Briefing Note – 27 January 2017

Borno State /Nigeria

Humanitarian situation in newly accessible areas in Borno State

Need for international assistance	Not required	Low	Moderate	Significant	Urgent
				x	
Expected impact	Insignificant	Minor	Moderate	Significant	Major
				x	

Crisis overview

The Nigerian government has recently engaged in military operations in areas previously held by Boko Haram (BH). As a result, some parts within ten Local Government Areas (LGAs), namely Bama, Damboa, Dikwa, Gwoza, Konduga, Kukawa, Magumeri, Monguno, Ngala and Shani, have become more accessible as of mid-December 2016.

At least 279,758 IDPs out of the 579,000 present in these areas are now reachable. This newly gained accessibility is revealing the dire needs of people who had been cut off from all essential services for almost two years. High malnutrition rates and suspicion of famine levels are among the main humanitarian issues. Poor health and wash conditions exacerbate the needs of the affected population. Protection issues are also widely reported among IDPs.

However, even if access has recently improved, in most cases it is limited to the LGA headquarters. At least six LGAs remain completely inaccessible in northern and central Borno, leaving between 400,000-800,000 people cut off from humanitarian aid.

Key findings

Anticipated scope and scale

Continued fighting between the military and insurgents will result in more displacement and increase the vulnerability of the affected population. As access is gained to additional areas, an increase of the population in need is also expected.

Outbreaks of epidemics are also expected, particularly with the start of the rainy season in April.

While the number and frequency of attacks is currently low, shifting tactics by BH will remain a threat to civilians and IDPs.

Priorities for humanitarian intervention

- **Nutrition:** Current GAM rates range from 20 to 50%, reflecting an "Extreme Critical" situation. About 400,000 children will suffer from SAM in 2017. Without treatment, approximately 20% of those children are likely to die.
- **Food:** 87% of people in newly accessible areas are completely dependent on food distribution, which has been inadequate. There are fears of famine-related deaths in inaccessible areas.
- **Health:** Lack of health facilities, qualified personnel and medicine continues to hamper health service delivery.
- **Protection:** Child protection, gender-based violence, arbitrary detention and constraints on IDPs' freedom of movement are being reported among IDPs. 45% lack legal documents, inhibiting access to essential services.
- **WASH:** Absence of adequate WASH facilities increases the risk of disease outbreaks (cholera, measles, typhoid and polio).

Humanitarian constraints

- Access to many of these areas remains possible only by helicopter and/or military escort due to security risks.
- Access for returning IDPs and aid remains limited to LGA headquarters for security reasons.
- Roads are in poor condition further constraining access to remote places in Borno state.

Limitations

Accessibility to the humanitarian community does not necessarily mean liberation from BH occupation.

Each organisation carries out its own evaluation on accessibility therefore there is no consensus on the areas considered to be newly accessible. The list of newly accessible areas in this report is based on all information ACAPS has available.

Only limited information is available on sectoral needs in many of these areas. Limited information on food situation in inaccessible LGAs prevents confirmation of Famine (IPC Phase 5) food security outcomes situation in these areas.

Crisis impact

BH insurgency started in December 2003 in Northern states mainly and has particularly affected Borno state. Between May 2011 and January 2017, 26,368 people had been killed in Borno alone. As of 15 December 2016, there were close to 1.4 million IDPs in Borno (IOM 19/12/2016; Nigeria Security Tracker 01/2017; CNN 31/10/2016). Many areas have been under BH control, but as a result of recent military offensives by the Nigerian government to reclaim territories previously taken by BH, more areas are becoming accessible to humanitarian agencies.

This is revealing the dire needs of people who have been cut off from food, water, health and other services for almost two years. Wards within ten Local Government Areas (LGAs) in Nigeria have recently become more accessible, namely Bama, Damboa, Dikwa, Gwoza, Konduga, Kukawa, Magumeri, Monguno, Ngala and Shani (PI 8/1/2017; UNHCR 11/2016; IOM 19/12/2016; IOM 15/09/2016). Accessibility is usually determined by individual humanitarian organisations' security clearance, and is in most cases limited to the LGA headquarters, both for returning IDPs and humanitarian actors. New waves of returns have been reported with the opening of some major roads (IOM 19/12/2016).

