

OVERVIEW¹

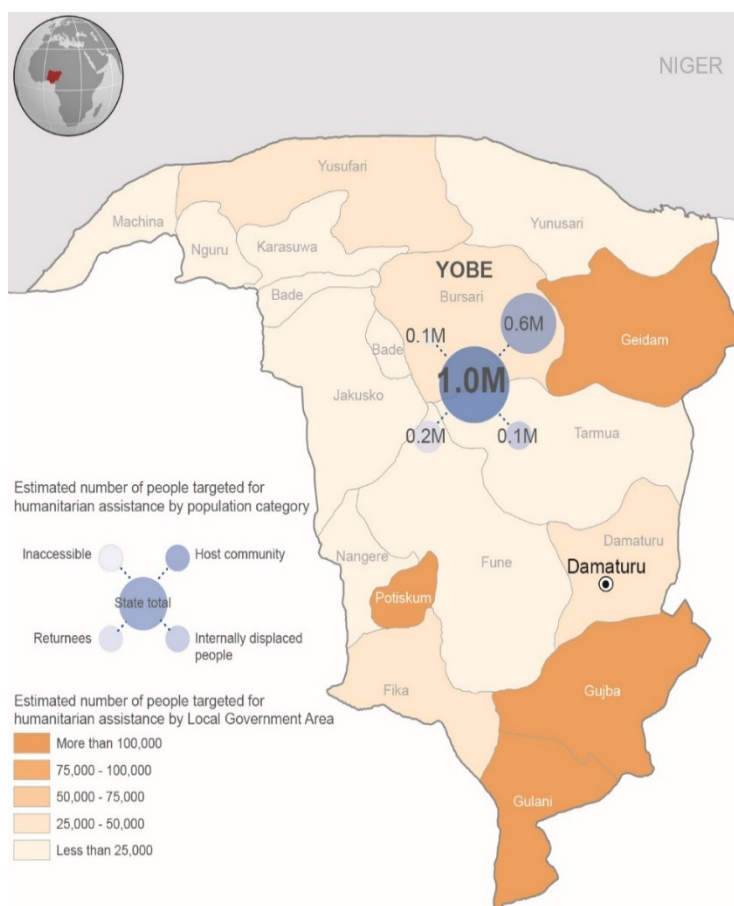
The humanitarian situation in Yobe State is generally stressed by pockets of severe and extreme severity in the return areas and in some impoverished urban communities hosting IDPs. The reporting period has seen additional arrivals of internally displaced people from conflict-affected areas in Borno State due to the relatively calm security situation in Yobe. There have been movements from Kukawa, Marte, Baga and Monguno LGAs in Borno to Bade, Nguru and Geidam LGAs in Yobe. Chronic poverty further exacerbated by the conflict is increasing vulnerabilities and humanitarian needs. This situation urgently calls for more investment in recovery and development programs. The destruction of basic social infrastructure in hard-to-reach areas coupled with lack of basic service delivery is further perpetuating the crisis. The suspension of activities by Action Against Hunger (AAH/ACF) and Mercy Corps (MC) has left significant gaps in the delivery of critical services to vulnerable people².

Addressing the structural and underlying causes of the conflict such as under development and socio-cultural and religious drivers of the crisis remains critical. As we enter the eleventh year of the conflict, youth unemployment and protection of civilians (GBV, abductions and killings) need to be urgently addressed.

There is lack of disaggregated sector analysis to support an effective analysis of humanitarian gaps in Yobe State. An estimated 96 per cent of IDPs are settled within the host community³. This calls for community-based programming which raises the amount of funding needed to address these needs.

Security and Access

The security situation in Yobe State has gradually improved, after months of insecurity before and after the general elections in February 2019. However, new factors are evolving which pose challenges to the security and access environment. These include the new military “super camp” strategy through which smaller military units will be withdrawn and concentrated into larger bases. Security gaps have been seen and are anticipated as a result of the strategy, especially in areas where people are returning to and are starting to rebuild their lives. Humanitarian partners have raised concern on the potential impact on humanitarian access to these remote areas and the fear of increased risk of exposure to road side



¹ This report covers the period August to October 2019.

