

Nigeria

Food security



Need for international assistance	Not required	Low	Moderate	Significant	Major
Expected impact	Very low	Low	Moderate	Significant	Major

Crisis overview

Newly accessible areas of Borno and Yobe states and areas with active military operations face severely limited access to food. Levels of malnutrition are critical and populations face a substantially increased risk of mortality. These areas are classified as Emergency (IPC Phase 4). Outcomes are likely worse in conflict affected areas that are inaccessible to humanitarians. Information from these areas is limited but raises the possibility that Famine (IPC Phase 5) is occurring (FEWSNET 13/08/2016). The crude mortality rate (CMR) has surpassed the threshold of 2/10,000/day – used when classifying Famine (IPC Phase 5) – in several areas since June (FEWSNET 13/08/2016).

800,000 people are in urgent need of food support in Yobe and Borno (OCHA 24/06/2016). As of July, 500,000 people displaced or cut off in enclaves in Borno are in urgent need of food, medical care, drinking water and shelter. 244,000 children in Borno are severely malnourished. One in five of them will die if they receive no treatment (OCHA 15/08/2016).

Affected areas	Local Government Area (LGA)	IDPs	IPC Phase	GAM	SAM
Bama Town	Bama LGA	25,000	IPC 4-5	51.9%	25%
Sabon Gari	Damboa LGA	18,500	IPC 3-5	45%	15%
Monguno	Monguno LGA	65,000	IPC 4-5	28.5%	12%
Banki	Bama LGA	15,000	IPC 4-5	27.2%	14.4%
Dikwa	Dikwa LGA	56,200	IPC 4-5	>30%	High
Konduga Town	Konduga LGA	79,100	IPC 3-4	22.7%	9.8%
Damboa Town	Damboa LGA	55,000	IPC 3-5	>20%	12%
Muna IDP camp	Maiduguri LGA	16,000	IPC 3-4	29%	6%
Kaga	Kaga LGA	10,500	IPC 3-4	15.5%	4.7%
Jere	Jere LGA	427,600	IPC 3-4	12.7%	3.72%

Source: FEWSNET 13/08/2016; MSF 21/07/2016; FEWSNET 07/07/2016; MSF 17/07/2016; Mercy Corps 31/07/2016.

Key findings

Anticipated scope and scale Extreme malnutrition and food insecurity have been reported in pockets of Borno and Yobe states. Most affected areas in Borno are near the Sambisa forest, including Bama, Damboa, Monguno, and Gwoza Local Government Areas (LGAs), and parts of Kaga and Konduga in eastern Borno. Additional areas of concern include greater Maiduguri and southern Yobe state.

Priorities for humanitarian intervention **Food:** Famine (IPC Phase 5) is likely to be occurring in the worst affected and less accessible pockets of Borno state.

Nutrition: A large number of SAM cases have been reported in pockets of Borno and Yobe states.

Health: An unknown number of cases of measles, malaria, diarrhoea, and vomiting have been reported across Borno. Two new polio cases were reported in northern Borno.

WASH: In IDP camps and in newly accessible areas, access to safe drinking water is limited and sanitation is poor.

Protection: The blurring of the lines between civilian and insurgent, and between humanitarian intervention and security surveillance, allows for abuse of IDPs and host communities to go unreported.

- Humanitarian constraints**
- Northern Borno: Abadam, Mobbar, and parts of Bama, Dikwa, Guzamala, Gubio, Kala/Balge, Kukawa, Mafa, Marte, Ngala, and Nganzai LGAs remain largely inaccessible.
 - BH attacks and battles between the military and BH are causing insecurity and disrupting aid convoys. Military escort is imposed for humanitarian actors seeking to reach certain areas. A UN convoy was attacked in late July near Bama.
 - Theft and looting of aid from the military have been reported. Soldiers are frequently tasked with relief distribution, particularly in remote areas where conflict is ongoing, and they are restricting food distribution in these areas.

