

2017

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

14M

NOV 2016

## NIGERIA



Photo: Órla Fagan

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.



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# PART I: SUMMARY

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

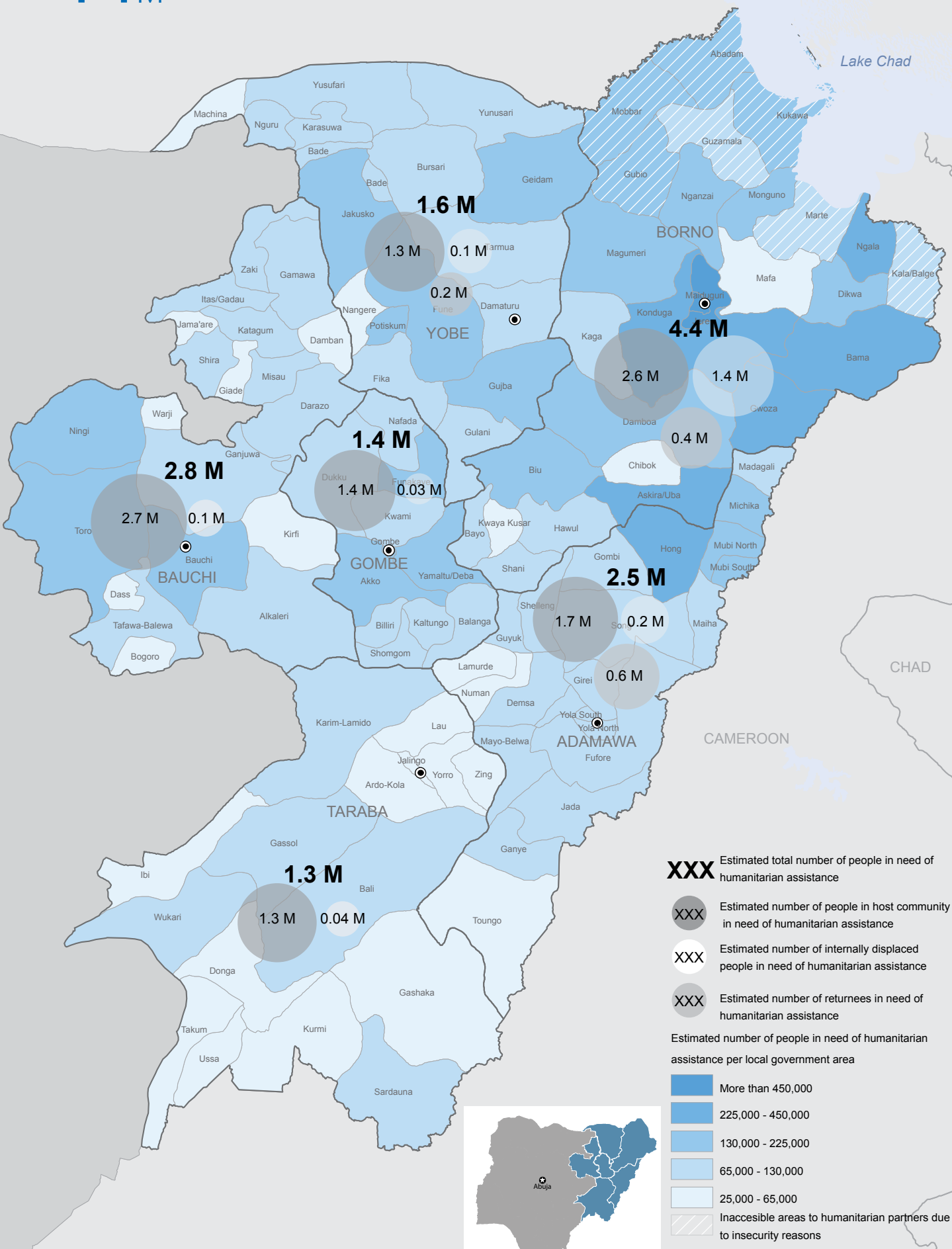
PEOPLE IN NEED

14M

CHAD

NIGER

Lake Chad



**XXX** Estimated total number of people in need of humanitarian assistance

**XXX** Estimated number of people in host community in need of humanitarian assistance

**XXX** Estimated number of internally displaced people in need of humanitarian assistance

**XXX** Estimated number of returnees in need of humanitarian assistance

Estimated number of people in need of humanitarian assistance per local government area

- More than 450,000
- 225,000 - 450,000
- 130,000 - 225,000
- 65,000 - 130,000
- 25,000 - 65,000
- Inaccessible areas to humanitarian partners due to insecurity reasons



## HUMANITARIAN

NEEDS &  
KEY FIGURES

Insecurity related to Boko Haram violence and military counter operations continues to affect 26 million people living in North East Nigeria. The number of people in need of humanitarian assistance is estimated to be 14 million. Borno, Adamawa and Yobe States are the most directly affected by conflict and mass forced displacement with Bauchi, Gombe and Taraba largely affected by hosting some of the displaced. In an already economically deprived region, nearly 80 per cent of 1.8 million IDPs live with host communities placing a huge strain on infrastructure and resources. As areas previously held by Boko Haram become accessible, a section of people with urgent needs are within limited reach of government and humanitarian partner assistance. However, the response is not currently able to meet all the needs, as some areas are still largely inaccessible. The dire humanitarian situation found in these areas suggests that those still unreachable are also in critical need.

## HUMANITARIAN NEEDS



**1 Basic Survival:**  
There is a growing food and nutrition crisis across areas of Borno, Yobe and Adamawa States. Since March 2016 the estimated number of people facing extreme food and nutrition deficits has doubled to 5.8 million. This is resulting in high acute malnutrition and reduced immunity to basic illnesses such as malaria. In the worst affected and least accessible areas of Borno and Yobe there are severe forms of food and nutrition insecurity. Access to water remains limited and already-weak health systems are massively disrupted.



**2 Protection**  
Protection needs in the North East of Nigeria, particularly in the recently accessible areas of Borno, Yobe and Adamawa States remain severe, especially for vulnerable groups, including women, children and older people. People face grave human rights violations and human rights abuses including death, injuries, sexual and gender-based violence, arbitrary detention, disappearances, forced displacement, attacks on civilian sites and forced recruitment.



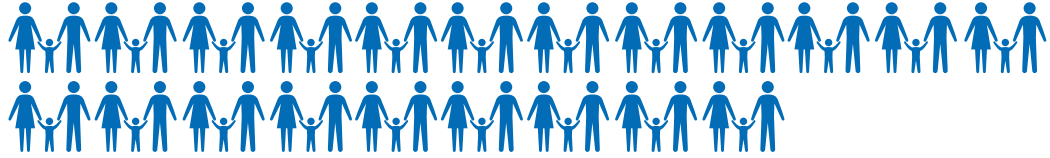
**3 Effects of multiple forced displacements**  
There are 1.8 million people displaced internally and 187,000 Nigerians seeking refuge in neighbouring countries. An estimated 1 million people who were previously internally displaced and previously refugees have started to return towards their areas of origin. However, the towns where they are returning are destroyed with insufficient infrastructure and as a result many remain displaced in larger towns. With insecurity persisting across large areas of Borno, and a large number of the IDPs being from Borno, many communities will continue to host IDPs and many people will continue to live in displacement with a lack of livelihoods and dependant on humanitarian support.



**4 Humanitarian Access**  
Access to people in need of urgent life-saving assistance remains constrained largely by insecurity and other forms of restrictions. Those trapped by the armed conflict are prevented from accessing basic life-saving services with reports of pockets of people in some areas experiencing famine like conditions. Even in partially accessible areas in Borno, Adamawa and Yobe where Boko Haram has been pushed back, other constraints to humanitarian space are present. Although coordination with Government is improving, bureaucratic restrictions on visas and customs clearance for humanitarian personnel and supplies persist.

NUMBER OF PEOPLE LIVING IN CONFLICT-AFFECTED AREAS

26M

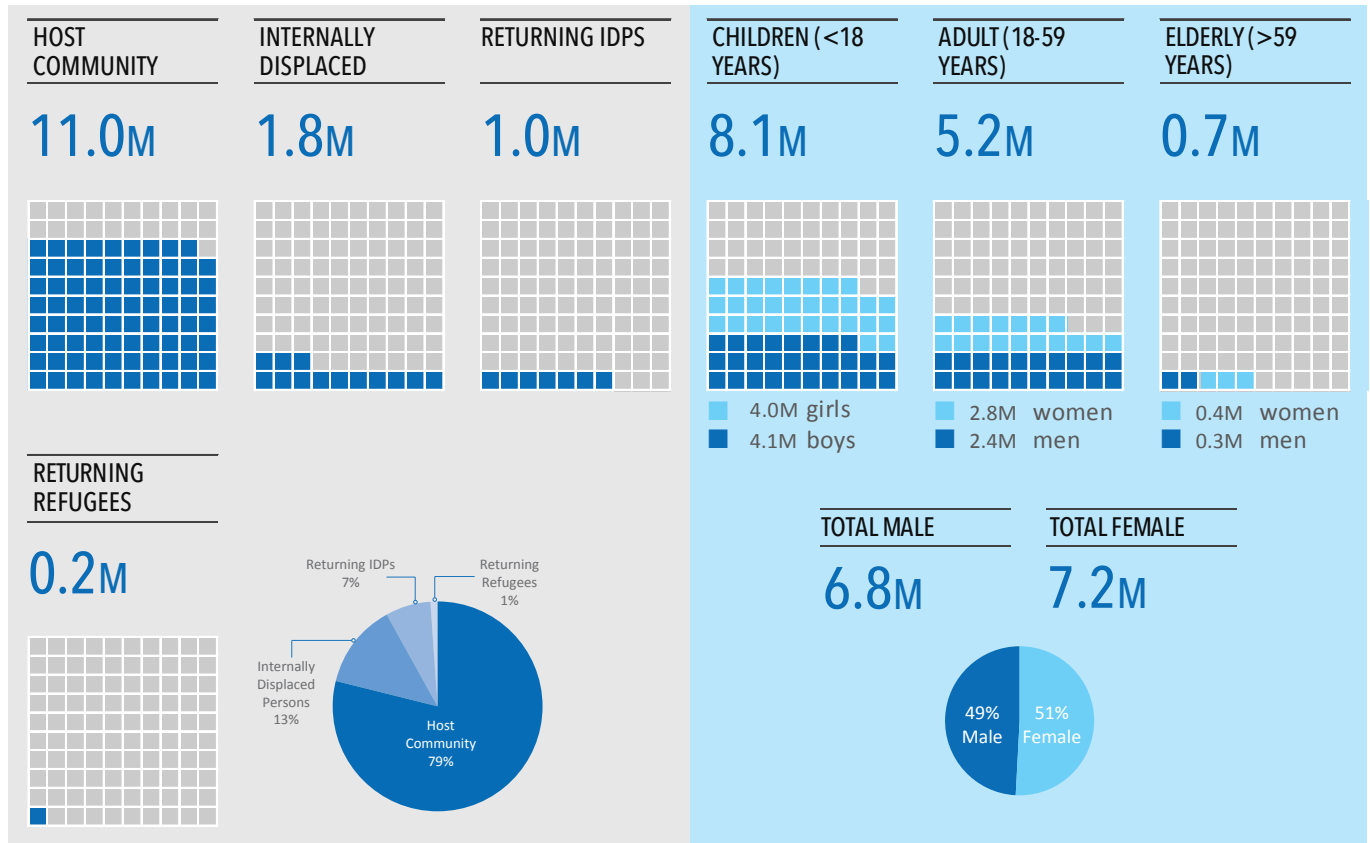


NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

14M

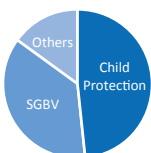


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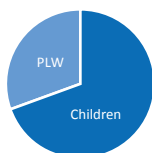
CASES OF PROTECTION CONCERNS

6.7M



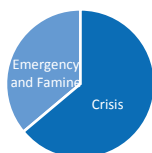
MALNOURISHED PEOPLE

6.7M



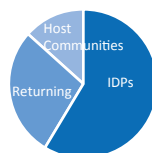
FOOD-INSECURE PEOPLE IN PHASES

5.8M



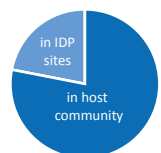
CHILDREN WITHOUT ACCESS TO EDUCATION

1.3M



IDP LOCATION

1.8M



## IMPACT OF THE CRISIS

The conflict between Boko Haram and military counter operations in North East Nigeria resulted in widespread forced displacement, a major food and nutrition crisis, violations of international humanitarian and human rights law, severe protection concerns and a growing humanitarian crisis of global proportion. Now in its eighth year, insecurity continues and is adding to the long history of marginalization and chronic under-development as well as a higher rate of poverty, illiteracy and unemployment. Long-standing environmental degradation, closure of markets and disruption of regional trade also contributes to eroding livelihoods, while conflict has caused forced displacement and human suffering on a massive scale.

Across the six states of North East Nigeria the ongoing crisis is estimated by humanitarian partners to directly affect 26 million people, with 14 million in need of humanitarian assistance, more than 50 per cent of whom are children. While all six states are affected by the conflict, the majority of the needs are in the three states of Borno, Adamawa and Yobe, with violent conflict causing massive forced displacement and food insecurity resulting in widespread malnutrition. As areas previously under Boko Haram control become accessible to humanitarian partners, new dimensions of need are uncovered.

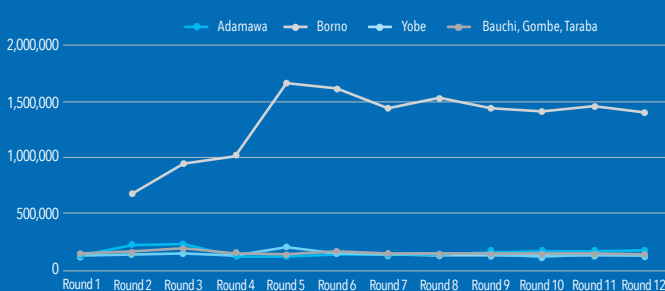
These recently accessible<sup>1</sup> communities currently in 15 sites in Borno and two local government areas (LGAs) in Yobe are in urgent need of assistance. The security situation in these areas remains unpredictable and some NGOs, Government and UN agencies are using military escorts as a last resort to deliver humanitarian assistance in LGA headquarters, where

there are large concentrations of IDPs secured with increased military presence. In July 2016, a humanitarian food convoy under military escort was attacked by suspected Boko Haram. As of November 2016, 13 LGAs in Borno, five LGAs in Yobe and one LGA in Adamawa are partially accessible through military secured main routes and at LGA headquarters.

Since the escalation of the conflict in 2014, people forcibly displaced from Borno, Adamawa and Yobe States sought safety within their own states and also in Bauchi, Gombe and Taraba States. These neighbouring states were affected by the crisis primarily as hosts to 134,838 (7 per cent)<sup>2</sup> displaced people, many of whom are living with host communities, putting an increased burden on limited resources. Bauchi and Taraba States also have IDPs due to state-based communal violence<sup>3</sup> which is addressed by Government outside this response.

