strong>Shelter &amp; NFIs</strong></td>
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<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td><strong>Camp Coordination &amp; Camp Management</strong></td>
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</table>
The map below depicts the cumulative severity of humanitarian needs across the four north-east States. Borno is the most affected state across all sectors, with only three LGAs fully accessible for most of 2015. The situation people face in these areas continues to deteriorate as the movement of humanitarian actors to deliver food, water and basic health care remains constrained. The large population lacking access to basic services in insecure areas of Borno face acute protection risks, particularly women, girls, boys and young men. In northern Adamawa, approximately 262,324 IDPs have returned to their areas of origin in the LGAs of Gombi, Maiha, Mubi North, Mubi South, Hong, Madagali and Michika, and these areas still have severe needs.
PART II: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

- Protection
  Child Protection and Gender-Based Violence (SGBV)
- Food Security
- Nutrition
- Water, Sanitation and Hygiene (WASH)
- Health
- Education
- Emergency Shelter and Non-Food Items (ES/NFI)
- Camp Coordination & Camp Management (CCCM)
- Early Recovery and livelihoods

INFORMATION GAPS AND ASSESSMENT PLANNING METHODOLOGY
PART II: PROTECTION

OVERVIEW
The conflict has resulted in violations of human rights and humanitarian law, including death, injuries, sexual violence, detention, disappearances, forced displacement, attacks on civilian areas and forced recruitment. Many people have been forcibly displaced, with 81% living in host communities, placing considerable strain on limited resources. Children and women face grave violations (see Child Protection and GBV sub-sector sections). Many families remain separated. There is a marked lack of adequate services, including psychosocial support.

AFFECTED POPULATION
The Boko Haram-related violence and military response by the Nigerian armed forces and other armed groups has severely affected civilians, particularly vulnerable groups, including the elderly and chronically sick, people with disabilities, female- and child-headed households, unaccompanied/separated children, adolescent boys and pregnant and lactating women. IDPs in camps and centres are often in congested shelters or isolated, insecure or inhospitable areas, and are vulnerable to all forms of exploitation and abuse. In host communities, resources are being exhausted, causing fatigue, and in camps there have been recent reports of insecurity, arrests and restrictions on freedom of movement. 16,925 Nigerians have returned from Cameroon in circumstances falling short of international standards. Most IDPs report wanting to return to their areas of habitual residence, but conditions have not been conducive for voluntary, safe and dignified returns. Borno, the hardest hit state in terms of insurgent attacks, hosts 83% of the IDPs in the four States, with Yobe hosting 10%, Adamawa 6% and Gombe 1%. Maiduguri, the Borno State capital, is considered sufficiently secure, but all roads leading out of the capital are subject to attack. Maiduguri also hosts the highest number of IDPs.

HUMANITARIAN NEEDS
• 2.2 million IDPs in host communities, camps and centres lack an effective legal framework for the protection of IDPs.
• 5.5 million people are in need of protection services contributing to a safe and secure environment as conflict-related incidents continue, with related deaths, injuries and property loss. Family separation is a concern, especially for children. Boko Haram has abducted women, children and men from schools, public transport, private vehicles and homes during or after attacks.
• Insecurity continues to restrict humanitarian access to almost 3 million people in 26 LGAs, who need multi-sectoral assistance and protection services. Logistical challenges (infrastructure damaged by the conflict), and security restrictions (curfews and road blocks), as well as shrinking humanitarian space due to military operations and attacks on Government installations, further limit the reach of service providers.
• Over 262,324 IDPs returning to LGAs of origin are in need of livelihoods and reconstruction support in a more secure environment, and mine risk education. In Adamawa, returning IDPs reported armed elements were a significant threat, with women and children staying at home out of fear for abduction.
• IDPs need a framework for durable solution that ensures returns are voluntary and conducted in security and dignity, based on informed decisions by IDPs.
• People exposed to violence and hardship need specialised mental health care, which has been neglected. Conversely, people in need of psychological (but not necessarily psychiatric) care have been unnecessarily hospitalized. Civilians abducted by Boko Haram require health and psychosocial support as well as reintegration assistance.
• People directly affected by the conflict require access to justice, as weak state institutions and corruption continue to jeopardize efforts to bring perpetrators to justice.
• According to ongoing protection monitoring and assessments, some of the IDP camps and centres assessed have frictions with the host community, insecurity and incidents of arrest, reported cases of exchange of goods for sex, cases of forced family separation, physical and emotional abuse of children, begging and separated children.