Limitations

No information is available for inaccessible areas in the north of Borno. Only limited information regarding sectoral needs is available for large parts of Borno and Yobe states.

dying every day. CMR is 4.16/10,000/day during the last seven months, while in children under five it is 6.2/10,000/day. 14.4 % SAM was reported among children (OCHA 28/06/2016; AFP 10/06/2016; MSF 21/07/2016).

In Monguno LGA, GAM was found to be 28% and SAM 12%. In nearby Dikwa LGA, high levels of acute malnutrition were identified in April (FEWSNET 07/07/2016).

As of 15 June, in Muna IDP camp, near Maiduguri, GAM was at 29% and SAM 6% (FEWSNET 07/07/2016). SAM has been reported among IDPs arriving in Maiduguri from Mafa LGA, Borno (AFP 05/07/2016).

In Jakusko LGA, Yobe state, 20.3% GAM and 8.9% SAM were reported (FEWSNET 07/07/2016; ECHO 27/06/2016). Although only limited information is available, there are concerns that conditions among other IDP populations in the area, such as Pulka camp in Gwoza, could be similarly dire (FEWSNET 07/07/2016).

In Damboa LGA, Southern Borno, malnutrition rates are very high, with an average of 12% of children suffering from SAM in Damboa town and over 15% in Sabon Gari camp. MAM rates are over 30% (MSF 17/07/2016; Mercy Corps 31/07/2016).

Health: On 11 August, two children were reported to have been diagnosed with polio paralysis in northern Borno. This is a major setback to the international effort to eradicate the disease. The outbreak is linked to disruptions in vaccinations as violence and insecurity has created a lack of access. Vaccination has been scheduled to start in the area in the last two weeks of August (WHO 11/08/2016). In Banki, Bama LGA, an undetermined number of cases of diarrhoea and vomiting have been reported, and 20–50 cases of measles. Malaria is also considered a health risk, especially because the rainy season is starting and mosquito nets are lacking (OCHA 28/06/2016). In Monguno LGA, a measles outbreak is ongoing (FEWSNET 07/07/2016). In Muna IDP camp, Maiduguri, seven children were reported dead due to measles in June (AFP 05/07/2016). In Damboa LGA, 45% of the respondent households reported diarrhoea among children (Mercy Corps 31/07/2016).

Education: In Banki, Bama LGA, Borno, no educational system has been functioning for the past two years due to BH's opposition to education. School infrastructure has been destroyed (OCHA 28/06/2016).

Protection: In Borno, IDP sites are effectively under military control. Armed soldiers, police, and the Civilian Joint Task Force (CJTF) – paramilitary vigilantes – guard the camps, and the military provides the final authorisation on who is allowed to enter. Soldiers and vigilantes have reportedly sexually harassed women who want to leave or enter the camps, want access to food, or need help. BH is capitalising on those abuses to warn people against the military (IRIN 05/07/2016). The militarisation of IDP camps also makes them potential BH targets (IRIN 05/07/2016).

The military's role is also problematic as it goes beyond securing camps from external threats: soldiers are frequently tasked with relief distribution, particularly in remote areas where conflict is ongoing, and they are restricting food distribution in these areas (IRIN 05/07/2016).

The Nigerian Army transfers people suspected of belonging to BH to authorities in Maiduguri for investigation. There have been some cases of Individuals lacking documentation being falsely accused (OCHA 28/06/2016).

In Banki, Bama LGA, nearly 80 separated and unaccompanied children are staying in an orphanage (OCHA 28/06/2016).

Shelter and NFIs: Due to the level of destruction in Banki, the IDP camp has been set up near the military base. There is an urgent need for NFIs, mainly for clothes and shoes (OCHA 28/06/2016). In Damboa LGA, shelters are overcrowded and unfinished, with 50% of households living on only 2-4m² with inadequate weather proofing. IDP households lack a wide range of basic NFIs, particularly bedding, clothing and hygiene supplies (Mercy Corps 31/07/2016).