² The 7-week suspension on AAH/MC was lifted as this report went to print. Details of the impact will be in the next report.

³ Round 28 published in August 2019

improvised explosive devices (IEDs). In addition, cases of abduction and robbery have already been recorded in a few remote areas in Gujba LGA.

Following the military's suspension of ACF and MC programs across the BAY states some INGOs received pressure from individual military officers who mistakenly thought that the work of those INGOs had been suspended. This led to a general climate of concern and limited activities. The services in two nutrition stabilization centres were temporarily suspended on suspicion of the presence of ACF staff in the facility.

Humanitarian actors continued to communicate with the military (e.g. leadership in Sector two and the 27 Task Force Brigade in Buni Yadi) to build rapport and increase transparency to reduce suspicion. This included briefing notes outlining the activities undertaken by each partner to enhance the movement of humanitarian supplies to remote areas. A state level Access Working Group with humanitarian partners and key military officers to expedite communication on access issues; and a template agreed by SEMA for the movement of humanitarian cargo to ensure timely information sharing with the military have been rolled out.

Coordination⁴

Humanitarian coordination with the State Government has improved following the appointment of a new supportive and proactive SEMA. This is leading to better collaboration and timely decision making for critical issues. However, the absence of dedicated partner sector focal points remains a key challenge which requires attention. Staff supporting the sectors are programme officers whose priority is to deliver on their programme responsibilities. There is also limited support from sector coordinators in Maiduguri to the state level, with few of the sector focal points producing a situational analysis.

There is no functional recovery and development coordination structure in the state. This poses critical challenges in linking the delivery of life-saving assistance to ongoing efforts to build resilience and implement durable solutions.

OCHA continues to lead three Local Coordination Groups (LCGs) Gashua for partners operating in the northern LGAs (Nguru, Bade, Yunusari, Yusufari, Geidam, Jakusko); Potiskum for partners operating in zone two (Potiskum, Nangere, Fika and Fune) and Damaturu for coordination at the State level.

Localization

OCHA is providing capacity support to civil society organizations (CSOs) to develop a state level strategy. The CSO network, which has 100 members and 200 community-based organizations associated to it, is restructuring itself to ensure a more robust presence at all administrative levels the ward, the LGA and the State level. However, tensions between CSOs and international humanitarian organizations, based on the perception that the international community is not doing enough to strengthen the role and capacity of the CSOs, continues. More needs to be done to build trust, as this view is shared by the Government.

Population in Need

The displaced population, returnees and vulnerable segments of the host communities are the people most in need of life-saving assistance in Yobe. There are currently 131,597 IDPs⁵ and 165,155 returnees in Yobe State⁶. The trend in population movement shows continued increase with new arrivals fleeing conflict-affected areas in Borno State. IOM has recorded an increase of about 3,740 displacements into Yobe State⁷, and 19,245 returnees to their respective areas of origin within the State in the reporting period due to the relatively calm security environment. The return areas include Damaturu, Geidam, Gulani, Gujba, Yunusari and Yusufari LGAs. It is worth noting that as movements have been spontaneous, structured assistance delivery is lacking and numbers may fluctuate.

⁴ All sectors in Yobe State are co-led by the respective Government ministries, departments and agencies (MDAs) with the support of sector lead agencies