05

NUMBER OF DISPLACED CIVILIANS  
since Dec 2015 in the 6 states of the North-East Nigeria



Source: Displacement Tracking Matrix Rounds I-XII

NUMBER OF INCIDENTS AND FATALITIES  
related to Boko Haram in the 6 states in 2016



Source: ACLED and UNDSS reports between January and November 2016

**The root causes of the conflict with Boko Haram**—historical grievances, widespread frustration with Government, and lack of opportunities—will not be solved quickly. Even before the conflict, North East Nigeria lagged behind other regions within the country in terms of human development, with a paucity of businesses, low tax collection, and weak revenue generation. Perceptions of corruption and poor governance are an underlying cause of the conflict. Indices for poverty, illiteracy and youth unemployment were all higher than the rest of the country prior to the conflict.<sup>4</sup>

**Government forces are continuing to regain control of territory from Boko Haram** and curtail the activities of the group, however large areas of Borno, northern Adamawa and eastern Yobe remain extremely fragile with high levels of insecurity. Boko Haram continue to pose a threat to security in recently accessible areas in Borno and Yobe States and since October 2016 there is an increase in person-borne improvised explosive device (PBIED) attacks in and around Maiduguri. Attacks persist, while the group splintered in mid-2016 making future operations and potential global alliances harder to predict. Recent Boko Haram attacks in eastern Niger Republic indicate military victories in North East Nigeria may be contributing to insecurity across the Lake Chad Basin area.

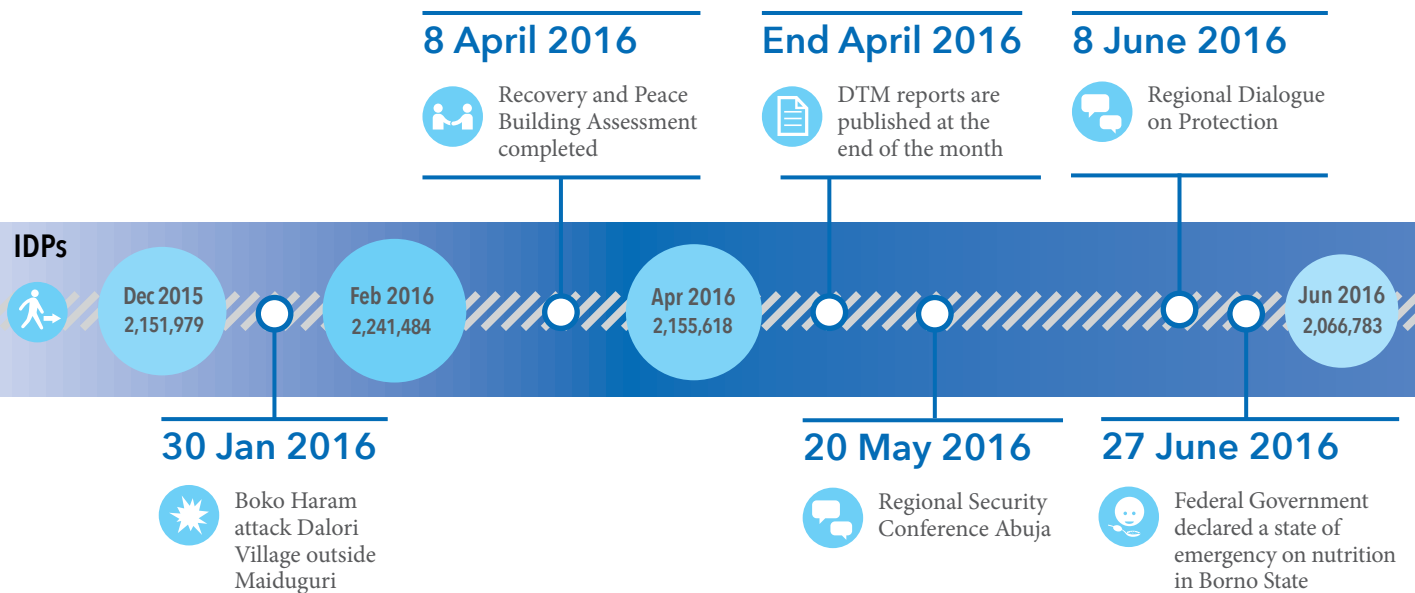
The extent and scale of humanitarian needs and complexity of the operations are currently higher than the Government's response capacity. The recent establishment of an Inter-Ministerial Task Force under the Minister of Budget and Planning, and an Emergency Coordination Centre are very positive steps in fostering greater partnership and more efficient coordination between the Government and the humanitarian community. However, the worsening economy

and state finances are affecting the ability of the response at Federal and State level, as Nigeria is currently battling its worst economic recession in almost 30 years.

**There are millions of people who were forcibly displaced by violence and insecurity.** Up to 2.0 million people fled their homes in North East Nigeria at the height of the conflict, 1.8 million of whom are internally displaced and 0.2 million crossed into neighbouring countries of Cameroon, Chad and Niger. Escaping from attacks across the three affected states, IDPs are taking shelter in the relative safety of urban centres. This is causing overcrowding in already inadequate living conditions and placing resources and basic services under huge strain. Maiduguri, the capital of Borno State, and greater Maiduguri including Jere LGA has seen its population more than double from 1 million to 2 million with the influx of people displaced from other areas of the state. In the last quarter of 2016 the numbers of IDPs in Maiduguri reduced to 873,000 as the government encouraged people to return to their places of origin.

Nigerians refugees in neighbouring countries are returning towards their areas of origin in Borno, Adamawa and Yobe where living conditions are difficult and services not yet restored. In many cases, people remain displaced as they move closer to, but do not return to their place of origin, which are mainly rural and outside military control. While an estimated 1 million returnees (those who were previously IDPs and refugees) are moving back to their LGAs of origin they receive limited or no assistance upon return. Simultaneously as areas previously under the control of Boko Haram become accessible, humanitarian partners report an influx of new displaced families, up to 10,000 people in some cases, within days of the military regaining control. People

CRISIS AND DISPLACEMENT TIMELINE FROM DECEMBER 2015



returning are in urgent need of assistance as are those in military run temporary IDP sites in newly accessible areas. It is not yet fully clear how many people are living in military run temporary IDP sites in order for the Government to gain a satisfactory level of control over newly accessed areas. Not all of these temporary sites were accessed by humanitarian partners.

**Reaching people in need remains a challenge**, due to high levels of insecurity, degree of military control and consequently restricted access. Newly opened areas at the border with Cameroon are only accessible by helicopter. Over 80 per cent of Borno is considered high or very high risk for international humanitarian partners to operate. Using the overall people in need figure based on the highest sector people in need per LGA, the number of people in the six inaccessible areas could be up to 0.7 million<sup>5</sup> but humanitarian partners need unhindered and sustained access to determine the situation in these areas. The high level of basic survival needs found in recently accessible areas would indicate that there would be similar or higher needs of people still inaccessible. Demographic data for the rural areas of LGAs with restricted access is not available. However, there are strong indicators that considerable numbers of people are still trapped in areas ravaged by armed conflict, which could see the number of people in need greater than the estimated 0.7 million. Considerable movement of IDPs between main cities and surrounding areas also makes it difficult to adequately and accurately track, assess and respond to needs.

In a region already economically deprived, more than 80 per cent of IDPs are living among host communities whose own resources and capacities are depleted. People who were displaced over several years and within the host communities are invisible and do not receive the required support.

**In recently accessible areas** IDPs and vulnerable host communities are in critical need of humanitarian interventions including food, nutrition, water, sanitation, protection, education, and shelter and health services. The lack of shelter, overcrowded living conditions and the ongoing disruption to basic services such as health care, clean water and sanitation have heightened vulnerability to disease including measles and exacerbated malnutrition among children under five.

**Food insecurity has increased compared to previous years due to the current economic and livelihoods context, and protracted conflict and displacements.** Initial access to previously restricted or inaccessible areas throughout 2016 uncovered new needs and widespread food insecurity reaching extreme levels in parts of the north east. A reported 5 million people are in crisis and emergency phases of food and nutrition insecurity (IPC 3-4),<sup>6</sup> nearly twice as many as in March 2016, with pockets of people also experiencing famine like conditions in some areas. This is projected to rise to 5.8 million people by June 2017. In the worst affected and least accessible areas of Borno and Yobe there are severe forms of hunger, with 55,000 people estimated to be experiencing famine-like conditions and the figure is projected to increase to 120,000 by June 2017. The prices of staple food crops across the region are extremely high due to inflationary pressure. While some markets that were previously closed due to the conflict are beginning to reopen, trade routes are still closed, and insecurity and the cost of transportation linked to fuel availability limits access.

There will be up to 450,000<sup>7</sup> children at risk of severe acute malnutrition (SAM) and reduced immunity to basic illnesses such as malaria in the coming 12 months in Borno, Adamawa and Yobe, with 300,000 in Borno alone. Almost one in five

### 28 July 2016



Humanitarian convoy attacked delivering aid under military escort outside of Maiduguri

### 23 Sept 2016



Federal Government forms Inter-Ministerial Task Force

### 26 Oct 2016



Presidential Committee on North East Initiative inaugurated

Aug 2016  
2,093,030

Oct 2016  
1,822,541

### 4 Aug 2016



Split in Boko Haram leadership

### 24 Sept 2016



President Buhari requests that countries who had pledged support address the humanitarian crisis in Lake Chad area

### End Oct 2016

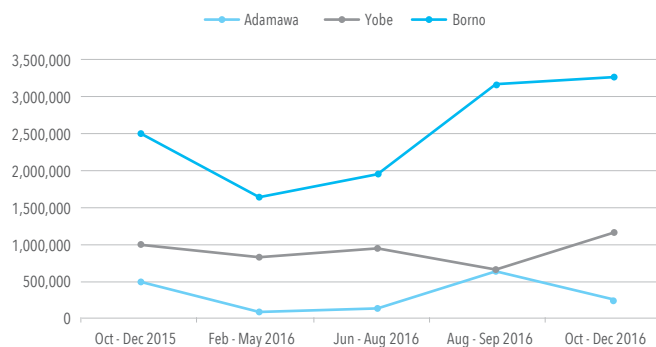


Increase in attacks attributed to Boko Haram following the end of the rainy season

children suffering severe acute malnutrition (SAM) are likely to die (about 75,000 children) if they do not receive specialized treatment. There is a lack of service delivery points for malnourished children with medical complications.

The most affected three states are predominantly sustained by subsistence farming and small scale seasonal dependent agriculture. For a third consecutive year, these livelihoods have been disrupted as people cannot return to the land to cultivate due to threat of attack, danger of unexploded ordinance,<sup>8</sup> a proliferation of improvised explosive devices, military restrictions for fear of Boko Haram infiltration and a lack of agricultural inputs. The IDPs, returnees and vulnerable host communities in these areas will continue to rely on humanitarian food assistance in 2017 and beyond if parallel investment in sustainable livelihoods is not realised.

### TRENDS OF FOOD INSECURE PEOPLE PER STATE



Source: Cadre Harmonisé Reports 2015 and 2016

**It was reported in October 2016 that only 20 per cent of IDP households had a source of income.<sup>9</sup> The lack of access to livelihoods and resources is leading to negative livelihood coping strategies** among displaced and host communities alike. These strategies include consuming less preferred food, reducing number of meals, spending savings or borrowing and selling productive assets,<sup>10</sup> which will also negatively impact future recovery and resilience capacity. There are reports of widespread incidences of sex for survival, where women, girls and boys are coerced into providing sexual favours in order to obtain food rations for themselves and their families.<sup>11</sup>

**Protection needs in North East Nigeria remain severe,** especially for vulnerable groups, including women and children. Since the start of the conflict in 2009, more than 20,000 people have reportedly been killed, 4,000 women and girls have been abducted, men and boys targeted for killings and forced recruitment and children drafted as suicide bombers for Boko Haram. Civilians face grave human rights violations and human rights abuses including death, injuries, sexual and gender-based violence, arbitrary detention,

disappearances, forced displacement, attacks on civilian sites, destruction of property, looting of food and livestock and forced recruitment. The population assessed in outlying temporary IDP sites in Borno reported fear and severe distress due to extremely high level of trauma and repeated waves of forced displacement.

**There are large numbers of unaccompanied and separated children among the IDPs** exposed to an environment of sexual and gender-based violence (GBV). Conflict and displacement undermined gender norms, affected child rights and created a power shift between generations. Families and communities have shifted in what was once the norm and many unconventional households now exist headed by women, children or older people.

**Sexual violence including rape** is a characteristic of the ongoing conflict and is being systematically used as a weapon of war with six out of 10 females reported to have experienced one or more forms of GBV in the north east.<sup>12</sup> Women, girls and boys clearly have specific protection needs within the current military-led structure where some IDPs are not able to leave military controlled temporary IDP sites and are reported to be engaged in transactional sex in exchange for food, money and freedom of movement in and out of these military run temporary IDP sites. Early and forced marriage of girls is also noted to be a present concern.

The rise of the Civilian Joint Task Forces and community security groups as a response to Boko Haram has **also increased the level of community insecurity** due to widespread presence of weapons. Unemployed and idle youth can find what Boko Haram offers attractive as it can give them weapons and power. There are major challenges to social cohesion, with many reports of discrimination against those who were captured by Boko Haram or remained in Boko Haram controlled areas and reports of increased hostilities against villagers in remote communities. Studies indicate that people who were held by Boko Haram face mistrust, persecution and rejection from families and communities. Fear and suspicion persist of children born of sexual violence from Boko Haram members, which is unlikely to decrease in the near future.<sup>13</sup> Limited and irregular distributions of humanitarian assistance including food, medicine and other essentials have resulted in tensions and at times demonstrations. In addition, the gaps in assistance to host communities and IDPs has, in some locations created additional tension over competition for scarce resources and unequal access to assistance.

**Health needs remain extremely high with many people already in critical health conditions and high prevalence of severe malnutrition, morbidity and mortality.** After two years without a reported case of polio, four cases were confirmed in Borno in 2016, an indicator of the breakdown in Government basic health service provision. Lack of solid waste management and poor drainage and sewage

infrastructure is also contributing to greater incidents of malaria and increases the likelihood of waterborne diseases such as diarrhoea and cholera.

Wider society is also impacted by the damage to the environment with forests and rangelands degraded by militants and military operations, as well as the stresses put on areas of high IDP concentration through overgrazing, over-cropping of firewood, or other ecosystem service related needs of the displaced population. In some areas there are large quantities of debris from the destroyed/damaged buildings which contain hazardous materials and impede the reconstruction efforts and contaminate soils, water and agricultural lands.

**The destruction of schools compounded an already very fragile education system and existing low levels of literacy, putting an entire generation at risk** of losing their right to education. This has dire consequences on individual lives and severe impact on the wider society. Lack of access to education has severely worsened the vulnerability of children and made them even more susceptible to recruitment by armed groups. A lack of jobs and livelihood opportunities in an environment with pre-crisis high youth unemployment increases the risk of continuing cycles of radicalization and a culture of dependency. A whole generation of children and youth could be lost, with dire consequences on individual lives but also fatal impact on the wider society, locally, nationally and regionally.

## BREAKDOWN OF

# PEOPLE IN NEED

As more areas previously held by Boko Haram become accessible, the number of people in need across the six states of North East Nigeria is estimated to be 14 million people. The most vulnerable people in need can be found among IDPs, those who were displaced who are returning to place of origin and communities who are hosting IDPs, returnees or vulnerable themselves.

All sector analysis is categorized by the status of people in need and by their age and sex. Sectors use the same categories to provide details about the intensity, severity or type of need in that sector.