WASH: In IDP camps, access to safe drinking water is limited and sanitation is poor (AFP 05/07/2016). In Banki, Bama LGA, IDPs use five wells. Although repaired by the Nigerian army, these do not meet the population's water needs because of a lack of electricity to operate water pumps connected to water wells. The army has provided a generator; however, its capacity is insufficient to meet all the water needs, resulting in people waiting almost an entire day to collect water (OCHA 28/06/2016).

In Damboa LGA, water trucking is only accessible in some wards. In Sabon Gari, there were some recently repaired wells with solar pumps that provide drinking water to many households, supplemented by water from hand dug wells. Nevertheless, the supplied water is neither treated nor sufficient in quantity.

Hygiene practices and conditions are extremely poor, and 80% of households are not using soap and detergents because prices are prohibitive. Latrines are very few and of poor design and they are often used as bathing facilities, which accelerates their rate of filling and the risk of overflowing. On average, 80% of latrines need rehabilitation and 70% of the pits need replacement. Both wells and latrines are subject to flooding during rainfall (Mercy Corps 31/07/2016). Residents in some areas live in close proximity to their livestock, and to human excrement (AFP 05/07/2016).

Vulnerable groups affected

In Banki, Bama LGA, children, women, and older people are in more severe need (OCHA 28/06/2016).

Men in newly accessible areas are frequently suspected of being BH militants, and vulnerable to being targeted by the military, or excluded from assistance.

Humanitarian and operational constraints

In northern Borno, Abadam, Mobbar, and parts of Bama, Dikwa, Guzamala, Gubio, Kala/Balge, Kukawa, Mafa, Marte, Ngala, and Nganzai LGAs remain largely inaccessible to humanitarian agencies, despite improvements to access in the state. In Yobe, conflict has limited access to parts of Geidam, Gujba, and Gulani LGAs (FEWSNET 13/08/2016).

Military escort is compulsory to get to many of the accessible areas within Borno, including between Maiduguri and Damboa and Maiduguri and Dikwa, while the presence of IEDs and mines in Dikwa LGA prevents travel outside Dikwa town (UN Joint Multi-sector Assessment 14/04/2016). Military control over humanitarian aid in a large part of Borno causes access and protection concerns.

Limited availability and inadequate supply of goods has resulted from breaks in the supply chain owing to insecurity for the convoys travelling by road from Maiduguri (OCHA 28/06/2016). Attacks following food distribution have been reported in Bama LGA (OCHA 28/06/2016). On 28 July, an attack on a humanitarian convoy traveling with military escort from Bama LGA to Maiduguri, in Borno state injured three humanitarian workers and two Nigerian soldiers. The United Nations has temporarily suspended road and overnight missions to Bama and other insecure areas (USAID 10/08/2016; OCHA 15/08/2016).

Theft and looting of aid from the military has been reported, for example in Dalori LGA, Borno. In another case at an unreported location ambulances filled with goods for IDPs were allegedly taken away by soldiers and vigilantes (IRIN 05/07/2016).

The availability of fuel is a significant issue. Fuel prices have doubled since May across the country, hampering humanitarian activities.

Humanitarian actors have specifically been unable to reach Rann (Kala Balge LGA) with food support since the end of July due to flooded road conditions (FEWSNET 13/08/2016).