NO. OF PEOPLE IN NEED
5.5M

SEVERITY MAP
The protection severity map is based on a 1 to 5 ranking by protection experts based on: 1) prevalence of physical violence, attacks and killing; 2) presence of vulnerable IDPs, returnees, and other affected people; 3) presence of unaccompanied and separated children; 4) reports of sexual violence and related exploitation and abuse; 5) reports of abductions and missing persons; 6) child recruitment to Boko Haram.
PART II: CHILD PROTECTION

CHILD PROTECTION

OVERVIEW

Grave violations have been committed against children during the conflict, including killing, abduction, sexual violence against girls and boys and recruitment by Boko Haram. Children have been used by Boko Haram as combatants, to carry out suicide attacks and in support roles. Children associated with civilian joint task force (CJTF) and vigilante groups have been reported to be mansing checkpoints, gathering intelligence and participating in armed patrols. Abducted girls have experienced physical and emotional abuse, forced religious conversion, forced labour and forced marriage. 55% of the IDPs are children. Expert opinion estimates the overall number of unaccompanied and separated children (UASC) to be over 20,000.

HUMANITARIAN NEEDS

• Wider reach of social and psychosocial services for children who have been exposed to distressing events prior to and/or during displacement is needed, as well for those in host communities that have been abused, exploited or neglected in connection with the armed conflict.
• Children needing protection, including UASC, are not sufficiently supported as there is no harmonized management information system on child rights violations across government and NGO child protection actors.
• There is no systematic collection of disaggregated information on abducted and missing children or about children associated with Boko Haram.
• UASC and other children at risk are not being adequately identified and supported through safe, alternative care arrangements where required.
• UASC need to be reunited with their families, including across borders.
• There is the need to determine the location of mines and develop a mine risk education programme for children, especially as they return to previously inaccessible areas.

AFFECTED POPULATION

Children associated with and/or recruited by Boko Haram are often stigmatized upon return into their communities. The absence of adolescent boys in IDP camps and centres needs to be assessed, particularly in light of the fact that young men in areas affected by Boko Haram are not only exposed to the risk of being targeted by Boko Haram, but also of being detained by security forces and civilian vigilante groups on suspicion of being supporters of Boko Haram. Girls who have experienced sexual violence perpetrated by Boko Haram are particularly stigmatized, especially pregnant girls and girls who gave birth in captivity or shortly after rescue, together with their children. Many are unwilling to return to their communities, fearing that they will bring their family dishonour and be rejected by their communities. Children are at heightened risk of abduction, recruitment, abuse and exploitation when displaced, and especially when separated from their family. Few alternative care options exist, making it even more challenging to ensure appropriate care for returning children who are rejected by their communities.

NO. OF PEOPLE IN NEED

2.7 M

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Overview

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OVERVIEW

In spite of the high level of underreporting, in 2013 30% of women in the six states of the North-East Region reported to have experienced sexual and gender-based violence (SGBV). With the intensification of the conflict, the prevalence of SGBV has escalated dramatically. Overcrowding in camps, centres and host communities limits privacy, exacerbating violations of human rights and dignity. Women and girls have been reluctant to verbalize security and protection concerns in camps, centres and host communities, possibly out of fear of stigmatization, reprisals, appearing ungrateful to host and local communities, and a lack of confidence that perpetrators will be held accountable or that reporting the crime will provide them with access to needed services.

AFFECTED POPULATION

Women and girls are vulnerable to rape, exploitation and forced marriage due to conflict and displacement, adding to already high rates of domestic violence and early marriage. Media and partners report that Boko Haram have increasingly used young girls and women as suicide bombers. There are indications that some adolescent girls have engaged in survival sex to meet their basic needs and support their families. Women and girls abducted by Boko Haram (estimated to be at least 2,000) are often raped, forced into marriage/labour/religious conversion, physically/sexually/emotionally abused and are highly vulnerable, exposed to sexually transmitted infections, and often impregnated by their captors. Women who are displaced but are returning to their LGA of origin in Adamawa report fear of abduction, and are staying at home due to such safety concerns.

HUMANITARIAN NEEDS

- Women and girls at risk or survivors of SGBV need safe spaces to raise their concerns in their communities. Survivors in particular need psychosocial support, especially with the high levels of underreporting.
- Existing safe spaces for women and girls need to adapt to the specific needs related to conflict-related SGBV.
- Women need to be aware of SGBV and how to prevent it.
- Women have limited access to SGBV services, including clinical management of rape cases and the management of its consequences. There is no community-based referral system for SGBV.
- The capacity of national/state institutions and local communities for prevention of and response to SGBV in emergencies is low.
- There is no system for capturing and sharing information on SGBV cases and response.
- Women who have been released from captivity need more support on reintegration and rehabilitation, including livelihood support.
FOOD SECURITY

OVERVIEW

The conflict has negatively affected availability of and access to food, farmland and inputs, as well as agricultural and alternative livelihood options. Current estimates from the Cadre Harmonisé for 2016 consider that of the 8.1 million affected people in Adamawa, Borno and Yobe, over 3.9 million require assistance, and for 874,607 the need is urgent as they will be unable to meet their basic food needs. As the situation in Gombe earlier in the year did not reach emergency levels, it was not covered in the detailed Food Security and Livelihood Assessment of August 2015, and is not included in this overview.