The status definitions and key needs are:

### IDPs

The DTM Round XII reported 1.8m IDPs<sup>14</sup> in the six states of North East Nigeria and 1.7 million in the most affected states of Adamawa, Borno and Yobe as of October 2016. Nearly 80 per cent of the IDPs are living with host communities while the remainder are living in temporary IDP sites. The highest number of temporary IDP sites were reported in Borno followed by Adamawa. Majority of the IDPs assessed were living in spontaneous collective centers (87%). The greater Maiduguri<sup>15</sup> area in Borno continues to host the highest number of IDPs estimated at approximately 873,000. The IDP population in the three most affected states is fluid, with reports of increased mobility for farming and return towards areas of origin in locations where security has improved. The lack of access to services was also reported to be driving some of the movements. Most of the IDPs were displaced between 2014 and 2015 (74%) with only 25 per cent displaced so far in 2016.

The DTM figures show that 55 per cent of the IDPs are children below 18 years and they face huge risks including forced recruitment by Boko Haram, malnutrition and lack of access to education. Women make up 46 per cent of IDPs and are at risk of GBV which has been used as a weapon in the conflict.

### Host communities

Due to the nature of displacement, the pre-existing levels of under development and the difficulty in establishing a strict methodology for estimating the non-displaced communities

hosting IDPs, this category includes communities hosting returnees (former IDPs or former refugees); vulnerable communities with non-displaced people and people estimated to be living in six inaccessible LGAs. The estimates of host community population in need is calculated based on 2016 projected population at LGA level, minus IDPs in those LGAs as assessed by DTM.





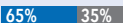
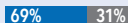


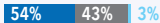


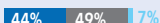







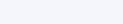
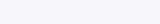

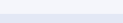
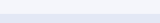

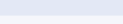
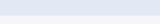
Almost 80 per cent of the 1.8 million IDPs are living with host communities, many for up to two years, placing a huge strain on infrastructure and resources. This also results in increasing tensions between host communities and IDPs with a negative perception towards humanitarian programmes that solely target IDPs. Vulnerable communities in the most affected states are also in need of support due to the impact of the crisis.

### Returnees














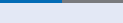
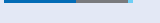

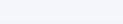
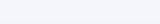


According to the DTM Round XII and information from UNHCR registration database, 1 million returnees from within and outside Nigeria have been recorded since August 2015. The highest number of returnees was reported in Adamawa and Borno. The needs among the returnees remain high as most of them are returning to areas where already limited pre-existing basic infrastructure is destroyed and they have no access to services. Due to insecurity, the majority reportedly remain in displacement in LGA headquarter towns on the way to their areas of origin, further increasing their vulnerability. Some of these returning IDPs and returning refugees are not fulfilling the UNHCR definition of 'return'<sup>16</sup> and cannot be considered 'returnees'. For a person to return they must be able to go back to their home safely and with dignity. This needs to be recognised when referring to returnees.

Please see **Part II: Needs Overview by Sector and Methodology Annex** for details on calculating people in need and severity mapping.

## NUMBER OF PEOPLE IN NEED BY SECTOR, STATUS, SEX AND AGE

| SECTOR   | BY STATUS            |                |                      |           | BY SEX & AGE   |  |
|--|----------------------|----------------|----------------------|-----------|--|--|
|  | TOTAL PEOPLE IN NEED | HOST COMMUNITY | INTERNALLY DISPLACED | RETURNEES | % FEMALE<br>% MALE   | % CHILDREN, ADULT,<br>ELDERLY  |
|  Health                               | 12.4                 | 10.6           | 1.8                  |           |   |   |
|  Nutrition                            | 6.7                  | 5.9            | 0.6                  | 0.2       |   |   |
|  Protection                           | 6.7                  | 3.8            | 1.8                  | 1.1       |   |   |
|  Food Security                        | 5.8                  | 3.6            | 1.6                  | 0.6       |   |   |
|  WASH                                 | 3.8                  | 1.5            | 1.5                  | 0.8       |   |   |
|  Education                            | 3.0                  | 1.8            | 0.8                  | 0.4       |   |   |
|  Displacement Management Systems/CCCM | 2.4                  |                | 1.8                  | 0.6       |   |   |
|  Shelter and NFI                      | 2.4                  |                | 1.8                  | 0.6       |   |   |
|  Response and Recovery Planning      | 14.0                 | 11.0           | 1.8                  | 1.2       |  |  |

## NUMBER OF PEOPLE IN NEED BY STATE, STATUS, SEX AND AGE

| STATES  | BY STATUS            |                |                      |            | BY SEX & AGE  |   |
|---|----------------------|----------------|----------------------|------------|---|---|
|   | TOTAL PEOPLE IN NEED | HOST COMMUNITY | INTERNALLY DISPLACED | RETURNEES  | % FEMALE<br>% MALE  | % CHILDREN, ADULT,<br>ELDERLY   |
|  Borno   | 4.4                  | 2.6            | 1.4                  | 0.4        |  |  |
|  Bauchi  | 2.8                  | 2.7            | 0.06                 |            |  |  |
|  Adamawa | 2.5                  | 1.7            | 0.2                  | 0.6        |  |  |
|  Yobe    | 1.6                  | 1.3            | 0.1                  | 0.2        |  |  |
|  Gombe   | 1.4                  | 1.4            | 0.03                 |            |  |  |
|  Taraba  | 1.3                  | 1.3            | 0.04                 |            |  |  |
| <b>TOTAL</b>  | <b>14.0</b>          | <b>11.0</b>    | <b>1.8</b>           | <b>1.2</b> |  |  |

## SEVERITY OF

## NEED

The most severe needs across multiple sectors are concentrated in areas with large numbers of IDPs, ongoing insecurity and food insecurity in Borno State and some LGAs in Yobe and Adamawa. Bauchi, Gombe and Taraba States have less severe needs with needs in some LGAs in Taraba due to intra-state communal violence.

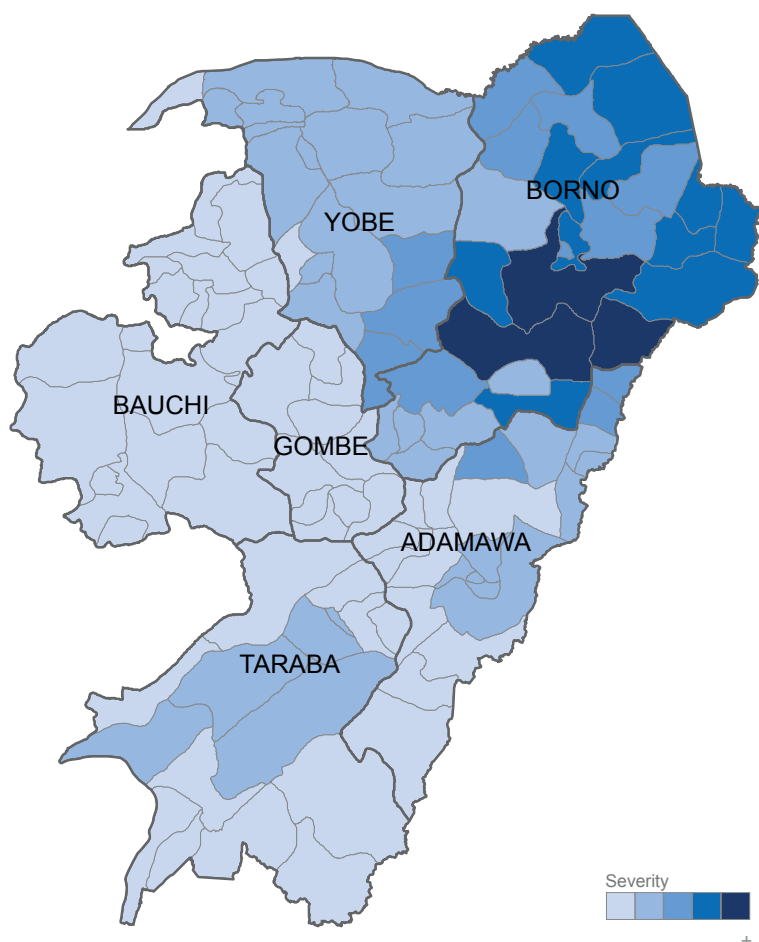
The severity analysis is a result of overlaying both sector specific severity estimates and other indicators. The severity map shows the LGAs with the highest level of humanitarian needs related to violent incidents due to the ongoing conflict, continued displacement and its consequences, food insecurity and malnutrition, disease outbreaks and access to basics services including functioning health facilities, education, protection services and water and sanitation. While some of the areas were already facing chronic challenges before the conflict due to deficient development, acute humanitarian

needs are in areas with ongoing conflict, large number of food insecure people, IDPs and people returning.

A composite measures approach was used to consolidate and produce the severity map. Four contextual indicators complemented the sector specific analysis and indicators. These are: number of conflict incidents registered in 2016, number of IDPs in the LGAs, ratio of IDPs to host population and percent increase of IDPs reported in DTM Round XII vs Round VII. A full list of the sector severity indicators used in this analysis and sources appears in the Methodology Annex.

12







## 2017 SEVERITY OF NEEDS BY LGA



This map is a graphic representation of the Needs Comparison Tool, which was used to condense large (although incomplete) amounts of humanitarian information to a format that facilitates comparison, ranking, and discussion of data across all humanitarian sectors. A full description of the methodology and indicators used in producing this overall severity map can be found in Part II Methodology while the individual sector maps have been captioned to note which indicators were used by each sector.<sup>8</sup>

# PART II: NEEDS OVERVIEWS BY SECTOR

## INFORMATION BY SECTOR

-  Food Security
-  Protection, Child Protection and Gender-Based Violence
-  Health
-  Nutrition
-  Water, Sanitation and Hygiene (WASH)
-  Education
-  Shelter and Non-Food Items
-  Displacement Management Systems/  
Camp Coordination Camp Management (CCCM)
-  Recovery and Response Planning (Durable Solutions)

# FOOD SECURITY

## OVERVIEW



• Almost 5 million people are at crisis or emergency levels of food insecurity, with pockets of people experiencing famine like conditions in some areas (IPC Phase 3-4).<sup>17</sup> Of these, 4.7 million are in Borno, Adamawa and Yobe.

- This figure is projected to reach 5.8 million by June 2017; of which 2.1 million people (41%) will be in emergency or higher level of food insecurity (IPC Phase 4-5). Of the 5.8 million, 5.1 million will be in Borno, Adamawa and Yobe.
- From the projection for June 2017, the prevalence of Global Acute Malnutrition (GAM) is within the crisis/emergency threshold and pockets of very high GAM prevalence have been found.

## HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

The conflict with Boko Haram has led to substantial destruction of basic services and infrastructure, low market functioning and low farming activities.<sup>18</sup> Trade routes linking some markets remain insecure and restricted.<sup>19</sup>

Insecurity, displacement, and livelihood restrictions have had a negative impact on access to food and livelihood activities.<sup>20</sup> Some areas face the fourth season of no or limited cultivation as well as movement restrictions.<sup>21</sup> Partial access to previously restricted or inaccessible areas throughout 2016 uncovered widespread food insecurity.

Affected population have low levels of food consumption due to depleted household stocks, poor access to markets, high prices of staple food and limited income opportunities and coping strategies. The depreciation of the Naira, inflation and increase in prices for key staples have negatively impacted households' purchasing power, limiting access to food for market dependent households.<sup>22</sup> In Borno and Yobe, staple food and cash crop production has been below average, resulting in households' stocks being depleted earlier than normal.<sup>23</sup>

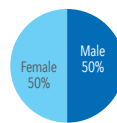
## NO. OF PEOPLE IN NEED

5.8M

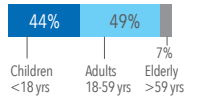
## PEOPLE IN NEED BY STATUS

| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 3.6M           | 1.6M | 0.6M      |

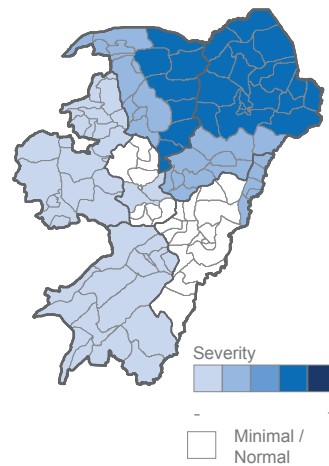
## BY SEX



## BY AGE



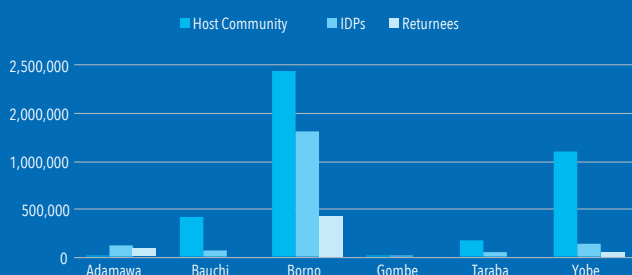
## SEVERITY MAP



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

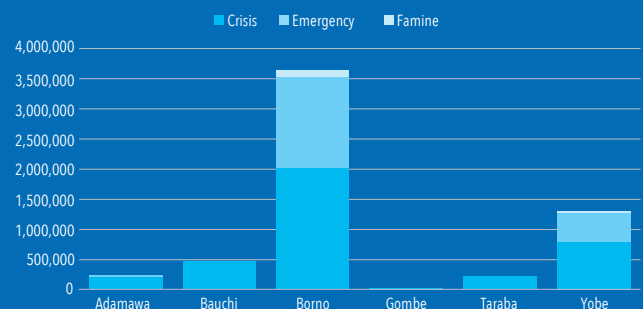
The protracted conflict and large displacement of people limited their participation in income opportunities and agricultural livelihoods. Households resorting to negative coping strategies (i.e. consuming less preferred food, reducing number of meals, spending savings/borrowing, selling productive assets, etc.),<sup>24</sup> which will also negatively impact future recovery and resilience capacity. Surveys reported that for nearly half of the surveyed IDPs, food was the biggest need.<sup>25</sup>

## PEOPLE IN NEED OF FOOD ASSISTANCE BY STATUS PER STATE



In Bauchi, Gombe and Taraba there are no people returning. Source: Estimates of Food Security Sector Needs Analysis

## FOOD INSECURITY BY FOOD SECURITY PHASES (IPC LEVEL)



In Gombe less than 10,000 people are estimated in crisis. Source: Cadre Harmonisé Report November 2016

## FOOD SECURITY

DTM Round XII reports that 54 per cent of IDPs are female and assessments show households led by women are more likely to have poor food consumption.<sup>26</sup> There is also a high dependency rate as 55 per cent of IDPs are children, with 48 per cent under five years old.<sup>27</sup> Over 78 per cent of IDPs live in host communities. These already poor communities have absorbed large numbers of people, placing considerable pressure on fragile agricultural and pastoral livelihoods and overstretching services, food and income sources.

The sector severity map is based on the Cadre Harmonisé analysis and shows that southern Borno, northern and southern Yobe and northern Adamawa are classified as crisis (IPC Phase 3). Central and northern Borno and eastern Yobe are classified as emergency (IPC Phase 4). Throughout 2017 households in these areas will likely continue to face limited production, restricted access to livelihoods, continued displacement and significant difficulty in meeting their basic food needs. Inaccessible areas or areas with restricted access are also located in zones predicted to be in emergency phase of food security.

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### METHODOLOGY FOR NEEDS ANALYSIS

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The people in need number is based on the October 2016 Cadre Harmonisé reporting of phases of food and nutrition insecurity and estimate of affected population. This report is developed from classification of areas based on available data as well as consideration of the impact of contributing factors on the outcome indicators. It is important to note that the classification of the inaccessible areas was made based on limited qualitative data as well as the situation in recently accessible areas. The estimates of population in each phase is based on available evidence including, but not limited to, food consumption scores, number of IDPs, child malnutrition and mortality rates. The Cadre Harmonisé analyses the food and nutrition situation of the states at the local government level with special emphasis on the areas affected by the conflict by a group of state experts, and subsequently harmonized based on consensus by all partners with facilitation of the Cadre Harmonisé technical team (CILSS, FEWS NET, and FAO).