IDPs in newly Accessible Areas by LGA

At least 279,758 IDPs are now reachable in newly accessible areas, many of whom have reported recent security incidents in their displacement sites including tensions/hostility between IDPs and host community members and between IDP groups, destruction of property and physical violence/abuse (UNHCR 11/2016). According to IOM, some of the newly accessible LGAs have seen an increase in IDP numbers between October and December 2016 including Ngala by 24,333, Dikwa by 14,282 and Monguno by 8,960. This was the result of movement of IDPs from Maiduguri Metropolitan Council (MMC), Jere and Konduga, improved security situation in some areas, the need to restart farming, and to meet their unmet needs (IOM 19/12/2016).

However, IDP estimates by LGA vary greatly according to the source. For example, in Konduga LGA, UNHCR reports 4,012 IDPs in November, IOM reports 89,733 in December while other sources mentioned more than 250,000 the same month (IOM 13/12/2016; UNHCR 11/2016) It is unclear why the numbers differ to this extent. The difference in geographical coverage, sites, temporal determination of 'new arrivals', and methodology might explain these discrepancies. As of today, precise IDP figures by LGA are not available.

As of 13 December 2016, there are still areas of central and northern Borno that remain inaccessible to humanitarian actors, leaving between 400,000 and 800,000 people out of reach (Fewsnet 13/12/2016), including:

- **North**: Abadam, Mobbar, Guzamala, northern parts of Kukawa, Nganzai and Gubio, rural areas of Marte and Monguno;
- **Central south**: areas of Bama, large areas of rural Gwoza and Damboa;
- **Central east**: Kala Balge and rural areas of Mafa, Dikwa and Ngala.

Nutrition: MUAC screenings show nutrition emergencies in Monguno, Konduga, and Ngala as well as other newly accessible areas. The proportion of children indicating global acute malnutrition (GAM) ranged from 20 to 50%, reflecting an "Extreme Critical" situation and significantly increased risk of child mortality (FEWSNET 21/10/2016). In December in Magumeri, 5% of children suffered from Severe Acute Malnutrition (SAM), and an additional 25% suffered from Moderate Acute Malnutrition (MAM) (UNOCHA 10/01/2017). An estimated 400,000 children in northeast Nigeria will suffer SAM this year. Without treatment, approximately 20% of those children are likely to die (UNICEF 22/12/2016).

Food: As of December 2016, Bama, Damboa, Dikwa, Gwoza, Konduga, Kukawa, Monguno and Ngala, were at Emergency (IPC Phase 4) food insecurity levels, meaning that at least one in five households faces large food consumption gaps, while Magumeri and Shani were at Crisis (IPC Phase 3) levels. As of October there were more than 3 million people in Borno state in need of food assistance (WFP 11/01/2017; Fewsnet 13/12/2016). According to FEWSNET, the risk of famine in inaccessible areas will remain high in 2017 in 15 LGAs – namely, parts of Damboa, northern Nganzai, Gwoza, Banki, Bama, Kala/Balge, Ngala, Marte, MAFA, Kukawa, Guzamala, Mobbar, Gubio, Abadam and

Monguno. Furthermore, there are currently IDP concentrations that as of December 2016 were classified as IPC 3 or 4, which would likely be in famine situation without humanitarian assistance (FEWSNET 12/2016; WFP 11/01/2017). In Magumeri as of December, 87% had acceptable food consumption as a result of food assistance, which remains a critical intervention (WFP VAM 12/2016). In Ngala IDP settlement, as of 13 December, there was an urgent need for food distribution (SIF 13/12/2016).

