

NORTHEAST NIGERIA: ADAMAWA STATE CRISIS PROFILE

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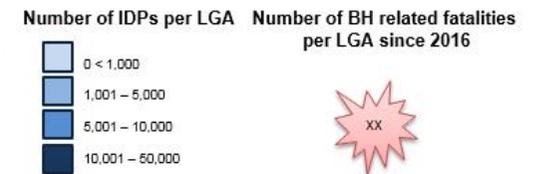
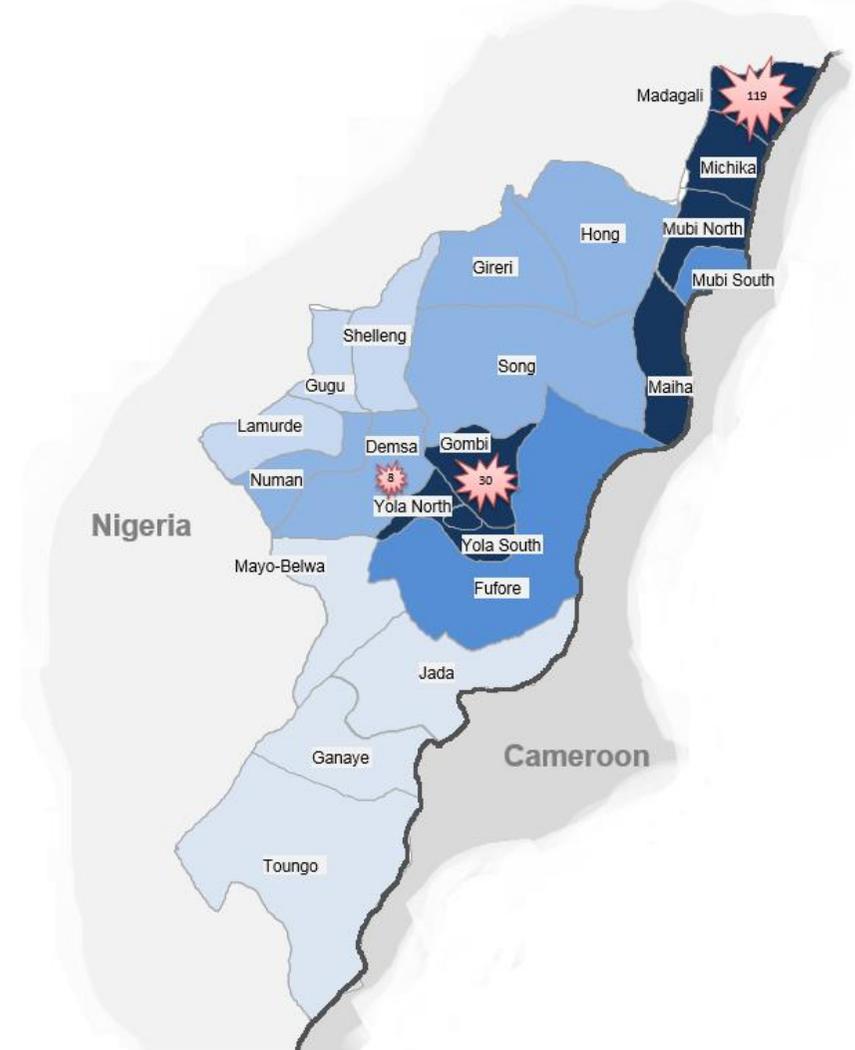
PRIORITY NEEDS

Food insecurity: 257,000 people are facing a food crisis (IPC Phases 3-5). Food insecurity is at extreme levels.

Nutrition: Extreme levels of food insecurity exacerbated malnutrition rates, especially among children under five.

Protection: Concerns include abduction, indiscriminate killing, arbitrary detention of suspected BH members, and recruitment of children by both Boko Haram and security forces.

Livelihood: Lack of livelihood opportunities further impoverish IDPs and host communities and prevent returns.



CONFLICT-RELATED FATALITIES IN ADAMAWA FEBRUARY 2016- FEBRUARY 2017

No. incidents/No. fatalities

	Adamawa		Borno		Yobe	
	BH	Fulani	BH	Fulani	BH	Fulani
Feb 2016	1/20	0	20/312	0	0	0
Mar 2016	0	1/0	41/340	0	3/20	0
Apr 2016	0	0	31/164	0	2/11	0
May 2016	0	0	17/168	0	0	0
Jun 2016	1/24	1/8	44/165	0	2/0	0
July 2016	0	2/16	21/129	0	0	0
Aug 2016	0	1/10	14/380	0	0	0
Sep 2016	0	0	16/154	0	3/4	0
Oct 2016	1/7	0	13/ 77	0	0	0
Nov 2016	0	0	30/138	0	0	0
Dec 2016	1/59	0	14/106	0	1/1	0
Jan 2017	4/22	3/2	37/175	0	2/19	0
Feb 2017	0	0	4/ 39	0	1/0	0
TOTAL	7/132	8/36	302/2,347	0/0	14/55	0/0