# PROTECTION

## OVERVIEW



The ongoing conflict has resulted in grave violations of human rights and increased risks to people, including death, injuries, sexual violence, arbitrary detention, disappearances, forced displacement, violent attacks, psychosocial distress and forced recruitment.

- Most of the 6.7 million people in need of protection services are located in Borno as well as the most affected LGAs in Adamawa and Yobe. Inadequate provision and restriction of humanitarian services exacerbate protection risks to vulnerable people.
- Affected people in temporary IDP sites including in host communities lack access to adequate services, particularly in newly accessible areas, where scarcity of services and restrictions of freedom of movement impact access to livelihood. The military plays a predominant role in recently accessible areas, significantly limiting the humanitarian and civilian character of IDP sites.
- Some IDPs are returning towards their areas of origin, but conditions in much of the recently accessible areas of Borno, particularly security and access to services, is not guaranteed and circumstances have not been conducive for voluntary, safe and dignified returns.

## NO. OF PEOPLE IN NEED

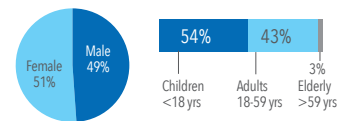
6.7M

## PEOPLE IN NEED BY STATUS

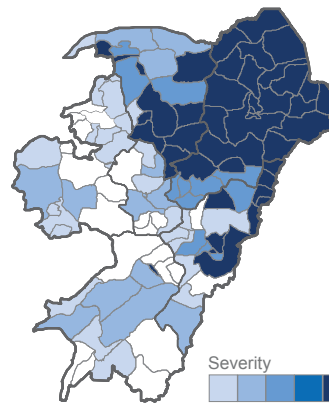
| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 3.8M           | 1.8M | 1.1M      |

## BY SEX

## BY AGE



## 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 IPDs, 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.

## HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

The Boko Haram-related violence and military counter operations have severely increased the protection risks faced by the affected population, particularly people with special needs and vulnerabilities including the elderly, the chronically sick, people with disabilities, female and child-headed households, unaccompanied/separated children, adolescent boys and pregnant and lactating women.

Based on the analysis of the October 2016 DTM Round XII, conflict incident data, and child rights violations and GBV

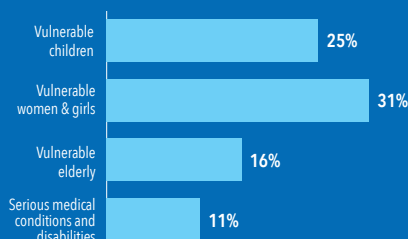
incidents, the most acute protection challenges are found in Borno, the epicentre of the conflict. Nearly 85 per cent of the IDPs are from Borno, which also hosts 76 per cent of the IDPs. Since the escalation of violence in 2014, 97 per cent of the current 1.8 million IDPs is due to conflict. Nearly 80 per cent of IDPs are living in host communities, placing considerable strain on limited resources. Children under 18 years constitute 55 per cent of IDPs and 48 per cent are under five years old.

## % OF VULNERABLE DISPLACED HOUSEHOLDS

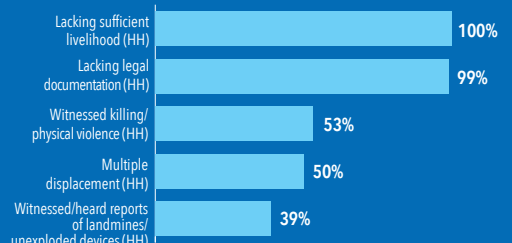
46% of internally displaced households in newly accessible sites in Borno State have protection needs



## % OF DISPLACED HOUSEHOLDS in newly accessible sites with protection needs



## % OF ADDITIONAL PROTECTION risk/needs of vulnerable displaced households in newly accessible sites



Source: UNHCR Vulnerability Screening, Round III (November 2016).<sup>28</sup>

## PROTECTION

While more areas are partially accessible to humanitarian partners since April 2016, insecurity continues to restrict humanitarian access to affected people particularly in Borno. There have been attacks in and around IDP sites, with all roads leading out of Maiduguri subject to attack. 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 requirement for armed escort is challenging many INGO's policies and attacks on Government installations further limits service providers reach.

Boko Haram-related violence continues to cause death, injury, forced displacement, abduction and conflict-related psychological trauma. People abducted by Boko Haram and survivors of rape and children born out of sexual violence face stigmatization and subsequent ostracization. In some communities, the absence of men and adolescent boys revealed serious threats of arrest or forced recruitment. Vulnerability assessments show an increase in female-headed households with risks towards negative coping mechanisms which heightens the risk of GBV and other protection risks. In a context of forced displacement many families are separated and there is a large number of unaccompanied and separated children. Over 70 per cent of vulnerable IDPs lack sufficient livelihood, while in newly accessible sites in Borno, all vulnerable displaced households reported the need for livelihood assistance to be able to provide for their basic needs (Vulnerability Screening, Rounds II and III).

IDPs in temporary sites are often living in congested shelters or isolated, insecure or inhospitable areas, and are vulnerable to all forms of risks, exploitation and abuse. In host communities, where nearly 80 per cent of IDPs are seeking refuge, resources are being exhausted, causing tension between IDPs and host families. According to ongoing protection monitoring, vulnerability screening and assessments, IDP sites have reported insecurity and incidents of arrest/detention, restrictions on freedom of movement, cases of exchange of goods for sex, forced family separation, physical and emotional abuse of children, child begging/hawking and unaccompanied/separated children, including orphans and child-headed households as main protection concerns.

Over 152,000 Nigerian refugees have returned from Cameroon and Niger, many to dire situations. Some returns have fall short of international standards.<sup>29</sup> DTM Round XII shows that nearly 1 million IDPs have returned to their LGAs of origin in Borno, Adamawa and Yobe, but many returning IDPs and returning refugees are in secondary displacement situations as they have not been able to return to their places

of origin. Returning IDPs may not be sufficiently informed and may be incentivized by assistance that is not in place in newly accessible areas. People in newly accessible areas lack security and critical basic services, reconstruction support and mine risk education. There are also potential tensions between returning IDPs and those who never left their LGAs due to alleged association with Boko Haram. Armed elements were reported by returning IDPs as a significant threat, with women and children staying at home for fear of abduction.

Up to 1.8 million IDPs in host communities and temporary IDP sites lack an effective legal framework for their protection. The needs of the affected population cover the full spectrum of access to justice issues, from human rights violations such as arbitrary detention to matrimonial and family issues to housing, land and property. Vulnerability screening revealed 56 per cent of the most vulnerable IDPs lacked access to legal documentation, including 99 per cent in newly accessible sites in Borno. Widespread destruction of civil infrastructure due to the conflict and lack of federal and state coordination and resources continue to jeopardize efforts to provide legal redress to affected people.

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### METHODOLOGY FOR NEEDS ANALYSIS

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In estimating the people in need of protection support it was determined that all IDPs, returning IDPs and Nigerian refugees returning have immense protection needs, as does the population in newly accessible and inaccessible areas. The methodology further recognized that members of accessible communities, including host communities, have inherent vulnerabilities which were exacerbated by the conflict, including enduring insecurity/attacks, meagre resources being exhausted by the presence of IDPs and tensions with IDPs. It was thus determined that in order to capture the most vulnerable portion of host communities/returnees with serious protection needs, a per cent planning figure would be taken. Based on the Protection Sector Working Group severity ranking of protection concerns per LGA in the six states, the percentage of the host/local community in need was determined by the following: a severity ranking of 5 = 20 per cent of the host/local community for the LGA, 4= 15 per cent, 3=10 per cent, 2=5 per cent and 1=3 per cent.

The protection severity map details the magnitude of protection concerns and safety/security risks of vulnerable IDPs, returnees and other affected people in each LGA, based on protection assessments and vulnerability screening. The severity ranking was validated by protection, child protection and GBV partners at national and field levels.

# CHILD PROTECTION

## OVERVIEW



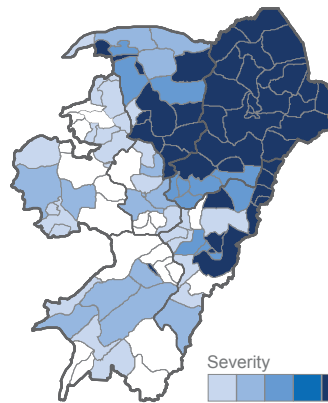
- 2.1 million children are affected by the armed conflict.
- 1 million (55 per cent) of the displaced population are children and 48 per cent of these are under age 5 (481,000).

- Estimated number of unaccompanied and separated children is 32,000 with 9,600 (30 per cent) of them unaccompanied.<sup>30</sup>
- Bereavement, displacement and exposure to violence and the threat of violence has left more than 2 million children with psychosocial distress (population of children in need aged 3-17).
- Since 2014, 41 children (3 boys, 38 girls) and 54 people of unknown age and gender have been used in suicide attacks by Boko Haram.<sup>31</sup>
- Children associated with Boko Haram, including those born out of sexual violence, are facing stigmatization and rejection, and in some cases violence, as they return to their families and communities.<sup>32</sup>

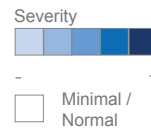
## NO. OF PEOPLE IN NEED

2.1M

## 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 IPDs, 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.



## HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

The overall population in need under the Protection Sector is estimated at 6.9 million for the six states, out of which 54 per cent are children. Based on secondary data review and severity ranking per location, the Child Protection sub-Sector identified the 32 most affected LGAs. For these 32 locations, there are 2.33 million children (54 per cent of 4.32 million). The Child Protection sub-Sector considers that children between aged 3-17 years in those most affected areas require psychosocial support, estimated at 90 per cent of 2.1 million children.

The conflict by its very nature disrupted family and community networks due to death, displacement and the associated family

separation. This breakdown of social cohesion, coupled with the ongoing armed conflict continues to fuel feelings of fear, mistrust and a sense of hopelessness among children and caregivers alike. Harmful coping mechanisms such as drug abuse and survival sex work has been reported across many temporary IDP sites and host communities.

Children who are unaccompanied and/or separated from their families, and who are not rapidly identified and provided with safe alternative care can struggle to access to food, water, health services, adequate shelter, psychosocial support and education and are at increased risk of abuse, neglect, violence, exploitation, including exploitative labour and sexual exploitation. There have been reports of trafficking of children for sexual exploitation, and forced early marriage.<sup>33</sup>

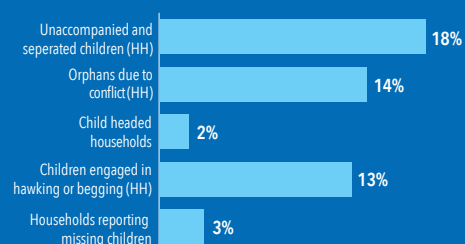
## DISPLACED HOUSEHOLDS WITH CHILDREN

**1 out of 4**  
displaced households in newly accessible sites in Borno have children with specific protection needs



## % OF DISPLACED HOUSEHOLDS

in newly accessible sites have children with specific protection needs



## CHILD PROTECTION

Grave violations have been committed against children during the conflict, including killing, abduction and sexual violence. Both Boko Haram and the Civilian Joint Task Force (CJTF) have been listed under Security Council Resolution 1612 for recruitment and use of children. Boko Haram has used children in combat and support roles, as human shields and in suicide bombing attacks. There are reports of children joining CJTF and other community security groups, voluntarily or forcibly, and being used to man checkpoints, gather intelligence and participate in armed patrols. It was reported that some civilians, including children who had voluntarily joined a particular side had done so in order to avoid the suspicion that they were associated with, or sympathetic to, the other side. The Office of the National Security Advisor estimated that in 2015 Boko Haram recruited and involved 8,000 children in attacks during the course of the conflict.

Through the Monitoring and Reporting Mechanism of grave violations against children, it is estimated that 4,000 women and girls have been abducted and many thousands more are living in areas under the control of Boko Haram since 2013.<sup>34</sup> However, this number could be under-reported due to lack of reporting systems at the local level. Likewise, with the number of missing people, mainly young men and boys, remains unknown. Women and girls have reported that rape and forced marriage was common. Many are pregnant or have given birth to children as a result of this sexual violence and when they escape or are rescued, they face stigma and rejection from their families and communities. Despite returning girls and women being screened and cleared of any involvement in the conflict by the military, communities are still fearful that they may have been radicalised while held captive and may be a threat to their communities. Of extreme concern is that children born out of sexual violence are at real risk not only of rejection but also violence in some communities.

Boys who were recruited and abducted by Boko Haram face even more acute challenges to their reintegration, including the risk of violence, regardless of whether or not they took a direct part in hostilities, with both communities, as well as their families expressing a strong resistance to their return. Without support these young people may become disaffected and disengaged and pose a security risk in the form of criminality and criminal gangs.

Since January 2016, 49 incidents of landmine/IED have reportedly killed over 200 people including 12 children. There is a lack of information on the presence of landmines and mine risk education.

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### METHODOLOGY FOR NEEDS ANALYSIS

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The overall severity of child protection needs was derived based on 70 per cent weightage given to organizational responses to address psychosocial need of risk children, case management of unaccompanied and separated children including at-risk children and reintegration support to children associated with armed groups. A 30 per cent weightage was given to secondary datasets, which include IDP population, security and violence in the area and expert opinion where there is no data. This analysis shows that 48 per cent (31 out of 65 LGAs) of LGAs are classified as very highly severe child protection needs across Borno, Adamawa and Yobe. The child protection severity and vulnerability exercise was carried out and validated at the State and Federal levels by the Child Protection Working Group.

## GENDER-BASED VIOLENCE

### OVERVIEW



• Every six out of ten females reported to have experienced one or more forms of gender-based violence.<sup>35</sup>

- Rape accounted for 85 per cent of violations for which survivors sought care between June and August 2016.<sup>36</sup>
- Sexual violence and GBV prevalence in the North East Nigeria has increased by almost 8 per cent since the conflict began.<sup>37</sup>

### HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

Societies in North East Nigeria, and Nigeria in general, are patriarchal and gender norms and socio-economic inequalities severely undermine the role of women. The findings above only present a small proportion of the actual number of incidences given the prevailing culture of silence regarding GBV especially sexual violence within the communities.

Women and girls constitute 54 per cent of the displaced population, many of whom are living in undignified conditions in over-crowded camps with inappropriate facilities, weak protection and security measures in place.

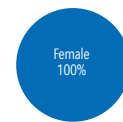
Vulnerability screening identified 25 per cent of IDPs as vulnerable women and girls with varied protection concerns including 20 per cent who were survivors of GBV. There were nearly 4,000 incidents of early/forced marriage; 1,538 were engaging in survival sex; and 1,174 reporting rape/sexual assaults. Over 40 per cent of the community are now female-headed households, 47 per cent of whom are widows and 38 per cent are pregnant or lactating.

As shown in the severity map, the geographic breakdown of vulnerable women and girls shows Borno State with the highest vulnerability of 29 per cent, followed by Yobe at 24 per cent and Adamawa at 20 per cent.