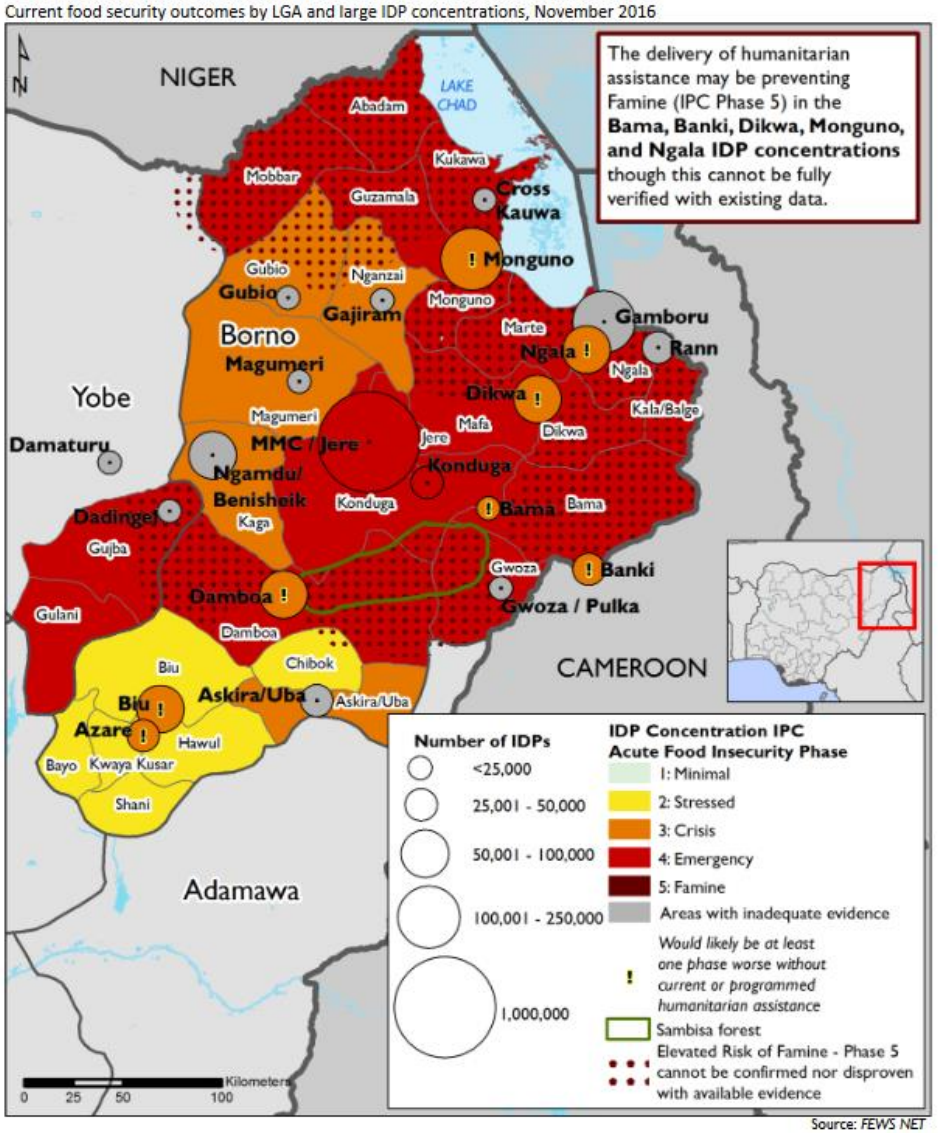
Some IDP enclaves and other inaccessible areas are likely to have experienced famine in 2016, such as Bama and Banki towns. People in these areas could not be classed as experiencing famine due to incomplete information, however some analysis has indicated that at least 2,000 famine-related deaths may have occurred in Bama LGA in 2016, further substantiating that famine-related deaths may have also occurred in other areas that were previously inaccessible, including Monguno, Dikwa and Ngala. (IPC 16/12/2016).