Crisis overview

Violence by Boko Haram (BH) and counterinsurgency activities by the Nigeria Army has left devastation in Nigeria's northeast. With 2.5 million people in need, Adamawa is the second most affected state in the conflict. An estimated 1,900,000 (approximately 337,000 households) are internally displaced across the country in almost 2,000 locations, including 152,000 people in Adamawa (IOM 31/01/2017; OCHA 30/11/2016).

While response started in Adamawa, focus has since shifted to Borno, as more LGAs have become accessible, leaving thousands of affected people in Michika, Mubi, Mahai, Gombi and other LGAs in severe need.

CONFLICT DEVELOPMENTS

Boko Haram

Military operations by the Nigerian military, the Multi-National Joint Task Force (MNJTF), and the Civilian Joint Task Force (CJTF) through 2016 have weakened Boko Haram's capacity to hold territory in northeast Nigeria.

In Adamawa in 2014, BH controlled Madagali which borders Borno state, Mubi, the second largest town in the state and Michika, a trading hub near the Cameroon border (BBC 08/09/2014; BBC 05/11/2014). Military operations led to the recapture of all these territories by 2015 and reduced the extent and intensity of the insurgency (Premium Times 12/03/2015). Northern Adamawa, however, remains extremely volatile, as BH continues to pose a threat to security. Madagali has seen an increase in suicide bomb attacks since 2016 as military operations have continued around Sambisa Forest (OCHA 13/01/2017; Channels 13/01/2017; Premium Times 04/01/2017).

Intercommunal violence

Adamawa state has also seen numerous Fulani herder attacks and intercommunal conflicts. Clashes between Fulani and agrarian communities in late 2016 and early 2017 in Demsa Local Government Area (LGA) left over 30 people dead and hundreds displaced. Herders reportedly attacked over 10 villages in central Adamawa between January and July 2016, killing 100 people and displacing 2,500 (Daily Post 08/10/2016; Daily Post 03/08/2016; This Day 09/01/2017).

DISPLACEMENT AND RETURNS

At least 152,000 people are displaced, 99% as a result of the BH insurgency, and the rest because of intercommunal clashes (IOM 31/01/2017). 440 sites accommodate 30,095 households. There are at least five camps and 15 collective settlement sites. In December, 136,000 of the displaced lived in host communities while camps and camp-like settings accommodate only 11,500 individuals. 419 already impoverished communities were being stretched for food, water, and basic services/infrastructure as they host the majority of IDPs (IOM 31/12/2016). This has placed both IDPs and host communities in acute need of humanitarian intervention (CA 31/12/2016).

Most (81.3%) IDPs were displaced from Gwoza LGA, Borno state. A high proportion have suffered multiple displacement, especially when the insurgents took control of the entire northern part of Adamawa state in 2014. Many other IDPs originated from Bama, Askira

Uba, Biu, Damboa, Gamboru Ngala and Baga in Borno State. In Mubi and Michika, entire villages are made up of returnees who had been sacked by the insurgency (NRC 10/2016).

About 94% of the IDPs were displaced between 2010 and 2015, with a majority displaced in 2015. 55% have been displaced more than once. For 56%, a better security situation remains the main reason for the choice of current location. Livelihood opportunities, and presence of family, relatives or friends was reported by 14% and 27% respectively as reason for being at their current displacement sites (NRC 10/2016; IOM 31/12/2016).

90% of IDP households want to return home. However, returnees find difficult living conditions and dysfunctional services. In many cases, they remain at their LGA headquarters and do not go back to their villages. In returning to their villages, they are often cut off from humanitarian assistance (OCHA 13/01/2017; NRC 10/2016).

HUMANITARIAN AND OPERATIONAL CONSTRAINTS

Severe humanitarian access constraints persist for the following reasons:

- Insecurity – resulting from both BH attacks and military operations – continues to significantly hamper humanitarian response because of the proximity of IDP locations to conflict areas. Michika and Madagali are only partially accessible (OCHA 06/02/2017).
- Delays at customs for imported medical supplies have been reported, as has inconsistency in government policies on imports.