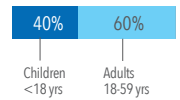
### NO. OF PEOPLE IN NEED

1.7M

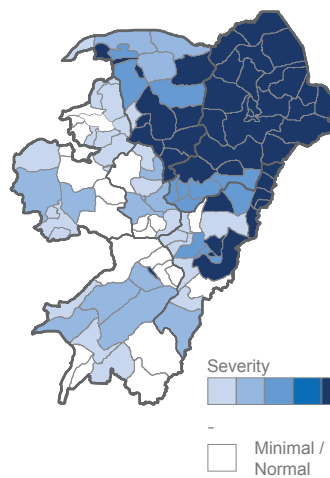
### BY SEX



### BY AGE



### 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 IPDs, 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.

Survival/transactional sex has been reported by women/girls in many IDP camps in Borno, for a variety of reasons including in exchange for food assistance and to gain freedom of movement in and out of temporary IDP sites.<sup>38</sup> This risky coping mechanism predisposes these women and girls to reproductive health complications. Harassment of women and girls has also been reported in temporary IDP sites and host communities, often in the course of conducting daily activities such as food distribution and water collection.

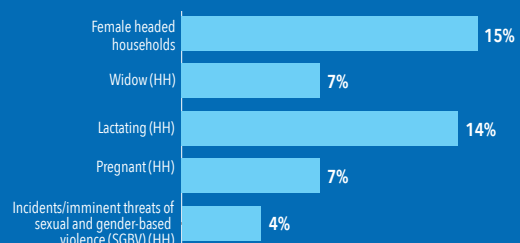
### DISPLACED HOUSEHOLDS WITH WOMEN AND GIRLS

3 out of 10

displaced households in newly accessible sites in Borno have women and girls with specific protection needs



### % OF DISPLACED HOUSEHOLDS in newly accessible sites have women and girls with specific protection needs



## GENDER-BASED VIOLENCE

Women and girls rescued from Boko Haram are often further victimised by the community. Often they have children, or pregnant and/or exposed to sexually transmitted diseases and HIV. They are stigmatised by the community, isolated, cannot move freely, lack access to humanitarian services and have poor representation/participation in community events.<sup>39</sup>

While reporting and help seeking behaviour has slightly improved, dignified and specialised care and services are unavailable in many LGAs including for timely clinical management of rape. Life-saving response to survivors of GBV includes psychosocial support (PSS), specialised health care including clinical management of rape (CMR), access to justice, safety and security as a minimum requirement.

Abduction and use of women and men as fighters and suicide bombers has been reported, yet boys and men constituted 4 per cent of survivors who have reported cases of GBV and sought help putting the projection of male population at risk of GBV between 8 - 10 per cent in the affected areas.<sup>40</sup> Violence towards boys and men is an area where silence is ingrained due to cultural beliefs and negative societal attitudes with regards to masculinity. However, reports on vulnerabilities and violence including abduction, exploitation and rape, towards boys and men are emerging.

Lessons from other contexts have revealed that the processes of return are often gendered, such that it is mainly the women, elderly and children who return to their villages of origin while the males and able bodied prefer to stay within urban areas. Insecurity in areas of return has resulted in additional challenges for female-headed households, the elderly and widows, increasing their vulnerability to rape, forced/early marriage and domestic violence.<sup>41</sup> As the Government prioritises the return of IDPs to their original homes, this presents unique vulnerabilities and risks for the continuum of violence in addition to safety and security concerns. Updated comprehensive data on GBV (prevalence, trends, attitudes, service provision etc.) is needed to inform planning and implementation of interventions at all levels. This includes periodic analysis patterns of return and education to inform inter sectorial gender mainstreaming.

Over 50 per cent of survivors of GBV declined referrals to legal and security/protection services where they were available because of lack of trust in the systems. The unfavourable legal environment that exacerbates the culture of impunity requires advocacy focused on review as well operationalization of national/state level legal framework on GBV.

# HEALTH

## OVERVIEW



Nearly 12 million people are living in areas with inadequate health services and high incidence of disease of which 6.9 million are in Adamawa, Borno and Yobe.

- Over 40 per cent of health facilities are known to be destroyed, many of them found to have been burned and looted during the armed conflict.
- The conflict ongoing since 2009 and its escalation in 2014 has resulted in a severe deterioration of living conditions and has significantly disrupted the health system with a rise in outbreaks of preventable communicable diseases, restricted access to essential medicines and care for non-communicable diseases and a lack of services for pregnant and lactating women and the elderly.
- Very high levels of mortality and acute severe malnutrition and food insecurity, several times above the emergency thresholds point to a severe deterioration of an already concerning health status.

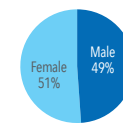
## NO. OF PEOPLE IN NEED

12.4M

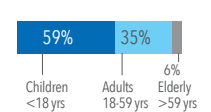
## PEOPLE IN NEED BY STATUS

| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 10.6M          | 1.8M |           |

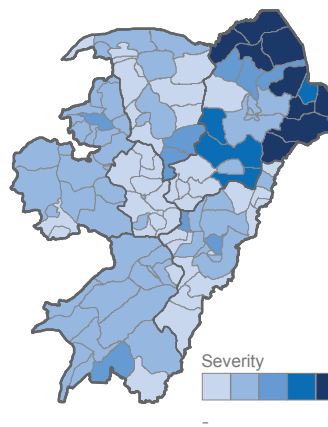
## BY SEX



## BY AGE



## 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.

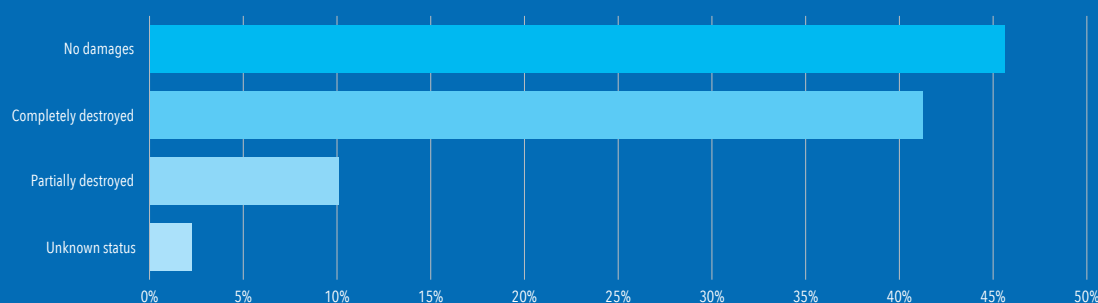
## HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

In both Borno and Yobe, there is less than one primary health care facility per 10,000 inhabitants, well below the average in North East Nigeria.<sup>42</sup> In most of the recently accessible LGAs, the health system is severely disrupted and in particular in Borno and many part of the region, the health system is overstretched due to the high numbers of IDPs. An assessment<sup>43</sup> found 450 health facilities have been damaged in Borno, Adamawa, Yobe and Gombe; with 334 in Borno alone. In addition the lack or limited availability of medicines and medical equipment together with a non-functioning referral system<sup>44</sup> hampers the humanitarian response. There is also a lack of skilled health care workers (doctors, nurses, midwives, pharmacists and laboratory technicians).

As many as 18 Health Sector partners are supporting 127 State Ministry of Health facilities in Borno. This represents only 20 per cent of the health facilities; of 86 camps (formal and informal) in Borno, 60 per cent are with no health partners' support.

The polio outbreak highlights the fragile health systems and the impact of conflict and insecurity while underscoring the risk of transmission throughout the north east region

## BORNO STATE HEALTH FACILITIES LEVEL OF DAMAGE



Source: Borno State Ministry of Health, September 2016

## HEALTH

and cross countries. Based on trends in previous years, it is expected that the risk of malaria, measles and acute respiratory infection, along with meningitis will continue to increase over the next three months.

The impact of the displacement in host communities, the polio outbreak and low to zero immunization coverage further puts children under 5 years at risk. These children already face dangerously high levels of malnutrition, endemic malaria and other vaccine preventable diseases such as measles. Four cases of wild polio virus type 1 (WPV1) plus two cases of vaccine derived polio virus type 2 have so far been reported in three LGAs in Borno since August (the first in Nigeria for more than two years). Over 2,000 cases of measles were reported from Borno, Adamawa, and Yobe since the beginning of 2016 and there is an ongoing measles outbreak in Borno temporary IDP sites. Old age is a challenge in itself and the special needs of the elderly are overlooked. The physical and/or mental health needs of over 0.5 million people over 60 years require urgent attention.

The elderly, women and children are the most vulnerable among the IDP population. In the overall host communities, children under 5 years, reproductive age females (15-49 years) and the elderly (over 60 years) under the poverty line are particularly vulnerable.

Women have been disproportionately affected by a severe reduction in health services. It is estimated that over 1 million women of reproductive age do not have adequate family planning, ante-natal care and post-natal care, safe delivery, emergency obstetric care, prevention and treatment of STIs and HIV, rape treatment and other life-saving reproductive health services. Among the people in need are an estimated 180,000 pregnant women who are expecting in 2016, 45,000 of them in the next three months alone.

Prior to the conflict, the North East Nigeria already had a high maternal mortality ratio, combined with a low percentage of pregnant women delivering with a skilled birth attendant and high teenage pregnancy rate. These issues are a major health concern due to their association with higher morbidity and mortality for both mother and child. Both malnutrition and malaria are major contributors of indirect causes of maternal deaths and aggravate the already high maternal mortality ratio in the region. There are currently almost 5 million people in crisis and emergency phases of food and nutrition insecurity.

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### METHODOLOGY FOR NEEDS ANALYSIS

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In consultation with partners, health sector uses the most vulnerable population as the baseline to calculate the people in need. The poverty index for four of the six States with host communities people in need are: Adamawa 59 per cent, Borno 70.1 per cent, Gombe 76.9 per cent and Yobe 90.2 per cent.<sup>46</sup>

In the north east region the most vulnerable selected populations are:

- All the IDPs in the six states, excluding children who will be counted in the host population.
- Children < 5 years in host communities in four states.
  - Reproductive age females below poverty line (this includes also pregnant women) in host population.
  - Health Sector applied the poverty index in Adamawa, Borno, Gombe and Yobe to identify most RH age females in need.
  - Elderly > 60 years below poverty line in host population. Health sector applied the poverty index for each state to identify most elderly in need.

# NUTRITION

## OVERVIEW



• High malnutrition rates were reported among 6.7 million people (4.7 million children under age 5 and 2 million pregnant or lactating women).

- A significant proportion of children with acute malnutrition have no access to treatment, specifically in Borno due to the high level of damage to health facilities there.
- The increasing food and nutrition insecurity further aggravates a fragile nutrition situation with 5.8 million people projected to be food insecure by June 2017, with an estimated 120,000 people likely to experience famine-like conditions in Borno and Yobe.<sup>47</sup>
- Inadequate access to quality water and sanitation facilities have led to an increase in water-borne diseases with diarrhoea reported among the top causes of mortality in children under age five.<sup>48</sup>

## HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

In a crisis, malnutrition mostly affects children under the age of five, pregnant and lactating women while the prevalence of malnutrition among this groups informed the severity mapping. The north east region accounts for the second highest burden of global acute malnutrition (GAM) in Nigeria at 9.5 per cent and SAM rate of 2.6 per cent.<sup>45</sup>

Recent assessments in Borno and Yobe States confirms the existence of pockets with extremely high malnutrition with GAM and SAM above warning threshold (10<GAM<15) while the WHO SAM crisis threshold (above two per cent) is present in the newly accessible areas in Borno and Yobe States.<sup>49</sup> Analysis indicates that at least 2,000 famine related deaths may have occurred in Bama LGA in Borno State during January and September 2016, many are believed to be young children.<sup>50</sup> Overall, 450,000 children suffer from SAM in Borno, Adamawa and Yobe; including almost 300,000 in Borno alone.

## NO. OF PEOPLE IN NEED

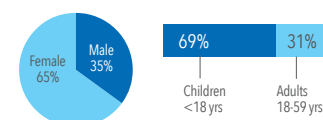
6.7M

## PEOPLE IN NEED BY STATUS

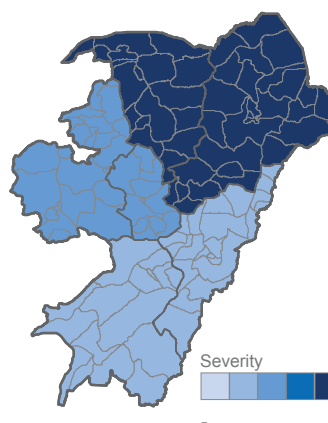
| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 5.9M           | 0.6M | 0.2M      |

## BY SEX

## BY AGE



## SEVERITY MAP

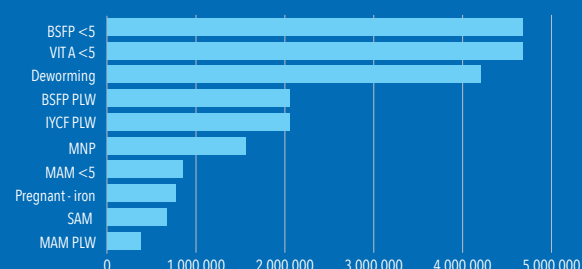


The nutrition severity map is based on a six point scale - from 1 (no nutritional problem) to 6 (serious problem) - using a composite of the following indicators: presence of and access to food aid; presence of IDPs in host communities; presence of and access to therapeutic nutrition programmes; impact of the emergency on the population.

The region is also struggling with chronic malnutrition with two in five children suffering from stunting. Assessments also highlight poor and sub-optimal Change to infant and young child feeding (IYCF) practices with only 22 per cent of children being exclusively breastfed, 4 per cent being breast feed up to 2 years and 12 per cent of infants consuming the minimum acceptable diet.<sup>51</sup>

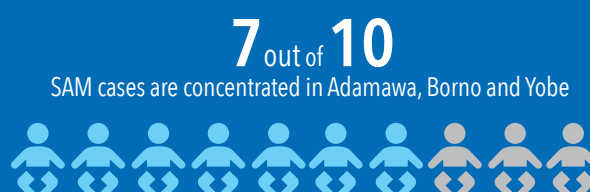
The conflict has led to a deteriorating nutrition situation which is further aggravated by a compromised health care

## PEOPLE IN NEED OF NUTRITION interventions in the 6 states



Source: Estimates of nutrition sector partners in needs analysis

## SAM CASES IN THE NORTHEAST



## NUTRITION

system, increasing spread of endemic diseases, food insecurity, disruption of access to quality water and optimal sanitation, population displacement and destruction of housing.<sup>52</sup>

The functionality of the health system has been greatly compromised by the crisis, specifically in Borno with only 46 per cent of the health facilities functional and 42 per cent completely destroyed. This combined with the low level of health facilities prior to the conflict means the majority of population in the region do not have adequate health care. Availability and willingness of health workers who were displaced to return is challenged by insecurity and lack of other basics services.<sup>53</sup>

Sector partners experienced challenges in treating the targeted SAM caseload in 2016; with only a third of SAM cases accessing treatment. Limited human resource capacity, insufficient health facility and stabilization centre coverage, outdated mode of service delivery particularly for CMAM (one

day per week) and lack of partner presence all compromised service delivery and sector partner performance.

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### METHODOLOGY FOR NEEDS ANALYSIS

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Children under five and pregnant and lactating women are the most vulnerable to malnutrition in a crisis. They constitute the people in need of nutrition intervention. Under 5 children are estimated to be 18 per cent of the population while pregnant and lactating women between the ages of 15 and 49 years are estimated to be 8 per cent.

The sector specific people in need number is the sum of the highest number of children (6-59 months) and women (15-49 years) to be reached with any one intervention respectively i.e. total number of children 6-59 months to be reached with vitamin A supplementation plus total number of pregnant and lactating women to be reached with IYCF messaging.