The amount of food that can be distributed per humanitarian visit is being controlled and rationed by the government in order to prevent BH from obtaining food supplies, leaving significant unmet needs among IDPs (PI 1/10/2017).

Market: While markets are open, food supply remains low and prices high as a result of decreased local production and security restrictions (FEWSNET 13/12/2016). There are also reports from Baga that due to low food stocks, individuals have eaten wild plants, as a vegetable substitute for survival, which are said to cause miscarriage in pregnant women (WHO/UNICEF/WFP/MSD/IOM/OCHA 03/01/2017).

Livelihood: As of November, 46% of IDP households in eight of the newly accessible areas lacked sufficient livelihoods (UNHCR 11/2016). In Baga, Kukawa LGA for instance, farming and fishing activities were restricted as a result of ongoing military activities (WHO/UNICEF/WFP/MSD/IOM/OCHA 03/01/2017). Food crop production has drastically decreased, thus limiting income generating opportunities. Restrictions on commodities like fertilizer, which is sold at a premium when available, has also greatly affected farming activities (Daily Post 21/12/2016).

Food security in Borno state



Source: FEWSNET 13/12/2016

Health

Lack of qualified personnel, drugs and the inadequacy of medical facilities hamper the delivery of quality healthcare.

- **Health status of the population**: 11% of the displaced households in the newly accessible areas report having serious chronic illnesses (diabetes, HIV/AIDS and hypertension) and critical health conditions as a result of injuries sustained during BH attacks or associated with being displaced. Malaria is among the most common disease in many recently assessed LGAs, and as temperatures rise, there is an increased risk. Cholera and meningitis will also be a threat in the coming months (UNOCHA 06/01/2017). In Ngala, in addition to malaria, there have also been many cases of pertussis (SIF 13/12/2016).
- **Infrastructure:** As of early 2017, 40% of health facilities in Borno state have been severely damaged or destroyed (UNOCHA 06/01/2017).
- **Health personnel**: Mental health specialists are unavailable to care for IDPs with psychosocial and mental health problems (UNHCR 11/2016). In Baga, Kukawa LGA, the one existing functioning medical facility does not have any medical doctors, nurses, clinical officers or certified midwives, and they are out of stock of most drugs (WHO/UNICEF/WFP/MSD/IOM/OCHA 03/01/2017). The onsite clinic does not have any doctors, nurses or midwives except for 10 days a month when MSF is there (SIF 13/12/2016).
- **Health resources**: Unavailability of drugs is a major concern, and major medical cases are referred to Cameroon (Fotokol) or Maiduguri for treatment (IOM 30/11/2016).

Protection

As of November 2016, 46% of IDPs in the newly accessible areas have specific protection risks and needs. Grave violations of human rights, including brutal attacks resulting in death, injuries and trauma, sexual violence, abduction, forced marriage, arbitrary detention, family separation, disappearances and forced recruitments have been reported (UNHCR 11/2016).

- **Child protection:** Children are recruited to fight by BH, Civilian Joint Task Force (CJTF) and other vigilante groups (UNHCR 11/2016).
- **Women and girls** are particularly at risk of abuse and victimisation as they carry out their daily activities like fetching firewood and food, and using WASH facilities. 31% of displaced households have women and girls who are at risk of early/forced marriages, domestic violence and neglect with the highest numbers in Dikwa, Ngala, Monguno, and Damboa (UNHCR 11/2016).
- **Mine**: Reports about mines/unexploded devices means that movement and access to farmland is still restricted (UNHCR 11/2016).
- **Arbitrary detention**: There is continuous military screening for all those entering camps and those suspected of either being insurgents or associated with them are interned without legal due process or access to legal services (UNHCR 11/2016).
- **Physical safety**: The ongoing return of IDPs is not carried out in a manner that guarantees the security and safety of IDPs or access to essential services. Some returning IDPs find themselves in situations of secondary displacement as they are now staying in sites located in their LGA headquarters as insecurity prevents them from being able to move back to their villages of origin (UNHCR 11/2016).
- **Lack of documentation:** 45.6% of IDP households in eight of the newly accessible areas lack legal documentation, which means that access to housing, property and essential services may pose a challenge (UNHCR 11/2016).
- **Freedom of movement**: IDPs also face restrictions on their freedom of movement, which limits access to critical basic services and livelihood (UNHCR 11/2016). It has been reported by the protection sector that shifting BH tactics remain a threat to civilians and IDPs (UNOCHA 06/01/2017).