AFFECTED POPULATION

More than 3.9 million people require food assistance, measured by an IPC level of 3 or higher. Needs are acute in areas where large displacements have been reported and are ongoing. Borno accounts for over 60% of the severely food insecure households. Host communities also face increased strain on resources. Women and children are invariably over-represented among the most vulnerable: 32% of IDP households are female-headed, and a high number of pregnant and lactating women require special nutritional support. Average household size was estimated at 12 people and, with the high proportion of children (60%) this indicates a very high dependency rate.

HUMANITARIAN NEEDS

- 3.9 million moderately to severely food insecure people in the three states. In Borno and Yobe the prevalence of GAM is already within the critical/warning threshold (10-15%), and in the stressed threshold (5-10%) in Adamawa.16
- 60% of assessed households listed food as their main priority need.17 Extreme loss of livelihood assets and growing food gaps were also reported.18
- With reduced production levels and households stocks, 74% of people are relying largely on markets to meet their food needs, where food prices are relatively high as most food

FOOD SECURITY BY STATE: IPC LEVELS

Source: Cadre Harmonisé

The food security severity map is based on the 2015 calculation of Integrated Food Security Phase Classification (IPC) levels (from 5, the most severe, to 1, the least severe). IPC is a composite index including four indicators for food security, nutrition, and livelihoods analysis: a) risk; b) sustainable livelihoods framework; c) four dimensions of food security: availability, access, utilization, and stability; d) UNICEF Nutrition Conceptual Framework from the Cadre Harmonisé

People in inaccessible areas: 0.3m (8%)
IDPs: 2.0m (51%)
Host Population: 1.6m (41%)

Source: Cadre Harmonisé

Food insecurity may worsen further with late planting and an expected early end to the rains, and the continuing high food prices.

With expected improvements in security in urban locations, an influx of IDPs from rural to urban areas is expected, putting additional pressure on food availability.
There are 2.1 million children under 5 and 400,000 pregnant and lactating women (PLW) without sufficient nutrition in Adamawa, Borno and Yobe. This is mainly driven by the disruption of basic services, poor infant and young child feeding practices, rising food insecurity, inadequate access to markets, decreasing access to safe water and sanitation, and declining availability of health services. Rates of diarrhoea, measles and cholera are on the rise; accentuated by childhood malnutrition, this will further exacerbate the nutrition situation. These trends are all closely linked to the ongoing conflict and displacement.

Nutritional screening in the three states shows a higher prevalence of Severe Acute Malnutrition (SAM) in camps: 3.9% in camps in comparison to an overall 3.2% in Borno and 2.9% in Yobe. Children suffering from SAM are nine times more likely to die than their healthy peers, and chronic malnutrition under the age of 2 leads to irreversible cognitive impairments that prevent affected children from reaching their full potential. Chronically malnourished children are also more likely to drop out of school, and less likely to work as adults.

13.2% and 12.9% of children in Borno and Yobe States are affected by Global Acute Malnutrition (GAM), and the child stunting prevalence in the north-east is 40%. This presents an immediate threat to the lives of children as well as life-long consequences for survivors, as a GAM value of more than 10% generally identifies an emergency.

Community Management of Acute Malnutrition (CMAM) centres are overburdened with an increase of 49% and 33% of new admissions of IDPs from camps in Borno and Yobe respectively. Screening and treatment capacities built before the hostilities enabled an early response. However, 55 health facilities offering nutrition services have closed, affecting a catchment area of more than 300,000 children under 5 in Borno and Yobe States.

There is a gap in provision of supplementary feeding for children affected with Moderate Acute Malnutrition (MAM) and for PLW with acute malnutrition, in part due to the decreasing number of trained health care workers due to conflict-related displacement or transfers.

Malnourished children with diarrhoea or worms need medical treatment, currently unavailable due to the lack of medical supplies, and multiple micronutrients.

Insecurity has limited the ability to collect state- and LGA-level data, e.g. mortality trends. Comparative data on the proportion of malnutrition among the IDPs in camps/centres, in host communities and amongst the local population has not been collected.
PART II: WATER, SANITATION AND HYGIENE

WATER, SANITATION AND HYGIENE

OVERVIEW

Insecurity and the resulting displacement have aggravated low levels of WASH access that existed prior to the crisis. Low coverage, coupled with the practice of open defecation, heightens the risk of waterborne and communicable disease and worsens malnutrition. This is further exacerbated by lack of knowledge and poor hygiene and sanitation practices. The inadequate capacity and low funding of WASH sector institutions to deal with the massive influx of IDPs poses a major challenge, as does the hydrogeology in some areas of Borno and Yobe, which requires very deep boreholes. Sector coordination at sub-national level is evolving and needs further strengthening.