## WATER, SANITATION AND HYGIENE (WASH)

### OVERVIEW



WASH humanitarian standards have not been met in temporary IDP sites as 37 per cent of IDPs are receiving less than 15 litres of water per person per day; an average of 96 IDPs share a latrine and 160 share a shower.<sup>54</sup>

- Only 23 per cent of the water needs and 9 per cent of sanitation needs of the 873,000 IDPs in host communities in Maiduguri, were recently covered.<sup>55</sup>
- A lack of access to safe water and lack of sanitation systems are contributing to diarrhoeal diseases which are identified as the second main cause of mortality for the children under age 5 after malnutrition.<sup>56</sup>
- While low levels of WASH access existed pre-crisis (49 per cent for water in the north east and 38 per cent for sanitation, it is estimated that 75 per cent of the WASH infrastructures were destroyed by the conflict.<sup>57</sup>

### HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

Insecurity and prolonged displacement aggravated pre-existing low levels of WASH access. Low coverage, coupled with the practice of open defecation heightens the risk of water-borne disease and worsens malnutrition. This is further exacerbated by a lack of knowledge and poor hygiene and sanitation practices.

In the 2016 HNO, WASH assessed people in need for four states (Borno, Adamawa, Yobe and Gombe) was estimated to be 3.6 million without safe water, 1.9 million without basic sanitation and 6.2 million without proper hygiene due to the high rate of open defecation and low rates of hand washing. In this 2017 HNO, covering the needs across the six states, the sector focused on the main indicator of access to water (3.8 million people).

### NO. OF PEOPLE IN NEED

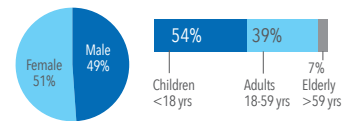
3.8M

### PEOPLE IN NEED BY STATUS

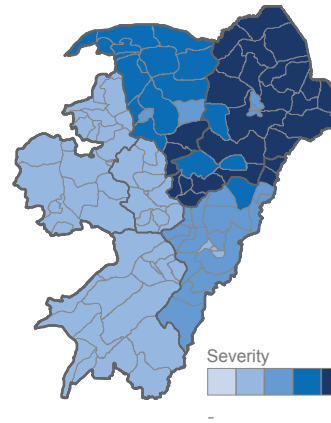
| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 1.5M           | 1.5M | 0.8M      |

### BY SEX

### BY AGE



### 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.

According to the severity maps (capturing access to water and sanitation for the affected people), Borno State remains the main priority area followed by north of Adamawa and Yobe States. In areas of return (mainly in Adamawa and Borno), 958,000 returnees have needs due to damaged or complete lack of WASH facilities and lack of basic hygiene awareness. Access to water is key to sustainable returns in the semi-arid environment of the North East of Nigeria.

### NUMBER OF IDPS SHARING A LATRINE

96

IDPs on an average are sharing a latrine



### % OF IDPS RECEIVING 15 LITRES OF WATER

64%

of IDPs receive at least 15 litres of water per person per day



## WATER, SANITATION AND HYGIENE (WASH)

As reported in DTM Round XII, 76 per cent of IDPs are women and children, and in conflict and displacement girls/women are exposed to risks of sexual violence and harassments at water points and latrine facilities. A GBV assessment in communities in a newly accessible area in Borno reported that women and girls expressed concerns around a lack of latrines in the host community. Communities range from having zero latrines to one latrine for many people. During safety audits carried out as part of the assessment, the audits noted no lighting in latrines and lack of gender segregation. Without accessible latrines, women and girls use the edges of the camps in the evenings in hopes of privacy. Communities also noted tensions over water sources.<sup>58</sup>

On the basis of the situation in newly accessible areas, it is expected that the WASH needs in areas that are currently inaccessible will be very high.

Nigeria has a high prevalence of cholera, with major outbreaks reported in 2014 and 2015 including in the IDP camps (leading to 941 deaths), indicating lack of safe water and poor hygiene.

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### METHODOLOGY FOR NEEDS ANALYSIS

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The methodology to estimate people in need is based on the sector analysis that all IDPs and returnees are in need of humanitarian assistance to meet their basic needs in water, sanitation and hygiene. In order to address the needs in host communities the sector estimate based on one host community member to one IDP.

# EDUCATION

## OVERVIEW



• North East Nigeria is faced with an emergency rooted in opposition to education and 3 million conflict-affected children are deprived of education/have no access to education.

- As many as 645 teachers were murdered and 19,000 displaced;<sup>59</sup> 1,200 schools have been damaged and destroyed.<sup>60</sup>
- An entire generation is at risk of losing their right to education which will not only have dire consequences upon individual lives but also severe impact upon the wider society.

## HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

Approximately 3 million school-aged children (3-17) have been deprived of their right to education. Nearly 30 per cent (800,000) are IDPs, 13 per cent (400,000) are returnees, 38 per cent (1,150,000) belong to the host communities where the majority of IDPs have sought refuge, and 22 per cent (650,000) are non-displaced children and education personnel living in the affected areas and unable to access education. In some areas schooling has been interrupted for more than two years due to the conflict and overpopulation of host schools which further strains the already very scarce educational resources existing before the insurgency.

Virtually all school infrastructure and supporting WASH facilities in the newly accessible areas have been destroyed during the conflict. Teaching and learning materials have been burnt and destroyed. Large numbers of teachers have left the profession due to personal death threats.<sup>61</sup> School attendance, poor prior to 2012, has been worsened by insecurity and further exacerbated by parents' reluctance to send their children to school for fear of abductions.

The most severely affected 3-17 years old who have suffered interrupted access to education are from Borno, Yobe and Adamawa where approximately 370,000 are returnees,

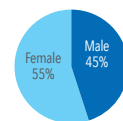
## NO. OF PEOPLE IN NEED

3.0M

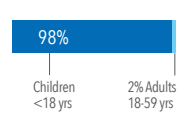
## PEOPLE IN NEED BY STATUS

| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 1.8M           | 0.8M | 0.4M      |

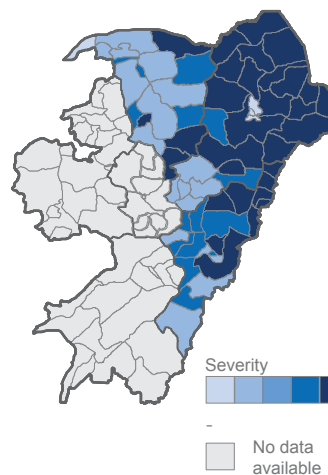
## BY SEX



## BY AGE



## SEVERITY MAP



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

720,000 are IDPs, 1,080,000 are from host communities and 630,000 from non-hosting communities. Especially for the large numbers of school-age children who have been forcibly displaced and gone through secondary displacement movements there is an increased risk of succumbing to exploitative labour, recruitment into armed groups and early marriage/pregnancy.

## AFFECTED TEACHERS

645

Teachers killed

19,000

Teachers displaced



Source: National Teachers Union, 2015

## AFFECTED SCHOOLS

1000+

Schools destroyed or damaged

1500+

Schools closed



Source: States Ministries of Education, Universal Basic Education Boards, 2015

## IMPACT ON CHILDREN

2,900,000

(1,300,000 Boys / 1,600,000 Girls)  
In need of education

800,000

Displaced



Source: DTM Round 12

## SCHOOLS IN BORNO STATE

3 out of 5 schools are closed



1 out of 5 schools are destroyed, damaged or occupied



Source: Government, 2015

## EDUCATION

Education personnel have been consistently targeted during the conflict and displaced in large number. The available teachers are largely untrained to address the massive psychosocial needs among learners and those who might be available to support education within the newly accessible areas are likely to be in need of psychological first aid themselves.

There are six LGAs in Borno State that are inaccessible due to the conflict with unknown humanitarian needs. Evidence from conflict hit recently accessible areas, reveals that girls and boys were directly targeted by Boko Haram with severe psychosocial consequences. It is expected that more children will be identified as traumatised in varying degrees in the worst affected areas.

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### METHODOLOGY FOR NEEDS ANALYSIS

Estimates of people in need used DTM Round XII to calculate the number of school aged (3-17) IDP and returnee children. The number of school-aged children displaced in host communities was then used to estimate the number of host community children also in need of education in emergencies. This was conducted using a 1:1 multiplying ratio for Bauchi, Gombe and Taraba and a 2:1 multiplying ratio for Adamawa, Borno and Yobe.

Non-displaced/non-hosting school-aged children in need was estimated based on the sector analysis that Bauchi, Gombe and Taraba do not have the same conflict-induced accessibility issues as Adamawa, Borno and Yobe; therefore, only the three latter were considered for this category of people in need. Population statistics, including 2016 projections, combined with net attendance rate (NAR) calculated the number of children that could have accessed education in a non-conflict environment. The severity ranking score (0-5) provided by field-level experts was translated into a percentage of inaccessibility, applied to the LGAs/states and subtracted from the previous figure. Lastly, recognizing the potential for double counting, the population and NAR percentages were again applied, but this time to the IDPs and returnees that had already counted as in need and factored out.

By combining all calculated categories (IDPs, returnees, host community, and non-displaced/non-hosting), the total number of school-aged children in need of EiE was derived.

In addition to children, education personnel was also considered. By consulting partners and international EiE standards, a ratio of 1:40 was used.

## SHELTER AND NON-FOOD ITEMS

### OVERVIEW



• More than 1.8 million people remain displaced in the six north east states since the escalation of violence in 2014 with 97 per cent of displacement due to conflict. The largest IDP populations are located in Borno, Adamawa and Yobe, corresponding to 93 per cent of the total IDP population. Places like Maiduguri M.C is hosting the highest number of IDPs (528,765).

- As many as 78 per cent of IDPs (1,423,772 individuals) are hosted by under-served host communities, bringing already-stretched services and resources under increased pressure and increasing the need to extend the response to host communities and families. As several areas in Borno State remain completely inaccessible to humanitarian partners with little to no information regarding the displacement or living conditions of affected people, the number of people in need only includes people in accessible areas. With the opening of new areas, it is however assumed that increased humanitarian needs related to shelter and NFI will become apparent.
- Since August 2015, 958,549 returnees from within and outside Nigeria were recorded. Out of the total number of returnees and taking into consideration the continuous return rate, it is estimated that 0.5 million returnees will not be able to meet their shelter and NFI needs in 2017.

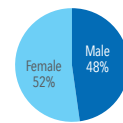
### NO. OF PEOPLE IN NEED

2.4M

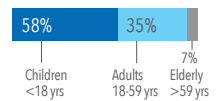
### PEOPLE IN NEED BY STATUS

| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
|                | 1.8M | 0.6M      |

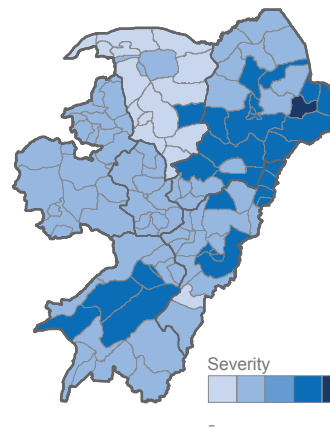
### BY SEX



### BY AGE



### SEVERITY MAP



The Emergency Shelter map is based on the proportion of IDP households living outside or in makeshift shelters using a four point scale.

### HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

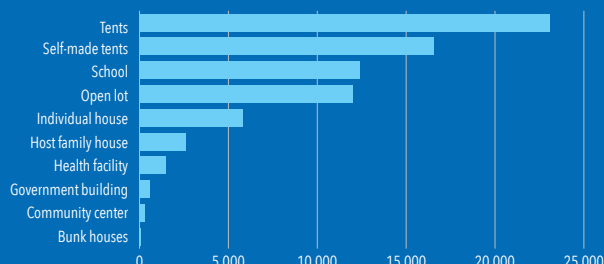
Displacement and destruction of homes and infrastructure caused significant needs for shelter and NFI. With more than 1.4 million IDPs residing out of camps, host community resources are overstretched to breaking point.

Most of the affected population in recently accessible areas and areas of return live in makeshift shelters, partially destroyed houses, overcrowded public buildings or even outdoors. With 53 per cent of IDPs female, nearly one third are young girls

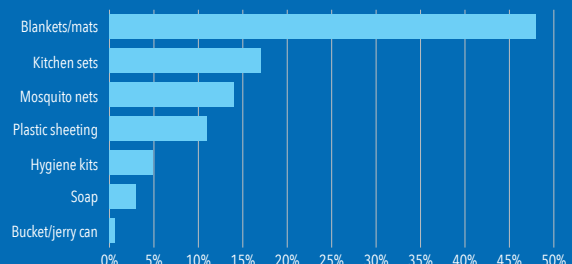
aged 17 and under, often living in overcrowding conditions in sites and host settings, reducing safety and increasing risks of exposure to GBV and harassment.

The IDP population also include more than 120,000 elderly people, requiring accessible shelters, with sufficient hygiene enabled through basic household items, to ensure dignity. The most vulnerable IDPs living in host communities need support to expand and improve the quality of covered space available.

### IDP COMMON SHELTER TYPES



### IDP STATED MOST NEEDED NON FOOD ITEMS



## SHELTER AND NON-FOOD ITEMS

In host communities and urban settings, overcrowding and lack of available land represent a major constraint. In newly accessible areas, limited humanitarian access hampers the capacities to respond to the immediate emergency shelter needs of affected populations.

There is need to decongest overcrowded IDP sites in open areas in temporary settlements with increasing risk of fire during the windy and dry season, from December to May. IDPs sleeping in inadequate makeshift shelters are also a concern in 44 IDP sites as the shelter condition provides limited protection from external elements, in particular ahead of the rainy season, which starts in June.

In many cases IDPs had to flee without notice as Boko Haram attacked their homes of origin, leaving behind most of their belongings and livelihoods. After an extended period of displacement, initial NFI support was exhausted. Results from the DTM Round XII show that the majority of IDPs have identified a need for NFIs and kitchen sets for replenishment. In particular, 20 per cent of IDPs in sites, cited NFI as their most unmet needs. Mosquito nets, blankets, cooking sets and plastic sheeting are identified as top priority by IDP in assessed sites.

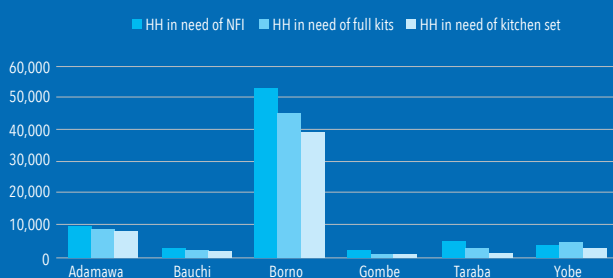
Nearly 1 million returnees (including those who were previously IDPs and refugees) were identified during the return assessment conducted in 23 affected LGAs (seven in northern Adamawa, 14 in Borno and two in Yobe), in October

2016. New flows of returns took place in the last quarter of 2016 in newly accessible areas such as Dikwa, Mafa, Gwoza and Ngala. An assessment of shelter conditions in return areas of the returnees identified, show an increase in makeshift shelters (40 per cent) while 25 per cent of returnees live in partially damaged or burned houses, severely impacting the sustainability of their return. Reconstruction and rehabilitation of houses increased in 2016, however, many returnees lack sufficient livelihood resources to achieve this.