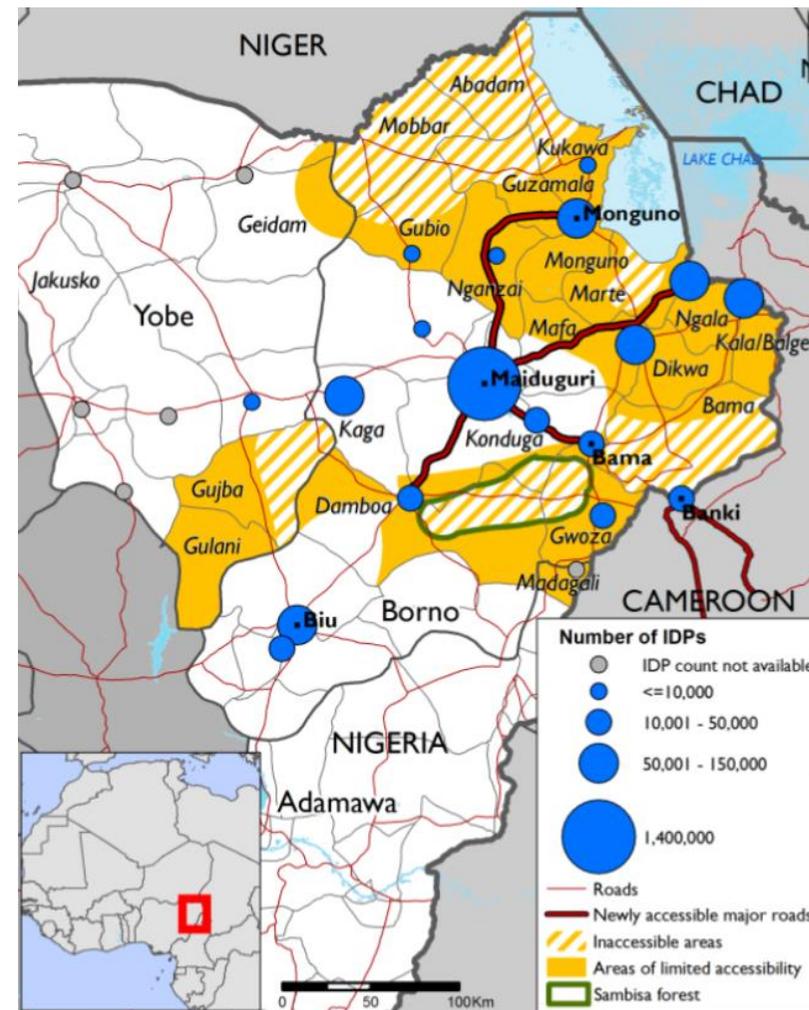
Aggravating factors

Naira and inflation

The Nigerian economy is officially in recession, with further shrinking of GDP expected in the second quarter of 2016. Inflation now stands at close to 16%, and oil revenues continue to fall sharply, even as the price of oil has stabilised at around USD 50 per barrel. On 20 June, the naira was allowed to float freely on the currency market after being subject to capital controls since middle 2015 and interventions by the central bank. The lower value of the naira will mean large increases in the price of imported essential foodstuffs, putting further pressure on the most vulnerable populations. Overall, however,

the loosening of capital controls will likely have a positive impact on the economy, providing manufacturers and resellers with sufficient access to imports, thereby avoiding shortages (WFP, FAO and Food security cluster 10/07/2016).

IDP concentrations and access in northeast Nigeria, August 2016



Source: FEWSNET 13/08/2016

Disease outbreaks

In recent years, Nigeria has seen outbreaks of Lassa fever, cholera, and meningitis. Already limited and understaffed prior to the crisis, health facilities that have been damaged and further overstretched because of the insurgency are unlikely to be able to address any disease outbreak in the northeastern states.

Lean season

The annual May–September lean season brought greater food insecurity and malnutrition. The insurgency and resulting displacement means that less planting and possibly reduced numbers of livestock grazed will make this lean season worse than usual (UN Joint Multi-sector Assessment 14/04/2016).

Rainy season

The seasonal forecast for West Africa predicts average to above average rainfall in August above the Sahel part of Nigeria, which includes northern areas of Borno and Yobe states (WFP 31/07/2016). On 8 August, the Nigerian Meteorological Agency (NiMet) in collaboration with the Nigerian Hydrological Services Agency (NIHSA) warned of potential flooding in 12 states across the country between August and October. Seven million people could be affected. Heavy rainfall throughout June and July means that soil moisture has either reached or is near saturation levels in parts of the country, including in Borno and Yobe states (Floodlist 10/08/2016; The Nation 10/08/2016).