WASH: Absence of adequate WASH facilities and poor hygiene practices represent an underlying risk in addition to exposure to the elements and a heightened risk of disease outbreaks including cholera, measles, typhoid and polio (WHO/UNICEF/WFP/MSD/IOM/OCHA 03/01/2017; UNHCR 11/2016).

Shelter: In the newly accessible areas, the displaced congregate in 'satellite' sites managed by the military and there is otherwise an absence of civil administration, police and other security services essential to ensuring the rule of law. Due to the heightened security situation, camp coordination and camp management is being carried out by security forces. Many live in abandoned public buildings largely destroyed by BH and school buildings have been converted to camps, accommodating IDPs both inside classrooms as well as in makeshift tents outside (UNHCR 11/2016). IDPs in Bama live in makeshift shelters made of iron sheeting from destroyed housing in the surrounding area (MSF 18/11/2016). In Damboa, there is an immediate need for construction of emergency shelters, as existing shelters, which are former public buildings, are

overcrowded and do not meet shelter standards (IOM 24/12/2016; MSF 18/11/2016). In Ngala, approximately 75% of the IDP population live in makeshift shelters (IOM 30/11/2016).

Impact on critical infrastructure

High level of destruction of houses has been noted, more in some areas than others.

- **Buildings and bridges**: In Baga (Kukawa LGA), 3,700 homes and other structures were razed and either completely or partially destroyed in a series of attacks that started in January 2015. Schools, including the Federal Government Girls College, and clinics are repeatedly destroyed.
- The Gamboru-Ngala bridge has been completely destroyed.
- **Electricity**: Electric poles and transformers in Gwoza, Damboa and Monguno were repeatedly destroyed, leaving the towns in complete darkness.
- **Communication**: Many communities were disconnected from the communication grid as a security measure and telephone lines were also vandalised (Amnesty International 3/1/2015; Sahara Reporters 24/8/2014; OCHA 31/10/2016; PI 1/11/2017) .

Vulnerable groups affected

- **Women and children**: According to UNHCR, among the displaced population in newly accessible areas, 53% are female and 69% are children under 18 years. Currently 15% of IDP households in newly displaced areas are female-headed and 7% are female widows. Patriarchal culture puts women at a socioeconomic disadvantage and has made it difficult for them to cope.
- **Unaccompanied children**: 18% of the vulnerable IDP households have unaccompanied children, of which 78% have been orphaned due to the conflict and face an increased risk of exploitation and abuse.
- **Elderly**: 19% of the displaced households have elderly with specific protection needs (UNHCR 11/2016).

Humanitarian and operational constraints

- Access to many newly accessible areas is limited to LGA headquarters and is only possible by UN air service and/or military escort due to security concerns (OCHA 28/11/2017). Humanitarian actors are limited to areas where the military has strong presence and are able to offer support services like security and helipads. This blurs the line of neutrality, undermining humanitarian principles and putting humanitarian workers at risk of being associated with the parties in conflict.
- Suspicion that humanitarian convoys are sometimes being used to smuggle items to insurgents have resulted in stricter measures being put in place (PI 8/1/2017).
- Existing curfews (1600-0800 hours in some areas) greatly affect the amount of time humanitarian actors can spend on the ground in these areas (WHO/UNICEF/WFP/MSF/IOM/OCHA 3/1/2017).
- In some areas, unavailability of fuel, civilian vehicles or rented cars impede logistics and movement (WHO/UNICEF/WFP/MSF/IOM/OCHA 3/1/2017).
- Relief efforts are often delayed in areas where the construction of storage facilities is required. (PI 1/8/2017)

Potential aggravating factors

Seasonal information

Upcoming rainy season: The rainy season which starts in April/May and ends in September hampers movement as roads become completely inaccessible and the terrain becomes more difficult (PI 1/8/2017). It also increases the likelihood of the outbreak of diseases like malaria and cholera. On the other hand, food and nutrition needs are more pronounced in the dry season.