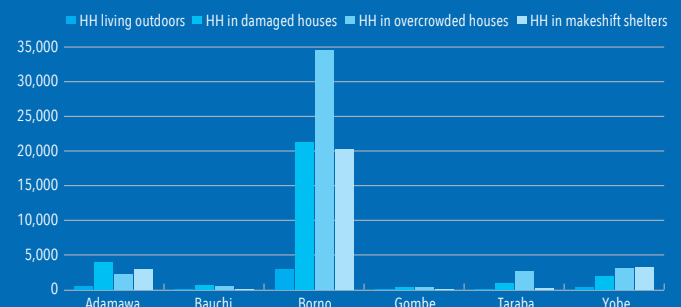
### METHODOLOGY FOR NEEDS ANALYSIS

Within the framework of the merged DMS/CCCM/Shelter/NFI Sector, the methodology used to define the needs for DMS/CCCM is linked to the methodology developed for Shelter/NFI. The availability of data on IDPs and returnees through the DTM and sector assessments has supported the assessment of needs within this framework. Thus, for the combined sector, people in need include: all IDPs identified in the six states of North East Nigeria are considered in need of assistance, 80 per cent of returnees identified in Borno, 50 per cent of returnees identified in Adamawa, and 60 per cent of returnees identified in Yobe are estimated in need based on their resilience capacities and time of return. In view of the lack of data regarding affected host communities that are non-displaced, the sector identified IDPs in temporary IDP sites and host communities and returnees for its need analysis.

### IDP HOUSEHOLDS IN NEED OF NFI, FULL KITS & KITCHEN SET



### IDP HOUSEHOLD SHELTER CONDITION



## DISPLACEMENT MANAGEMENT SYSTEMS/CCCM

### OVERVIEW



• More than 1.8 million people remain displaced in the six states of North East Nigeria due to violence and insecurity. Over 90 per cent of the IDP population is located in Borno, Adamawa and Yobe. The majority of IDPs have been displaced since 2014 (40 per cent), and have exhausted their coping mechanisms.

- Nearly 1 million returnees were recorded in their original place of residence since August 2015.
- Nearly 80 per cent of IDPs are living in host communities, sharing the home of others, renting living spaces or living in makeshift shelters constructed on available land or in unfinished buildings. The remainder are living in over 160 temporary IDP sites that are mostly overcrowded.

### HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

The DTM Round XII tracked bi-monthly displacement in sites and host communities and return in LGAs. Over 2016, as areas that were previously held by Boko Haram became accessible, there have been huge influxes of people in need of humanitarian support. Displacement will continue to be significant in 2017 with new and secondary displacements in LGAs more accessible in the past six months, due to the ongoing military operations and opening of new areas. Temporary IDP sites are considered high visibility targets for attacks by Boko Haram, which often results in further restrictions by security actors to movements in and out of temporary IDP sites as well as limited humanitarian access.

Site management, care and maintenance, site planning and basic infrastructure are critical gaps in the response. DTM Round XII assessments of temporary IDP sites reflect uneven service provision, with key services frequently falling below international standards. In IDP sites, food remains the biggest unmet need of IDPs and malaria continues to be the main health problem. People with specific needs are particularly affected by the crisis, such as the 7 per cent of the total IDP

### NO. OF PEOPLE IN NEED

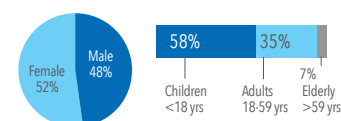
2.4M

### PEOPLE IN NEED BY STATUS

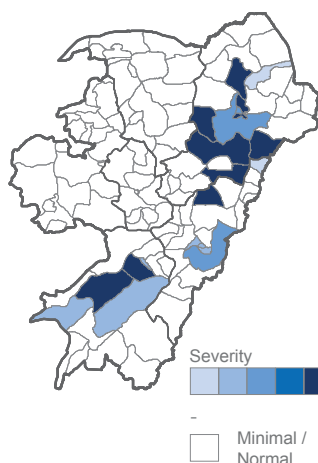
| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
|                | 1.8M | 0.6M      |

### BY SEX

### BY AGE



### SEVERITY MAP

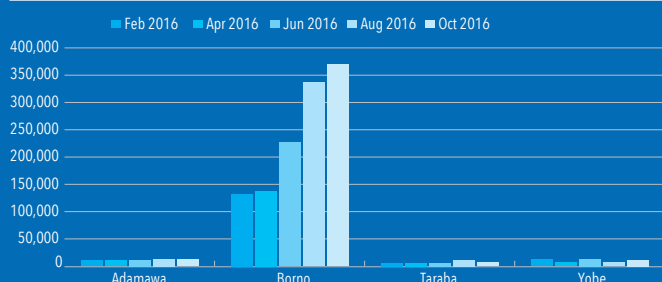


The DMS/CCCM severity map is based on the number of informal camps and the proportion of informal camps without camp management structures in place using a three point scale.

population above 60 years. More than 53 per cent of the IDP population are female and the majority of sites lack lighting in communal places, exposing them to higher protection risks. Taking into consideration the inadequate living conditions, and the health and protection risks, raising standards in camps and host community sites remain urgent.

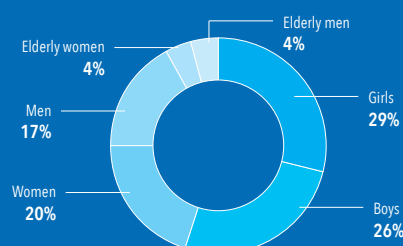
With children making up 55 per cent of IDPs there are specific protection and service needs including child-friendly spaces and access to education. In 38 per cent of the IDP sites assessed,

### NUMBER OF IDPS LIVING IN CAMPS by state throughout 2016



No camps in Bauchi and Gombe State  
Source: Displacement Tracking Matrix Round VIII and XII published bi-monthly from February 2016

### NUMBER OF IDPS LIVING IN CAMPS by sex and age



Source: Displacement Tracking Matrix Round XII, October 2016

## DISPLACEMENT MANAGEMENT SYSTEMS/CCCM

there was no access to formal and informal education facilities and only 34 sites from 161 assessed had recreational places for children. Shelters are inadequate in 44 sites where the most common type of shelter identified were self-made tents. With more than 98 per cent of the IDP sites spontaneously settled, site planning and improvements, coordinated assistance and the establishment of minimal infrastructure is critical for viability and enabling the control of life threatening and protection risks. With nearly 80 per cent of IDPs living in host communities that were already vulnerable, LGAs hosting a large number of IDPs also need coordination and management support to ensure essential services according to minimum standards, taking community participation, access to information and protection into consideration.

Camp management, monitoring capacities and response mechanisms need to be enhanced. NEMA/SEMA's camp managers and other stakeholders involved in camp service delivery have been trained in CCCM through 2015 and 2016. However due to frequent turnover of designated site managers, gaps exist in capacities to monitor informal self-settled settlements and expand the support needed in host community sites. In particular, camp management structures need to be expanded to 111 informal IDP sites hosting 42 per cent of the IDP population.

IDP participation and engagement in governance and day-to-day life of the sites is necessary, both to ensure effective management of the sites through adequate need prioritization and develop self-esteem, capacities and dignity of residents through the implementation of participatory approaches. In most IDP sites, IDP committees and leaders exist but very few have received any training in CCCM.

Improved site management structures need to be paired with the reinforcement of monitoring mechanisms, in and out of temporary IDP sites, in particular in cases of new or secondary displacement, to ensure a coordinated rapid response. Results from the DTM Round XII assessment show that 105 sites reported no referral mechanisms on site for incidents. Lack of appropriate site management and coordination can create a conducive environment for exploitation and violence as

limited access to services has already contributed to negative coping mechanisms and sexual abuse and exploitations (SEA), including in temporary IDP sites in Maiduguri.

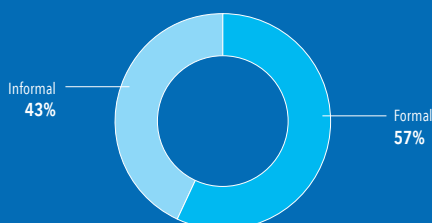
The majority of IDPs are living in collective centres, such as schools (30 per cent) and government buildings (20 per cent). Many IDPs were relocated to new temporary sites throughout 2016 to allow educational activities to resume and additional relocations are expected to take place in 2017. Adequate site identification for relocation and planning is required to support organized, dignified movement and timely service delivery.

There are also increasing numbers of IDPs returning to their place of origin. As many as 98 per cent of IDPs expressed their intention to return to their place of original residence according to surveys conducted in IDP sites in October 2016. There are additional concerns around the detail and accuracy of information received when IDPs make the decision to return, which was reported in 39 IDP sites. This makes them vulnerable to multiple displacement due to a lack of information. The ability to prepare and respond to dignified safe and voluntary returns from sites and in return areas is therefore paramount. To this end, a return taskforce is being constituted by the Government and the humanitarian community in Maiduguri to guide and support voluntary and safe return in a dignified manner.

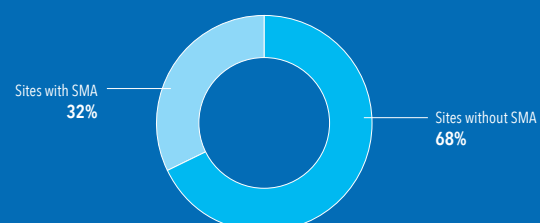
### METHODOLOGY FOR NEEDS ANALYSIS

Within the framework of the merged CCCM/Shelter/NFI Sector, the methodology used to define the needs for the DMS/CCCM Sector is the same as the methodology developed for the Shelter/NFI sector, by using data from the DTM and sector assessments. All IDPs identified in the six states of North East Nigeria (camps and in host communities) are considered as well as 80 per cent of returnees in Borno, 50 per cent in Adamawa, and 60 per cent Yobe, based on resilience capacities, rate and time of return. In view of methodological limitations regarding affected host communities that are non-displaced, the sector considered IDPs in camps and in host communities as well as returnees.

### TYPES OF TEMPORARY IDP SITES based on location type



### SITE MANAGEMENT AGENCY (SMA) COVERAGE



## RECOVERY AND RESPONSE PLANNING (DURABLE SOLUTIONS)

### OVERVIEW



- As many as 14 million people in the north east affected by the conflict with Boko Haram are in need of recovery and response planning support.
- Massive damage to infrastructure, disruption of markets, lack of access to farmlands, loss of assets and displacement has impacted livelihoods of both IDPs and members of host communities.
- Reported presence of mines and other explosive contamination in LGAs in Borno, northern Adamawa and eastern Yobe threatens the safety of the local population and returning IDPs.
- Uncontrolled dumping of waste in overcrowded sites and debris from damaged infrastructure are a public health risk.

### HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

Previously known as the Early Recovery and Livelihoods Sector, the sector was rebranded after consultation with government and sector partners. The sector provides lifesaving assistance to address needs for recovery and durable solutions during the humanitarian phase of an emergency, using humanitarian mechanisms that align with development principles.

The Boko Haram-related conflict and hostilities negatively affected the productive capacity, employment and economic livelihoods of over 9 million people in the north east.<sup>62</sup> The economy of the region has suffered as the output level plummeted, increasing prices and food insecurity. Assessment measured those economically inactive households in the north east rose to 59 per cent in rural LGAs, with up to 76 per cent of households assessed unable to meet basic needs such as food, transportation, medical care and energy. The main coping strategies of households include child labour, begging, debt contraction, reduction of number of meals and sale of assets.

The six states in the north east have been unevenly and differently affected. Adamawa, Borno and Yobe have experienced significant physical destruction and massive movements of displaced people, which undermined the local economies and livelihoods. Bauchi, Gombe and Taraba were affected by the spill-over of IDPs into their administrative boundary, which imposed a large economic burden on the host state. The livelihood situation of IDPs and returnees is dire as they lack regular income sources and competition for jobs is also putting strain on the host communities.

Borno State has the highest number of IDPs (1.4 million) with Maiduguri hosting 0.7 million IDPs, predominantly within host communities. As a result of this population increase, daily waste generation in Maiduguri rose from an estimated 390 to 570 tons per day, a 45 per cent increase from pre-conflict levels resulting in environmental degradation

### NO. OF PEOPLE IN NEED

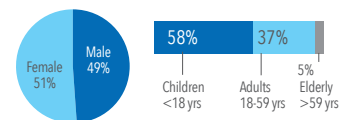
# 14M

### PEOPLE IN NEED BY STATUS

| HOST COMMUNITY | IDPS | RETURNEES |
|----------------|------|-----------|
| 11.0M          | 1.8M | 1.2M      |

### BY SEX

### BY AGE



estimated at a US\$2.9 million loss. Refuse accumulations are ideal breeding sites for vectors such as rats, mosquitoes and flies vicariously promoting the transmission of vector-borne diseases such as dengue and yellow fever. In Maiduguri, this has resulted in the increased incidence of malaria and, most recently, WHO reported cases of the Zika virus. Open dumping and poor waste management practices increase flood risk in low-lying areas and poor sanitation and drainage increase the incidence of water-borne diseases including cholera and typhoid fever, whose incidence spikes during the rainy season across the entire Lake Chad region.

According to DTM Round XII, nearly 1 million IDPs and refugees have returned to the north of Adamawa State and also areas of Borno and Yobe. Boko Haram burned and destroyed their homes as well as schools, clinics and other community assets. Vulnerable returnees are facing serious shelter challenges with some families still living in make-shift shelters exposed to protection and health and sanitation risks exacerbated by adverse weather conditions (e.g. increase of disease outbreak in rainy season). Scarcity in shelters has led to overcrowding of formal and informal temporary IDP sites in addition to over stretched host communities.

An initial assessment by Danish Demining Group in November 2015 indicated reports of explosive remnants of war (ERW) contamination across the north east, with claims that southern Borno, northern Adamawa and eastern Yobe States are mined. The full extent of contamination/suspected hazardous areas is unknown. While the military and state police have some existing capacity to carry out mine action activities, this is focussed mostly on clearing roads to facilitate access for combat units. Access and delivery of humanitarian assistance is exacerbated by the presence of ERW as well as the safety of local populations and the safe return of IDPs areas of origin.

### METHODOLOGY FOR NEEDS ANALYSIS

The sector methodology is based on the rationale that all people affected by the crisis in need of humanitarian assistance are also in need of recovery. The sector thus takes as its people in need figure, the total number of people in need of humanitarian assistance in the six states.

# PART III: ANNEX



Assessment and information gaps

Severity Mapping and People in Need Methodologies

Acronyms and Abbreviations

End notes

## ASSESSMENTS AND INFORMATION GAPS

Lack of access continues to be an obstacle to obtaining information relating to humanitarian needs including in the newly accessible areas where access remains restricted by the military and insecurity. The lack of reliable baseline population data in many of the LGAs coupled with a highly mobile population including secondary displacements and return movements within and outside of the six states are also additional challenges in accurately estimating needs.

Despite the challenges, humanitarian partners completed a number of multi sector and sector specific rapid needs assessments and monitoring visits in the six states of the north east. The majority of the assessments were conducted in the three most affected states of Borno, Yobe and Adamawa. These included displacement tracking matrix (DTM), food security vulnerability assessments including the Cadre Harmonisé October 2016, assessments on GBV and vulnerability screening, security incident monitoring by UNDSS and ACLED and multi sector assessments covering Food Security, Nutrition, Health, Education, WASH and Protection Sectors. A number of planned assessments were however put on hold due security and access constraints, some of which will be implemented in 2017.