AFFECTED POPULATION

Estimated population figures are: 3.6 million without safe water; 1.9 million without basic sanitation; 6.2 million without proper hygiene. IDPs in formal camp settings have some access to WASH, but in most cases further expansion is required as the camp populations have continued to increase. Recent assessments in areas of return show a number of water points had been vandalized or fallen into disrepair, and will require urgent rehabilitation, repair or replacement. 75% of IDPs are women and children, and in conflict and displacement girls/women are exposed to risks of sexual violence and abductions and require safe, accessible water points and separate latrine facilities and means for menstrual hygiene management in secure areas that are lighted at night. In communities with a practice of open defecation, girls/women are at particular risk from sexual violence and snake bites. The role of fetching water for households seems to have been transferred down to boys and girls, which is a concern, especially when water points are far from living shelters. Elderly women and unaccompanied and separated children are particularly vulnerable and susceptible to cultural and financial barriers in accessing WASH services.

HUMANITARIAN NEEDS

- There is insufficient WASH infrastructure in host communities and IDP camps and centres.
- In areas of northern Adamawa where some IDPs have moved to their LGA of origin, 55% of the people have no access to improved water, 70% are without access to improved sanitation facilities and 76% have no hand washing facilities. The risks are compounded by the erratic management of solid waste.

NO. OF PEOPLE IN NEED

6.2M

WATER BY SEX    BY AGE

1.97m 1.46m

22%

1.46m 1.97m

78%

Children 18 yrs Adults 18-59 yrs Elderly >59 yrs

SANITATION BY SEX    BY AGE

1.04m 0.77m

31%

0.77m 1.04m

69%

Children <18 yrs Adults 18-59 yrs Elderly >59 yrs

HYGIENE BY SEX    BY AGE

3.37m 2.53m

76%

2.53m 3.37m

24%

Children <18 yrs Adults 18-59 yrs Elderly >59 yrs

SEVERITY MAP

The WASH severity map is based on the proportion of people without access to potable water and the proportion of people practicing open defecation, using a four point scale.

- Access to water is further aggravated by difficult hydrogeological features, especially in Borno and Yobe, which require deep drilling for groundwater abstraction.
- In IDP camps and centres and host communities, IDPs do not have access to bathing and latrine facilities within recommended Sphere standards and with privacy for women and children. The current sanitation facilities are not sustainable, requiring fuel for operating water sources, chemicals for treatment of drinking water, desludging of latrine pits, cleaning of toilets and management of solid waste.
OVERVIEW
The NDHS 2013 figures for health indicators show already lower than national levels for the north-east. Conflict has worsened this situation and directly affected the ability of health facilities to provide adequate services. The destruction or damage of health infrastructures and lack of trained health care workers and medical supplies have resulted in an urgent need for integrated primary health care (PHC) services for 3.7 million IDPs and members of the host community population. While more comprehensive health data needs to be collected, assessments show increasing mortality and morbidity in the absence of better PHC coverage.

AFFECTED POPULATION
Many IDPs need treatment for injuries as they have been hurt fleeing violence and are often traumatised. While IDPs living in camps and centres had free access to some basic health care services in health clinics supported by the local authorities and health partners in 2015, with mobile outreach teams reaching some IDPs in host communities, services for host communities fell short and were overburdened. Referral services are available in Adamawa but weak in other states. Available assessment data suggest that young children and older people are particularly vulnerable and require life-saving health interventions, while the management of chronic non-communicable disease to decrease morbidity and mortality is under threat. Women have been disproportionately affected by a severe reduction in health services, including access to essential sexual and reproductive health care.

NO. OF PEOPLE IN NEED

3.7 M

SEVERITY MAP
The health severity map is based on a three point scale using the incidence of meningitis, the incidence of cholera and the measles immunization rate for <1 year old.

HUMANITARIAN NEEDS
- Overcrowding, insufficient potable water, poor hygiene and sanitary conditions in the camps, centres and host communities increase the risk of disease outbreaks like cholera, measles and meningitis. In 2015, multiple cholera and measles outbreaks were reported. There is the need for continuous monitoring of disease trends and capacity to investigate and respond promptly when required.
- Poor access to emergency integrated basic primary health care services like immunization, integrated management childhood illness (IMCI), maternal and child health, referral services, HIV services and management of non-communicable disease have been reported for IDPs and
host communities. Some local governments have not been able to conduct immunization (routine and supplemental) campaigns due the security threat.

- The destruction, damage and looting of some health facilities in Borno, Adamawa and Yobe states has been reported. The assessment in Adamawa showed that 59% of 27 assessed health facilities were damaged, while 37% were non-functional.25
- As more inaccessible areas become accessible with territory recaptured from the Boko Haram armed group, ‘trapped’ populations have moved out from these areas. They require life-saving health interventions at their point of settlement.
- Health workers have been attacked or displaced, increasing the need for additional trained professionals.
- Stock of essential medicines and supplies in some of the functional health facilities were reported to be low or non-existent.
- Conflict-related psychological trauma is widespread, while mental health services are limited. Psychosocial support and mental health interventions are needed, including special care for survivors of SGBV. There are only three mental health facilities in the region and no referral mechanism to link the affected population to these facilities, and sufficient psychotropic drugs are not available free of charge.
- With growing numbers of conflict-related injuries from attacks and IEDs, trauma management is lacking.
- A joint health sector assessment, involving national and local health authorities in collaboration with other health sector partners, is urgently needed to close the information gap and further understand the specific locations and health needs of the affected population.
Nigeria is faced with an emergency rooted in opposition to education. 600 teachers have been murdered, 19,000 teachers displaced and 1,200 schools have been damaged or destroyed. This has resulted in 600,000 children losing access to learning since 2013.