Key characteristics

Demographic profile: Borno: population 5,800,000 (2016 projection) and 1,600,000 IDPs (OCHA 24/06/2016).

Food and livelihoods: Throughout Borno staple crops are: millet, cowpeas and sesame. Northern Borno (Sahel): cereals and livestock (FEWSNET 05/2015). In Banki, the staple diet is rice and tubers (OCHA 28/06/2016). The main livelihood activities in Bama LGA are trade, livestock and agriculture production (OCHA 28/06/2016).

Health: Rural Borno: less than 20% of the population lives within 30 minutes of a health facility; only 2% are more than two hours away (Adedayo and Yusuf, 20/09/2012). Malaria is endemic to Nigeria. Measles vaccination coverage for infants: Borno 23.5%, Yobe 31.3%.

WASH: Main source of water (2010): 48% unprotected well/spring in Borno. Main type of toilet facility (2010): Borno 54% uncovered pit latrine (NEDS, 2010; NBS, 2012; MICS 2011).

Lighting and cooking: Borno: 85% collected firewood (NEDS, 2010; NBS, 2012; MICS 2011).

Literacy: Rural Borno: 17% male, 10% female; Urban Borno: 44% male, 36% female (NEDS, 2010).

Education: Borno: 73% of children aged 5–16 had never attended school in 2010 for reasons of poor school quality, cost, and distance (NEDS, 2010).

Response capacity

Local and national response capacity

NEMA (National Emergency Management Agency) is the governmental organisation that coordinates the response between ministries and OCHA (IRC 24/06/2016). On a state level, the corresponding governmental body, SEMA (State Emergency Management Agency), is in charge of coordinating the humanitarian response in the respective states (PUI 23/02/2016). However, in Borno, especially in the north and east of the state, humanitarian assistance is mainly carried out by the military (IRIN 05/07/2016).

International response capacity

There are shortfalls in assistance and funding to the displaced (AFP 05/07/2016).

No humanitarian actors are present in many areas of Borno state and in parts of Yobe state (OCHA 28/06/2016). Few international agencies and organisations are present due to the volatile security situation and the remoteness of the affected areas (ECHO 20/04/2016).

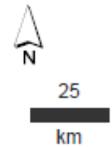
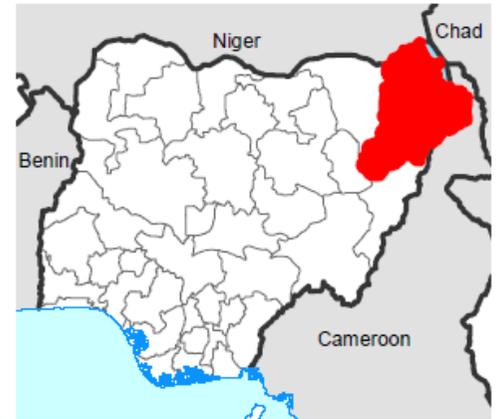
Information gaps and needs

No information is available for inaccessible areas in the north of Borno. Only limited information regarding sectoral needs is available for large parts of Borno and Yobe states. The majority of the assessments are fragmented and do not provide an overall picture of needs in the northeast.

Lessons learned

- The armed forces have widespread impunity for excesses against civilians (IRIN 05/07/2016).
- The militarisation of the relief effort poses a threat to its humanitarian character and the quality of the care provided (IRIN 05/07/2016).
- Immunisation against measles usually focuses on young children; however, in a conflict context with high malnutrition rates and large population concentrations, expansion should be considered to include adults up to 30 years of age (UNHCR 05/07/2016).
- As the vast majority of refugees at the camp may be unfamiliar with western medicine, training and sensitisation is important. When therapeutic foods and general food rations are available, these products may be new to the population (UNHCR 05/07/2016).

Nigeria: Borno



Settlements

- State Capital

Borders

- INTERNATIONAL
- STATE
- LOCAL GOVERNMENT AREAS

Data Sources:

Natural Earth, GADM
Map created by MapAction (2016)