Other factors of vulnerability

Ongoing recession: The value of the Nigerian naira in the last year has nose-dived, causing more than a 140% increase in the price of food and other essential commodities (Daily Trust 16/2/2016). Prices of essential commodities like rice, oil and beans have more than doubled since 2014 (Vanguard 6/10/2016). The upward review of import duty on antimalarial drugs and antibiotics is likely to increase the burden on already vulnerable populations and drive up the cost of treating malaria and fighting epidemics (Guardian 29/12/2016)

Contextual information

Drivers of the current conflict

BH seeks to establish an Islamic Caliphate with stricter sharia laws, where western education and culture will be forbidden, take over large areas of the northeast and gradually spread throughout the country and its neighbours. The Nigeria Army seeks to reclaim territories lost to BH and flush out every element of the insurgency. It has since the latter part of 2015 launched various operations (Lafiya Dole, Crackdown and Rescue Finale to mention a few), resulting in the reclaim of many territories (NTA 12/1/2017). Attempts to meet the December 2016 deadline to end the insurgency resulted in a surge in the government's counter-insurgency measures. On December 25, 2016, the government announced that it had captured the Sambisa Forest - a stronghold of the insurgents, also recognised as their 'Ground Zero' - and defeated the group (Premium Times 29/12/2016). Despite this, there continue to be asymmetric and repelled attacks around the state (UN 12/1/2017)

Relevant stakeholders

Boko Haram: Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad (Group of the People of Sunnah for Preaching and Jihad), also known as Boko Haram (western education is forbidden), has engaged in guerrilla warfare across the north of Nigeria since 2002. It is also active in Chad, Niger and Northern Cameroon. Led by Abubakar Shekau until its split in August 2016, which saw Abu Musab al-Barnawi emerge as leader, the group sought to create an Islamic nation in the 12 northern states of Nigeria, eventually spreading to the rest of the country, advocating for a stricter form of sharia law. It is said to have links with al-Qaeda and the Islamic State. BH capitalised on the widespread poverty, high rates and level of illiteracy and inequality in the region as well as corruption in the country to gain prominence (BBC 3/8/2016).

Nigeria Army: The Nigerian military has continued to revise its counter-insurgency approach to tackling BH and regain territories claimed by the armed opposition group since 2013. A collaboration between the Nigeria Army, the Air Force and the Multinational Joint Task Force (MJTF) made up of combatants from Chad, Niger, Benin Republic and Cameroon has resulted in the war being fought on many fronts. While recording numerous successes, military activities have also contributed to the deterioration of the humanitarian situation (Nigeria Army accessed on 11/1/2017).

Multinational Joint Task Force (MNJTF): The MNJTF was created in 1998 to counter banditry activities and to facilitate free movement of the member states of the Lake Chad Basin Commission across their common border. Its mandate was expanded by the African Union Peace and Security Council to include the fight against terrorism. In February 2015 Nigeria agreed with Niger, Cameroon, Chad and Benin to send a 8,700 man regional force to tackle BH in in Nigeria's northeast, Cameroon's Far North and other border towns in the Lake Chad Region (Global Security 7/21/2016, AU-EU Partnership 1/8/2016).

The Civilian Joint Task Force (CJTF): While not having any official rank within the army, the CJTF, formed in 2013, has increasingly supported the efforts of the military to combat BH. It is said to have over 26,000 volunteers in its ranks. While sometimes fighting alongside the military, they often man checkpoints on roads and IDP camps. They also compliment security activities at mosques, churches, and other public places (The Economist 1/10/2016).