Sector needs

FOOD SECURITY

With many IDPs receiving only one meal a day, food is reported as the highest priority need (IOM 31/01/2017; PI 21/1/2017; 30/1/2017). Stocks are depleted, production low, and prices high – made worse by the general inflation in the country since early 2016 (Cadre Harmonisé 01/11/2016; The Cable 18/1/2017). The military's tactic of starving BH members is further affecting the local population's access to food.

In December 2016, 257,000 people were estimated to be in Crisis food insecurity, or worse (IPC Phases 3–5). While conditions are expected to improve between June and

August 2017, indications are that the insurgency will continue to have a negative impact on consumption (Cadre Harmonisé 01/11/2016).

While some markets that were closed due to the conflict are beginning to reopen, insecurity and the cost of transportation linked to fuel shortages is limiting access. Markets have been a target for BH: the December 2016 twin bomb blast in Madagali market killed 30 people. In November 2015, a bomb blast at the Tipper Garage Market left 32 people dead and 80 others injured (Vanguard 17/01/2017; Punch 09/12/2016; Premium Times 18/11/2015).

Pre-crisis

55.4% of the population was food poor in 2010 (Nigeria Data Portal). 74.3% of Adamawa's population were living below the USD 1/day poverty line in 2010 while unemployment had reached 33.8% by 2011 (Nigeria Data Portal).

NUTRITION

Over 270,000 people are estimated to be facing a nutrition crisis (Cadre Harmonisé 01/11/2016). In November 2016, GAM was 5.9% among children under five in southern Adamawa and 5.3% in the north. Only half (50.1%) of the women of reproductive age in the state are achieving the minimum dietary diversity requirement (NiEWG 11/2016).

Chronic malnutrition levels are high: in 2013, one-third of children under five were chronically malnourished, according to the Demographic Health Survey (DHS).

PROTECTION

Both IDPs and host communities face severe protection needs. BH continues to target civilians through indiscriminate killing, suicide bombings, abduction, forced marriage, and recruitment of children. Children are also in the ranks of the CJTF (CA 30/12/2016).

The conflict in Sambisa Forest in Borno State has led to attacks on civilian population in the neighbouring LGAs of Michika and Madagali in Adamawa (OCHA 6/1/2017). Many IDPs lost vital documents and means of identification as they fled the violence, limiting access to essential services and claims to property.

59% of IDPs in Michika and Mubi live in rented accommodation. Most tenancy agreements are verbal. Difficulties paying rent leaves many IDPs at risk of forced eviction and potential abuse of rights (NRC 10/2016).

An increase in the number of female-headed households has been observed: many adult males have been killed or are missing, particularly in communities in Michika LGA (CA 30/12/2016).

High numbers of unaccompanied and separated children among the IDPs are exposed to hostile environments and at risk of exploitation and SGBV. Victims of rape and other forms of SGBV are unable to report as the mechanism is lacking in many cases (OCHA 13/1/2017).

The detention and release of people held in transitional camps under the custody of the army on suspicion of having links with Boko Haram does not take place systematically (OCHA 6/1/2017).

SHELTER AND NFIS

A significant number (2%) of households are living in the open without any form of shelter – a situation that has largely remained unchanged since 2015 (IOM 20/12/2017). 28% live in makeshift shelters while others live in rented but poorly constructed buildings without basic facilities. Reliance on rented houses is increasing as collective shelters such as schools become unavailable (NRC 10/2016).

Lack of shelter and overcrowded living conditions have heightened susceptibility to diseases, especially among children (HNO 13/1/2017). Shortage of camp management staff has also been reported (OCHA 6/1/2017).

53% of people in need were yet to be reached with NFIs in Gombi, most of Maiha, part of Girei, Shelleng, Song, Ganye and other LGAs in December 2016 (CCCM 31/1/2017). Shelter needs remain severe in returnee settlements in Michika and Madagala (CCCM 3/2/2017).

The most needed NFIs are blankets, mats, mosquito nets, kitchen utensils and plastic sheeting (IOM 31/12/2016). 86% of the approximately 650,000 IDP returnees to Adamawa state had no damage to their shelters, 13% had partial damage, and 1% had to live in makeshift shelters (IOM 31/01/2017).

LIVELIHOODS

The majority of IDPs and members of host communities report difficulties meeting their needs. Subsistence farming and small-scale seasonal agriculture are the major sources of livelihoods and have been found to be unsustainable as most IDPs lack access to farmland (OCHA 11/2016; CA 30/1/2016; NRC 10/2016). The need for assistance with access to farmland, seedlings, money and toolkits has been emphasised (CA 30/1/2016).

Without a market in Duhu, Michika LGA, most young males earn a living using motorcycles for commercial transportation. Trading takes place at the market in neighbouring Gulak.