The states of Borno, Yobe and Adamawa remain the most affected states in terms of loss of access to education. In 19/27 LGAs in Borno, schools remain closed while Maiduguri and Jere LGAs alone host 787,000 IDP children. If children are accommodated to the pre-crisis school attendance rate, this would represent an increase of 178%. In Adamawa state, 55% of children returning have no access to learning. Even in IDP camps where accessing learners is easier, 75% of children do not attend school. In host communities, where up to 81% of the displaced have found refuge, thin educational resources are stretched even further.

Displacement, violence and lack of learning opportunities in the north-east lead to health and safety risks such as cholera, mines, recruitment into armed and criminal groups, and early marriage. Children lack adequate psychosocial support (PSS) first aid and access to caregivers able to identify and refer cases of trauma.

600,000 children have lost access to learning since 2013.

The destruction of 1,200 schools has denied 319,000 learners access to safe learning spaces.

The education severity map is based on a four point scale based on school attendance.

- 3 out of every 5 schools in Borno remain closed while the IDP population in Maiduguri LGA lacks the 3,700 teachers needed to accommodate learners.
- 55% of returnees in Adamawa lack access to learning.
- Attacks on learning raise community concerns about the safety of school attendance while schools are without proper management and preparedness. Prior to the crisis, just 40% of schools had School-based Management Committees.

Source: National Teachers Union, DTM V (Figures for Adamawa, Borno and Yobe)
**EMERGENCY SHELTER AND NON-FOOD ITEMS**

**OVERVIEW**
An estimated 76% of the total number of IDPs require immediate assistance with shelter and essential household items: more than 1.6 million people. The highest need is found in formal and informal camps, where most have inadequate shelters in dire conditions that have already resulted in a cholera outbreak. Improved shelter, site works, and basic household items are urgently required. In formal and informal camps and centres, dignified and adequate living conditions must be ensured, with adequate alternative solutions swiftly identified where necessary. In host communities, the most vulnerable require shelter and NFI support. Shelter support is essential in areas of return where homes have been destroyed. In recently assessed return LGAs in Adamawa, next to security and food, shelter was reported as the most pressing challenge in all the communities visited. The number of people in need only includes people in accessible areas. With an estimated 3 million people in inaccessible areas, it is assumed that as more areas become accessible emergency shelter and NFI needs will increase.

**AFFECTED POPULATION**
With the majority of IDPs residing with hosts, host community resources are stretched to breaking point. Almost one third of IDPs are young girls, aged 17 and under, who are at greater risk of gender-based violence where shelter is inadequate. They are living in makeshift shelters without doors or locks in concentrated settlements, in public buildings without adequate partitions, and in host settings in overcrowded conditions, which reduce their privacy and safety and increases risk of exposure to gender-based violence or harassment. The IDP population also includes 100,000 older people. Shelter must be accessible, with sufficient warmth and hygiene enabled through basic household items, to save lives and ensure dignity.

**HUMANITARIAN NEEDS**
- Open-air settlements have been identified as being of urgent concern, as in more than 75% of cases, shelter materials do not provide protection from the elements.35
- Dire conditions in overcrowded sites and host communities resulted in the 2015 cholera outbreak in Borno. The most vulnerable among IDPs living in host communities need support to expand and improve the quality of their available covered space.
- More than 1.5 million people are residing with friends or relatives.36 A further 470,000 are in individual houses, rented or borrowed. The different needs between these groups require better understanding. It is, however,
clear that in both host settings, resources are severely overstretched, and overcrowding is a serious concern and a health risk.

- There is an ongoing need for NFI as the displaced fled from conflict with little or no notice and have few household possessions. NFI that were distributed in the first phase of response now require replacement, due to the extended duration of displacement. Mosquito nets and blankets, as well as critical hygiene items to ensure warmth and control disease vectors, are identified as top priority.