Other Security Actors: Members of the Nigeria Police Force and Nigeria Security and Civil Defence are present in some of the areas although their role remains unclear (PI 5/1/2017).

International and neighbouring countries' relationship to the conflict

Repeated attacks on Chad, Cameroon and Niger led to the establishment of the MJTF. The Lake Chad Region also hosts thousands of refugees from Nigeria (UNHCR 12/2016).

Past conflicts or displacement

As of December 2016, there is an estimated 1.77 million IDPs across Nigeria, of which 1,370,880 are in Borno state. This figure is 22,047 lower than in October. 100% of the displacement in Borno State is as a result of the insurgency. The majority (37.5%) were displaced in 2014, 31.8% were displaced in 2015 and 29.5% in 2016. 70.6% of the IDPs are staying in host communities, compared to 29.4% living in camps or camp-like settings (IOM 19/12/2016).

Key characteristics

- Demographic profile: In 2012, the total population of Borno state was over 5 million (NBS, accessed 12/01/2017).
- WASH: According to an assessment conducted in 2016, approximately 75% of WASH facilities in the northeast had been destroyed in the conflict (Recovery and Peacebuilding Assessment 06/01/2017). Open defecation is widely practiced within communities as most houses have no latrines and existing latrines are inadequate or in poor condition.

- **Health:** In 2013, the infant mortality rate in Borno state was 59.9% (NBS accessed 12/01/2016). One third of Borno State's 700-plus medical facilities are completely destroyed. One third of the remaining facilities are not functioning at all (WHO 14/12/2016).

Response capacity

Local and national response capacity

Sectoral coordination is led by the government. The National Emergency Management Agency (NEMA) is in charge of disaster response in the country and the Borno State Emergency Management Agency (SEMA) at the state level. In October 2016, the president inaugurated the Presidential Committee on North East Initiative (PCNI) as the apex coordinating body for all interventions in the region including those by the public, private, national, and international. The Presidential Initiative for the North East (PINE) is responsible for the long-term economic reconstruction and redevelopment plan of the region. Local NGOs like Bama Community Peace Initiative (BAMCOOPI), Arm of Hope, and the Civil Society Coalition for Poverty Eradication (CISCOPE) are partnering with international NGOs (Channels TV 27/10/2016; IOM 30/11/2016).

International response capacity

Over 60 international NGOs are currently responding to the crisis in different capacities, according to the Nigeria Immigration Service. They include the UN, Norwegian Refugee Council (NRC) Danish Refugee Council (DRC), Medecins Sans Frontieres (France, Belgium, Spain, Holland and Swizerland), International Rescue Committee (IRC), International Organisation for Migration (IOM), Action Against Hunger (ACF), Save the Children, Socours Islamique France (SIF), Première Urgence Internationale (PUI), International Medical Corps (IMC), Mercy Corps, ALIMA, Cooperazione Internationale (Coopi), and the Swedish Civil Contingencies Agency (MSB) (OCHA 11/30/2016).

Population coping mechanisms

Negative coping mechanisms are being adopted. Children as young as five opt for strategies such as begging and hawking. Increases in female-headed households have increased the practise of survival sex and exploitation. The sale and abuse of illicit drugs are also on the rise (UNHCR 11/2016).

Information gaps and needs

- Under-reporting of gender based violence and sexual exploitation as a result of widespread stigmatisation and cultural taboos due to patriarchal cultural norms and socioeconomic inequalities that undermine the role of women. Makes it difficult to ascertain the exact situation and address needs (UNHCR 12/2016).
- Comprehensive assessments on sectoral needs is still lacking for some areas.
- Reliable data on populations and IDPs by LGA is also lacking.

Lessons learned

- Early preparation is needed in anticipation of disease outbreaks and epidemics.

Better incentives for qualified health personnel, teachers and other essential service providers to ensure basic level of services.