WASH

Water is considered a critical need for returnees and IDPs in many communities like Duhu, Gulak Chandal, and Michika. Existing pump boreholes often do not work. Open defecation is widely practiced in communities like Chandal and Wuro-Patuji in Mubi LGA as toilet facilities are inadequate or lacking. The need for more WASH facilities and hygiene promotion has been noted (CA 30/12/2016; NRC 10/2016). Access to water is key to sustainable returns of people in this semi-arid environment (OCHA 13/1/2017).

Pre-crisis

Only 47% used improved sanitation facilities and 19% used improved drinking water sources in 2007 (Nigeria Data Portal).

HEALTH

While malaria is reported as the most prevalent health problem, less than 10% of children with fever are diagnostically tested for confirmation as per national protocols. Less than a quarter of those 12–59 months with fever receive first-line malaria treatment (artemisinin-based combination therapy) (NIEWG 11/2016). Children have become more vulnerable to diseases like measles due to the disruption of vaccination activities (The Conversation 23/1/2017).

Thousands of people do not access healthcare as many primary care facilities have been destroyed. Insufficient skilled staff and shortages or absence of essential medicines and medical supplies continue to hamper delivery of primary healthcare (OCHA 6/1/2017).

Measles vaccination coverage among children aged 12–59 months is 59.8% – well below the 95% threshold, revealing serious gaps in preventive services and clinical management of common childhood morbidities. Vaccines need to be kept cold, so timing is important. Restrictions on the time humanitarians can operate may reduce the efficacy of vaccines (NIEWG 11/2016).

Pre-crisis

Northeast Nigeria already had a maternal mortality rate of 1,549/100,000 live births – the highest in the country. Under-five mortality was 260/1000 live births. About nine out of ten of new born deaths are preventable (UNICEF). In 2007, only 1.2% of children were fully immunised. Only 46.6% used improved sanitation facilities and 19% used improved drinking water sources in 2007 (Nigeria Data Portal).

Response capacity

STATE AND FEDERAL RESPONSE CAPACITY

Emergency response in the northeast is coordinated by the National Emergency Management Agency (NEMA), while the Adamawa State Emergency Management Agency (ASEMA) is responsible for emergency response at the state level. The Nigeria Red Cross Society (NRCS) is also present, with each having its own responsibilities and representation at relevant humanitarian response working groups.

INTERNATIONAL RESPONSE CAPACITY

Not many humanitarian agencies are present in the state as the focus has been on Borno State. The humanitarian response in the northeast suffers from chronic underfunding. The Health Sector, for instance, was only 22% funded under the 2016 Humanitarian Response Plan (OCHA 6/2/2017). Agencies thus have to prioritise (PI 10/1/2017).

Information gaps and data limitations

- Very limited information is available on needs in the state as assessments are predominantly focused on Borno state.
- Limited information is available on needs of host communities and IDPs living in host communities.
- Very limited information is available on education needs, including IDPs' access to education and quality. An inter-agency assessment is planned.
- Interagency rivalry obstructs the sharing of information and negatively impacts coordination.
- IDPs returning to their LGA of origin are frequently referred to as returnees by humanitarian actors, even though the vast majority are not returning to their villages or towns of origin and face a situation of secondary displacement.
- Referral support for health and SGBV cases needs to be established strengthened to ascertain exact needs.

- Many of the IDPs in host communities do not want to be identified as IDPs meaning their needs are often overlooked.

ACAPS would like to thank UN agencies and INGOs in Maiduguri and Abuja for their kind support in the preparation of this report. In October 2016, ACAPS published a set of scenarios considering the possible developments of the humanitarian situation in the northeast. More information on Nigeria can be found in the ACAPS Country Profile (April 2016). Previous ACAPS reports on the humanitarian situation in northeast Nigeria include a September 2016 Briefing Note, a Northeast Nigeria Crisis Profile published in July 2016, and a Secondary Data Review published in August 2015.

Baseline characteristics

Key indicators	Adamawa
Population (2006)	3,178,950
Number of LGAs	21
Area (km ²)	38,700
Households with mosquito net (2013)	74.8%
>5 who sought advice/treatment for malaria	81.1%
Literacy	
Men	77.7%
Women	53.2%
Measles vaccination coverage (2013)	68.7%
Prevalence of diarrhoea	16.6%
Acute malnutrition prevalence (wasting, 2008)	21%
Main source of energy for cooking (2009)	Firewood (95.0%)

Main source of water (2008)	Stream/pond (35.6%)
Main type of toilet facility (2008)	Covered pit latrine (46.6%)
Births without skilled attendant (2010)	6.3%

Sources: NPC; UNICEF 2008; NBS 2012; MICS 2011; DHS 2013