DTM Round XII was conducted jointly with partners and NEMA and SEMA in 106 LGAs and 924 wards in the six states of Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe. It provides analysis on status (IDP, returnees and host communities), needs and location of the affected populations in accessible areas in the conflict affected states. Where the information was available, the teams collected baseline population data at LGA and ward level and detailed surveys in camps and camp-like settings. In Borno, the most conflict affected state, the assessment covered 21 of the 27 LGAs.

The Cadre Harmonisé<sup>63</sup> was another major source of information given the compounding impact of food and malnutrition insecurity on the conflict. The analysis takes place on a regular basis and identifies risk areas and vulnerability in 16 states of Nigeria affected by food and nutrition insecurity.

Also a key source is the Vulnerability Screening<sup>64</sup> carried out on a regular basis by UNHCR working with NEMA/SEMA and local NGO partners to profile households with specific protection needs and risks in the most affected areas in the six states of North East Nigeria.

Building on the existing data, the sectors have identified gaps in information necessary to better estimate needs and response planning in 2017. The Education Sector has secured funding for assessments in 2017. The WASH Sector currently has sufficient level of information on WASH needs of IDPs collected through monthly assessments. However, it lacks information on WASH needs in return areas which will be the focus for WASH assessments in 2017. The Food Security sector will conduct another round of Cadre Harmonisé in March-April 2017, supplemented with monthly multi-sector and partners' individual assessments. The Protection Sector will conduct two rounds of vulnerability screening. The need for joint assessments will be determined at field level in the three conflict affected states.

## SEVERITY MAPPING AND PEOPLE IN NEED METHODOLOGIES

### Severity mapping

The IMWG supported the ISWG and the HCT in needs analysis by establishing a severity mapping approach, which was employed to generate a composite index based on humanitarian indicators and expert judgment-based data. The individual sectors' results can be seen in the maps accompanying each sector's needs analysis in the HNO, and the overall cumulative patterns of severity of need can be seen on page 12. The objective of the exercise is to characterize and compare geographically the relative levels of needs across North East Nigeria.

The steps to develop the severity maps were as follows:

Each sector conducted meetings with their partners to identify the most relevant and available data at the agreed level of LGA to be used as an indicator, or 'proxy' to compare the pattern of severity across the northeast. As an example, the Food Security Sector chose the IPC Classification, a scale of 1 – 5 that characterizes and classifies the level of food insecurity. In some cases, expert judgment was utilized in place of survey data, where sufficient coverage did not exist. In these cases, workshops were held at the national and sub-national level to harness the collective expert knowledge of sector partners to agree on the severity of need related to the sector for each LGA.

Each indicator however derived, was then classified into a severity scale with increasing 'weight' applied with severity (in this case, using five classes with severity scoring increasing with the sequence of (0), 1, 2, 4, 7, 11 - with no score indicating a normal situation requiring no immediate humanitarian assistance, to a maximum score designating a catastrophic level of need.

All data collected on indicators was then entered into a composite indexing tool (in this case the Needs Comparison Tool (NCT) provided by OCHA (<https://www.humanitarianresponse.info/en/programme-cycle/space/document/humanitarian-needs-comparison-tool>) separated by sector or theme.

The results were then shared back to the ISWG and IMWG for validation and refinement at the national and subnational level before being endorsed by the ISWG and HCT.

For a full listing of the indicators, scales and scoring, please see Annex on page 38.

### Calculating people in need

Calculating people in need (PiN) is a key part of the humanitarian planning process. Overall needs and sector specific needs are compiled based on evidence-based data, sector expert input and qualitative information.

People in need in this HNO are a sub-set of the population living in the six states of North East Nigeria. These people are estimated to have their current level of access to basic services, goods and social protection as inadequate to re-establish normal living conditions without additional assistance. They are people whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted due to the Boko Haram conflict. This was further broken down into sub-categories of IDPs, returnees (former IDPs and refugees) and host communities. It is also broken down by sector, providing details about the intensity, severity or type of need.

The inter-sector Information Management Working Group (IMWG) recognized the difficulty of having comprehensive data on people in need of humanitarian assistance from partner's assessment or mission reports and the group therefore proposed the following approach which was endorsed by the ISWG and HCT:

- Each sector including Nutrition, Food Security, Health, Protection, Education, Displacement Management Systems/CCCM, Shelter/NFI, WASH and Recovery and Response Planning was asked to apply their internal methodology to estimate the people in need based on the 2016 projected population from National Bureau of Statistics and analysis of status, locations and needs of displaced populations from the October 2016 DTM Round XII compiled by NEMA, IOM and UNHCR, the Cadre Harmonisé/FEWSNET and other key assessments.
- To avoid duplication, the overall number of people in need of humanitarian assistance was then calculated from the sum of the highest number of people in need by status of IDPs, returnees and host communities and by LGA in each sector.

## INDICATORS FOR THE SEVERITY MAPPING

| DOMAIN/SECTOR                   | INDICATOR  | SOURCE OF DATA   |
|---------------------------------|--|--|
| Contextual                      | Percentage in increase of IDPs number (DTM Round XII vs Round VII)   | DTM Round XI and Round VII   |
| Contextual                      | Number of Conflict incident registered in 2016   | ACLED and UNDSS  |
| Contextual                      | Ratio of IDPs to Host population   | DTM Round XI and demographic population 2014, 2016.  |
| Contextual                      | Percentage of IDPs in the LGA  | DTM Round XI   |
| Displacement Management Systems | Percentage of camps and camp-like settings with no adequate access to basic services and information (camp management structure) | DTM  |
| Education                       | Number of children No attending school due to security reason  | Assessment Reports   |
| Education                       | Not attending school due to lack of teachers   | Assessment Reports   |
| Education                       | Not attending school due to destruction of school infrastructure   | Assessment Reports   |
| Food Security                   | IPC Level  | Cadre Harmonisé  |
| Health                          | Measles immunization coverage (MVAc) for <1 year old, per administrative unit (%)  | EPI  |
| Health                          | Incidence for measles, cholera and meningitis for the total population   | Surveillance System  |
| Health                          | Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population                          | HF's Registry, Nigeria 2016- Projected Population + DTM  |
| Health                          | Number of functional health posts (HP) by / 10 000   | HF's Registry, Population Nigeria 2016 Projected Population + DTM  |
| Nutrition                       | Prevalence of Global Acute Malnutrition (WHZ)  | NNHS/SMART 2014  |
| Nutrition                       | Acute malnutrition Among Women of Reproductive Age (15-49yrs)  | NNHS/SMART 2014  |
| Protection                      | Severity of vulnerable persons   | Protection (Vulnerability Screening,PSWG, UNHCR), Child Protection (CPIMS, MRM, CP SWG, UNICEF), SGBV (GBVIMS, SGBV, WG, UNFPA), Other Sources (DTM, ACLED, DSS, Assessment Reports) |
| Shelter/NFI                     | Percentage of displaced or returning IDPs/refugees with unmet shelter need   | DTM  |
| Shelter/NFI                     | Percentage of displaced or returning IDPs/refugees with unmet NFI need   | DTM  |
| WASH                            | Percentage of IDP Population without access to potable water   | Assessment Reports   |
| WASH                            | Communities with evidence of open defecation   | Assessment Reports   |

## ABBREVIATIONS AND ACRONYMS

|                 |   |                |   |
|-----------------|---|----------------|---|
| <b>ACLED</b>    | Armed Conflict Location & Event Data Project  | <b>IPC</b>     | Integrated Food Security Phase Classification |
| <b>CH</b>       | Cadre Harmonisé   | <b>IMWG</b>    | Information Management Working Group          |
| <b>CILSS</b>    | Comité permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel Permanent Interstates Comm | <b>ISWG</b>    | Inter Sector Working Group                    |
| <b>CJTF</b>     | Civilian Joint Task Force   | <b>IYCF</b>    | Infant and Young Child Feeding                |
| <b>CMAM</b>     | Community-based Management of Acute Malnutrition  | <b>LGA</b>     | Local Government Area                         |
| <b>DMS-CCCM</b> | Displacement Management System/Camp Coordination and Camp Management                                | <b>NEMA</b>    | National Emergency Management Agency          |
| <b>DTM</b>      | Displacement Tracking Matrix  | <b>NFI</b>     | Non Food Items                                |
| <b>FAO</b>      | Food and Agriculture Organization   | <b>NGO</b>     | Non-Governmental Organisation                 |
| <b>GAM</b>      | Global Acute Malnutrition   | <b>PBIED</b>   | person-borne improvised explosive device      |
| <b>GBV</b>      | Gender Based Violence   | <b>SAM</b>     | Severe Acute Malnutrition                     |
| <b>HCT</b>      | Humanitarian Country Team   | <b>(P) SEA</b> | (Prevention) Sexual Exploitation and Abuse    |
| <b>IDPs</b>     | Internally Displaced People   | <b>SEMA</b>    | State Emergency Management Agency             |
| <b>INGOs</b>    | International Non-Government Organizations  | <b>UNDP</b>    | United Nations Development Programme          |
|                 |   | <b>UNHCR</b>   | United Nations High Commissioner for Refugees |
|                 |   | <b>WASH</b>    | Water, Sanitation and Hygiene                 |

## END NOTES

- 1 Partners are using both “newly accessible” and “recently accessible” to refer to areas that were previously inaccessible and became accessible to varying degrees from April 2016.
- 2 DTM XII October 2016
- 3 DTM XII: Per cent of IDPs due to communal violence, Taraba 74%, Bauchi 32%
- 4 OCHA, Humanitarian Needs Overview 2016, North East Nigeria Recovery and Peace Building Assessment, 2016
- 5 The overall people in need was calculated taking the highest sector figure of people in need for each LGA in the six states. The sector methodologies are explained in Part II: Needs Overview by Sector.
- 6 The Integrated Food Security Phase Classification (IPC) classifies areas with Acute Food Insecurity: 1: Minimal, 2: Stressed, 3: Crisis, 4: Emergency, and 5: Famine. Figures from Nigeria Cadre Harmonisé, Oct 2016
- 7 UNICEF estimates
- 8 Up to 40% of the weapons do not explode on impact. They render whole areas uninhabitable, prevent the return of normal social and economic life, and displace people from their homes. [http://www.handicap-international.us/president\\_obama\\_to\\_make\\_historic\\_laos\\_visit](http://www.handicap-international.us/president_obama_to_make_historic_laos_visit)
- 9 DTM Round XII, October 2016. This assessed IDPs in 161 sites which included Camps, Collective Settlements and Transitional Centres.
- 10 FEWS NET and WFP. Emergency Food Security Assessment (EFSA Yobe State, July 2016). Emergency Food Security Assessment (EFSA Maiduguri, Borno State May 2016).
- 11 UNHCR Vulnerability Screening Round II, June 2016
- 12 Centre for Population and Reproductive Health, September 2016, Sexual and Gender Based Violence Assessment in North East Nigeria
- 13 International Alert and UNICEF, 2016, Bad Blood: Perceptions of children born of conflict-related sexual violence and women and girls associated with Boko Haram in northeast Nigeria
- 14 <https://drive.google.com/file/d/0B1vnrUGGgVEeQ0xpbk0Uhd6VDQ/view>
- 15 This includes Maiduguri and Jere LGAs
- 16 Return in safety: Return which takes place under conditions of legal safety (such as amnesties or public assurances of personal safety, integrity, non-discrimination and freedom from fear of persecution or punishment upon return), physical security (including protection from armed attacks, and mine-free routes or at least demarcated settlement sites), and material security (access to land or means of livelihood). Return with dignity: The concept of dignity is less self-evident than that of safety. The dictionary definition of “dignity” is the quality of being “worthy of honour and respect.” In practice, dignity means that refugees are not mistreated, are able to return unconditionally or spontaneously at their own pace, are not arbitrarily separated from family members, are treated with respect and full acceptance by their national authorities, and that they have full restoration of their rights.
- 17 The Integrated Food Security Phase Classification (IPC) classifies areas with Acute Food Insecurity: 1: Minimal, 2: Stressed, 3: Crisis, 4: Emergency, and 5: Famine. Figures from Nigeria Cadre Harmonisé, Oct 2016
- 18 Ibid
- 19 FEWS NET, Nigeria Food Security Outlook Update, September 2016.
- 20 Cadre Harmonisé Update Analysis to Identify Risk Areas and Populations in Acute Food and Nutrition Insecurity in Adamawa, Borno and Yobe States of Nigeria, October 2016
- 21 FEWS NE, Nigeria Food Security Outlook Update, September 2016.
- 22 Ibid
- 23 Cadre Harmonisé for Identifying Risk Areas and Vulnerable Populations in Sixteen (16) States of Nigeria, October 2016.
- 24 FEWSNET and WFP, Emergency Food Security Assessment, Yobe State, July 2016. Emergency Food Security Assessment, Maiduguri, Borno State May 2016.
- 25 Displacement Tracking Matrix (DTM), October 2016.
- 26 FEWS NET and WFP. Emergency Food Security Assessment, Yobe State, July 2016. WFP, mVAM Nigeria Bulletin #3: June-July 2016.
- 27 Displacement Tracking Matrix (DTM), October 2016.
- 28 <https://www.humanitarianresponse.info/en/operations/nigeria/assessment/unhcr-nigeria-vulnerability-screening-report-round-iii-november-2016>
- 29 UNHCR Returnee Registration, November 2016
- 30 Child Protection Sub-Working Group, Nigeria. Unaccompanied children are individuals below the age of 18 who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
- 31 Monitoring by the Country Task Force on Monitoring and Reporting under SC1612 on Grave Violations of Children’s Rights
- 32 Bad Blood: Perceptions of Women and Girls Associated with JAS and children born out of sexual violence (UNICEF/International Alert February 2016)
- 33 <https://www.hrw.org/news/2016/10/31/nigeria-officials-abusing-displaced-women-girls>
- 34 Nigeria Country Report of the UN Secretary General on Children and Armed Conflict, 2016

## END NOTES

- 35 Centre for Population and Reproductive Health, September 2016, Sexual and Gender Based Violence Assessment in North East Nigeria
- 36 GBVIMS Report, June 2016
- 37 Centre for Population and Reproductive Health, September 2016, Sexual and Gender Based Violence Assessment in North East Nigeria
- 38 Human Rights Watch, 2016, Nigeria: Officials Abusing Displaced Women, Girls Displaced by Boko Haram and Victims Twice Over
- 39 IRC, September 2016, Women's Protection and Empowerment Rapid Assessment Report LGA: Konduga.
- 40 GBVIMS Report, June
- 41 Human Rights Watch, 2016
- 42 FMOH: North-East Assessment, May 2016
- 43 FMOH: North-East Assessment, May 2016
- 44 WHO: Health Resource Availability Map, February 2016 and Rapid Health Facilities Assessment, September 2016
- 45 According to the United Nations' Global Multi-Dimensional Poverty Index (MPI Report, June 2015, and is based on data collected on years between 2004 and 2014) as of 2010, 46% of Nigerians lived below the national poverty line and the North East Region is one of the worst with - 76.8% Poverty (Average).
- 46 Cadre Harmonisé, October 2016
- 47 Monthly Health report; Borno State
- 48 NNHS 2015
- 49 ACF Rapid SMART Survey, MMC, Jere, Konduga and Monguno, June 2016.
- 50 FEWS NET, December 2016.
- 51 NBS/UNICEF National Nutrition and Health Survey using SMART methodology, 2015
- 52 Recovery and Peace Building Assessment, 2016
- 53 Federal Ministry of Health North East Assessment, 2016
- 54 WASH/CCCM tracker; October 2016
- 55 WASH sector assessment; June 2016
- 56 Monthly health report; Borno State
- 57 NDHS 2013 and RPBA, 2016 respectively
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