- Emerging needs of the more than 260,000 people returning home in northern Adamawa to destroyed or damaged houses include temporary shelter, as well as the need to rehabilitate and reconstruct houses. From IDPs assessed in August, 45% report their houses were fully destroyed, 24% partially destroyed and 23% did not know the status of their house. Reconstruction and rehabilitation of some houses has started, but many returnee households do not have sufficient resources and shelter assistance remains high priority for returnee communities.
PART II: CAMP COORDINATION AND CAMP MANAGEMENT

CAMP COORDINATION AND CAMP MANAGEMENT

OVERVIEW
Approximately 170,000 people are living in concentrated displacement sites including camps and centres across Nigeria. Approximately a quarter of people living in host communities are assumed to need additional local-level management support to ensure coordinated service delivery, in high-density or neglected LGAs. Places like Maiduguri, with more than 1 million IDPs, Jere, with more than 300,000, and Biu, with more than 150,000, need coordination and management for IDPs regardless of their location to ensure essential services according to minimum standards are provided consistently across all sectors, taking protection considerations into account, and ensuring community participation and engagement. Cholera outbreaks in 11 camps in Borno underscore the urgency of raising standards in camps and host community sites.

AFFECTED POPULATION
An estimated 61% of the population in IDP camps or centres are female, half of whom are under 18, who are at risk of gender-based violence or harassment. Family unity in camp settings remains a concern as formal camps separate men and women into communal shelters. Almost 60% are under 18 (32% girls, 28% boys) and have specific protection and service needs including child-friendly spaces and provision of education.

HUMANITARIAN NEEDS
- Site assessments, including DTM V, reflect uneven service provision, with WASH facilities most frequently falling below international standards. Inadequate shelter and inconsistent rubbish removal also increase health risks, as reflected in the September 2015 cholera outbreak.
- IDP participation and engagement in governance and day-to-day life of the sites is a critical need, both to ensure effective site management (including identification of gaps and decisions on layout and service provision in the sites), and to develop the capacity, self-esteem and dignity of residents.

NO. OF PEOPLE IN NEED
625k

BY SEX
- Female 50%
- Male 50%

BY AGE
- Children < 18 yrs
- Adults 18-59 yrs
- Elderly > 59 yrs

SEVERITY MAP
The CCCM severity map is based on the number of informal camps and the proportion of informal camps without camp management structures in place using a three point scale.

- Camp planning and improvements are critical to make sites viable and control life-threatening health risks. Basic improvement works are needed in 20 sites, particularly in Maiduguri where 30% of sites face flooding risks.
- In Borno the majority of IDP camps and centres established in Maiduguri, Jere and Konduga LGAs are in school facilities. As the school year commenced in September, potential relocation of these camps to allow educational activities to resume is under discussion. Approximately 50,000 people would need to be relocated, requiring adequate site identification and planning, as well as organized, dignified movement and timely service delivery.
- There is a need to support and improve camp management capacity. NEMA and SEMA site managers and staff need training in coordination and management of response activities in camps.

NUMBER OF IDPS LIVING IN CAMPS
by state throughout 2015

IDPS IN FORMAL CAMPS
by sex and age in Adamawa, Borno and Yobe

Source: DTM V
OVERVIEW

The ongoing conflict and insecurity is affecting rural and urban livelihoods in the conflict-affected states. Household incomes have reportedly dropped substantially across all states. In addition to the loss of income faced by farmers currently without access to their land to plant crops and tend livestock, non-agricultural livelihoods are also being affected. The impact of the crisis on the economy has been severe. Boko Haram-related violence has damaged or destroyed portions of the economic infrastructure, which has significantly impeded access to sources of income. Internal distribution and supply networks have also been disrupted, and in some cases destroyed. The debris from the destruction of homes and infrastructure needs to be cleared before IDPs can begin reconstruction. Partners continue to report new contamination by unexploded ordnance and mines, posing grave risks.

AFFECTED POPULATION

Many IDPs have been displaced for over a year, and lack regular income and access to agricultural land and equipment. The IDPs starting to return to LGAs of origin are returning to communities that have been devastated. In Adamawa, over 7,000 homes have been destroyed or severely damaged, and community members have limited skills to rebuild or rehabilitate their houses. In the communities that have been recaptured by the Nigerian Army, there are reports of unexploded ordnances, such as cartridges, unexploded bombs and IEDs, putting children at risk in particular. In Adamawa there have been at least 16 reports of accidental explosions or detonation of explosive devices, accounting for 13 deaths or injuries.

HUMANITARIAN NEEDS

This sector was established in October 2015 and assessments are currently either planned or underway in Adamawa, Borno and Yobe to ascertain the needs of the affected population in terms of livelihoods support, debris and waste management, and the management of mines and unexploded ordnance (UXO). The Humanitarian Assessment in Adamawa State in the Context of Return and the Food Security and Livelihood Assessment have both identified some early recovery and livelihoods needs:

- 2.2 million IDPs, in camps/centres, host communities and returning to their LGAs of origin need livelihoods support.
- The presence of rubble and debris is an obstacle to resettlement in areas of return.
- The disruption of basic services, including solid waste collection and disposal in camps and host communities, poses severe health risks.
- Lack of knowledge about the presence of mines and UXO poses severe security risks.
Lack of access has been an obstacle to obtaining clear information about humanitarian needs, especially in Borno where over 80% of the territory is still considered high or very high security risk for the international humanitarian community to access. Gombe has 20% of the affected population in the north-east and the severity of needs is lower than in the other 3 states considered, therefore detailed assessments, like the Food Security and Livelihood Assessment in August 2015, did not include Gombe. The map showing assessments conducted indicates that all LGAs of Borno have been assessed; this was possible by using satellite imagery for the Food Security assessments. Even if anecdotal information from people in newly-accessible areas and new IDPs gives an indication of the dire situation, no systematic assessment of protection, education, WASH, health or nutrition has taken place in these localities. It is assumed that information for child protection and GBV sub sectors has been underreported due to the associated sensitivities, and figures on detained or missing people have not been systematically collected. Of special concern for the people returning to their LGA of origin or moving into LGAs back under the control of the State, is the absence of information to map explosive remnants and unexploded ordnances. While the needs in IDP camps and centres can be readily assessed, the majority of displaced are living in informal settlements or with host communities, making data collection more difficult and expensive. Assessing the extent of the cumulative impact of displacement on host communities has also been challenging. The DTM and Cadre Harmonisé provide sector-specific information on a regular basis, but there is an absence of a humanitarian information management system, which needs to be put in place as sector working groups try to build information management capacity.

Note explaining Displacement Tracking Matrix (DTM)
Following the escalation of insurgent attacks in 2014, the International Organization for Migration (IOM) started the Displacement Tracking Matrix (DTM) programme. The DTM programme, implemented in close collaboration with the National Emergency Management Agency (NEMA), aims to support the Nigerian authorities and humanitarian partners in collecting and disseminating data on IDPs in a unified and systematic manner in order to establish a comprehensive profile of the IDP population and inform the humanitarian response. The DTM assessments were initially carried out only in the north-east, and are now also covering central and northern parts of the country. They have taken place every two months since December 2014.

Note explaining the Cadre Harmonisé
This is a global analytic framework of national and regional systems for food crisis prevention and management, taking into account various outcome indicators for food and nutrition security and the impact of contributing factors. The Cadre Harmonisé meta-analysis procedures are segmented into five steps: 1) data inventory, including the recent Food Security and Livelihood Assessment by the sector; 2) data analysis; 3) and 4) FewsNet classification and estimations of affected population per administrative area within the states; 5) validation and communication of results.
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<td>Christian Aid</td>
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## PART II: INFORMATION GAPS & ASSESSMENT PLANNING

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The HNO brought together data, information and analysis from multiple sources, including: Humanitarian Assessment in Adamawa State in the Context of Return, North East Nigeria, Joint Government and HCT, August 2015; Food Security and Livelihood Assessment in North East Nigeria, FAO, August 2015; Government data; sector assessment and periodic monitoring surveys (i.e. Famine Early Warnings System Network FEWS NET). Data from round V of NEMA/IOM’s Displacement Tracking Matrix (DTM) was used as a basis for fine-tuning cross-sectoral analysis and identification of trends and overarching needs. Please note that DTM VI was released just prior to finalisation of this document and so where DTM data is used please note which round of data is referred to as there was insufficient time to update all figures based on the new round.

The information below defines key terms:

**Affected people (overall)**

The people living under the poverty level - US$1.25 a day - in Adamawa, Borno, Gombe and Yobe at the start of the conflict were used as a proxy indicator of people affected, as they had limited resources and coping mechanisms to endure the crisis.

**People in need (overall)**

The number of people in need (PIN) was determined through a process of cross-referencing the latest versions of five databases: the Multi-Dimensional Poverty Index from the Humanitarian Development Report, the Integrated Food Security Phase Classification (IPC) from FewsNet Food Security Outlook, the NEMA/IOM DTM round V, conflict incidents registered in Armed Conflict Location and Event Data Project (ACLED) and the States’ population distribution from WorldPop.

The subset of people in need in non-accessible areas was calculated by subtracting the IDPs whose place of origin was in the conflict areas from the total population prior to the conflict.

**Categorization of people in need**

**Internally Displaced Person (IDP)** – civilian displaced from his/her place of habitual residence (house or site of informal structure).

**Host communities** – communities with IDPs residing within them.

**People in non-accessible areas** – civilians residing in LGAs that are inaccessible to international humanitarian organizations due to the armed conflict.

**Severity of need for sectors**

Given the lack of data at LGA level, each sector was asked to provide 1 to 3 proxy indicators with recent available LGA-level data. Captions were included under each map to describe the indicators used. Alternatively, the information management working group used a five-point scale for each LGA to measure the severity of the context and the degree of sector needs.

During these discussions, all sectors reviewed contextual data provided by OCHA (estimates of IDPs, conflict-affected people, ACLED, Multi-Dimensional Poverty Index) for each LGA. In addition, each sector presented data for LGA-level indicators. The information was then triangulated using the Needs Comparison Tool and forms the basis for the global and sector maps that have been shared with and validated by all sectors.39
**ABBREVIATIONS AND ACRONYMS**

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<th>Full Form</th>
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<tr>
<td>ACLED</td>
<td>Armed Conflict Location and Event Data Project</td>
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<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
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<td>CJTF</td>
<td>Civilian Joint Task Force</td>
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<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
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<td>EIEWG</td>
<td>Education in Emergencies Working Group</td>
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<td>ESNFI</td>
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<td>FAO</td>
<td>Food and Agricultural Organisation</td>
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<tr>
<td>GAM</td>
<td>Global Acute Malnutrition</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>HDDS</td>
<td>Household Dietary Diversity Scores</td>
</tr>
<tr>
<td>IDPs</td>
<td>Internally Displaced People</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-Government Organisation</td>
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<tr>
<td>IOM</td>
<td>International Organisation for Migration</td>
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<tr>
<td>IPC</td>
<td>Integrated Food Security Phase Classification</td>
</tr>
<tr>
<td>LGAs</td>
<td>Local Government Areas</td>
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<tr>
<td>NDHS</td>
<td>Nigeria Demographic Health Survey</td>
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<tr>
<td>NEMA</td>
<td>National Emergency Management Agency</td>
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<td>NGOs</td>
<td>Non-Government Organisations</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>OOSC</td>
<td>Out of School Children</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Centres</td>
</tr>
<tr>
<td>PLW</td>
<td>Pregnant and/or Lactating Women</td>
</tr>
<tr>
<td>PSWG</td>
<td>Protection Sector Working Group</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SEMA</td>
<td>State Emergency Management Agency</td>
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<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
</tr>
<tr>
<td>UASC</td>
<td>Unaccompanied and Separated Children</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UXO</td>
<td>Unexploded Ordnance</td>
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<tr>
<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
END NOTES

1. The sources for the people in need calculations are fully explained in the methodology section.

2. DTM V, Aug 2015 reported 1.9 million IDPs in Adamawa, Borno, Gombe and Yobe. In addition, an estimated 260,000 people have returned from Cameroon, Niger and Chad, but have not been able to go back to their habitual places of residence. IDPs include: Civilians displaced from his/her place of habitual residence (the house or site of informal structure), Nigerians with refugee claims in neighboring countries who were not registered by UNHCR and later refused to Nigeria (residing in IDP camps and host communities) and IDPs who moved towards their LGA of origin but did not reach their place of habitual residence.

3. IDPs are in formal and informal camps and centers as defined by Emergency Shelter Sector: formal camps/centers: acknowledged and administrated/managed by NEMA/SEMA; informal camps/centers: a large group of displaced people living closely together without formal acknowledgement or management per se from government. Camps are open-air settlements, usually made up of tents; centers are pre-existing buildings and structures.

4. Education in Emergencies Working Group calculation detailed in Methodology Section.

5. DTM V, Aug 2015. Figure in DTM VI, Oct 2015 reported an additional 58,041 people going back to their places of origin.

6. The North East Region is a geopolitical zone that includes the four states focused on here as well as Bauchi State and Taraba State.

7. Assessment in Adamawa State in the Context of Return, North East Nigeria, Joint Government and HCT, August 2015.

8. When viewing the resulting severity maps it is important to bear in mind that this exercise was based, in some cases, on truncated information, collected through different mechanisms during a varying timeline. The volatile situation prevailing at the moment implies that patterns of severity (especially those linked with displaced people) are likely to evolve quickly. The results are thus to be treated with care, and are to be used only as one of several elements on which to base decision-making.


10. UNHCR Returnees from Cameroon Update, Nov. 11, 2015.


15. Humanitarian Assessment in Adamawa State in the Context of Return, North East Nigeria, Joint Government and HCT, August 2015.

16. FEWS Net and Food Security and Livelihood Assessment in North East Nigeria, FAO, August 2015.

17. Food Security and Livelihood Assessment in North East Nigeria, FAO, August 2015.

18. DTM VI data for all IDP sites in Nigeria shows that while 63% of the IDP households in all sites assessed declared that food was their primary need, 83% of host families assessed declared that food was their primary need.


23. The Sphere Project is a voluntary initiative that brings a wide range of humanitarian agencies together around a common aim: to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations. The Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response, is one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response. http://www.sphereproject.org/handbook/

24. Figures given under Impact of the Crisis: proportion of pregnant women receiving antenatal care: NE 49%, national 66%. Child mortality (under 5) per 100,00: NE 160, national 126.


27. Calculated based on DHS 2013 enrolment rate and DTM V displacement figures.


34. Humanitarian Assessment in Adamawa State in the Context of Return, North East Nigeria, Joint Government and HCT, August 2015.

35. DTM V, Aug 2015.


38. In DTM VI, the number of people in formal and informal camps is 198,011.

39. Additional information on the Needs Comparison Tool can be found here: https://www.humanitarianresponse.info/programme-cycle/space/document/humanitarian-needs-comparison-tool-guidance