⁵ 96 per cent of IDPs live in host communities

⁶ IOM DTM Round 28 report, August 2019

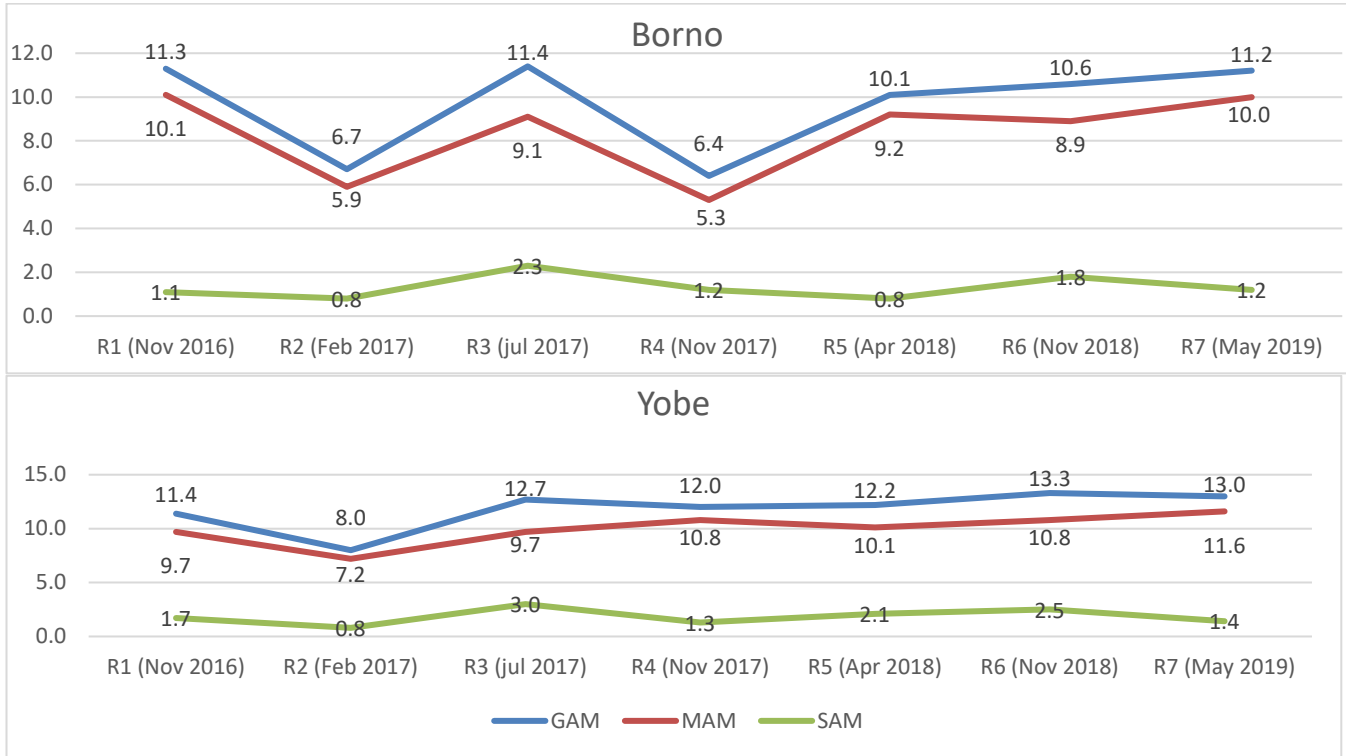
⁷ Figures yet to be published, following assessments in August

SECTORAL SITUATION ANALYSIS

WASH

There is no consolidated and reliable data that holistically highlights the status of the WASH situation in Yobe State. Life-saving assistance and recovery response efforts are not adequately being coordinated. The nature of WASH gaps in the State are that it is difficult to segregate between the delivery of humanitarian aid and recovery/development interventions, as most IDPs and returnees are living in the host community.

Nutrition



Source: Quarterly Nutrition Survey

The three-year trend of Global Acute malnutrition (GAM), Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) rates from October 2016 to May 2019 indicates that Yobe State fares worse compared to Borno and Adamawa States. The current rate of malnutrition is partly due to chronic poverty, specifically in the northern LGAs⁸ as well as limited access to basic social services such as WASH in some of the LGAs; delay in transporting Ready to Use Therapeutic Food (RUTF) to stabilization centres in some LGAs; and a limited number of partners carrying out nutrition interventions. The closure AAH/ACF nutrition programmes in the BAY states has created gaps in services that are not easily filled, especially given the limited numbers of partners implementing nutrition programs in Yobe State.

Food Security and Livelihood (FSL)

Most farming households cultivated their lands during this year’s crop season with input support from partners. However, the support package this season was less than the support provided by partners in 2018. The farmers who received support were optimistic of bountiful crop yields following relatively improved and prolonged rainfalls compared to last year’s crop season. The optimism has been dampened by the heavy flooding which affected many areas and communities across the State.

The Federal Government’s social investment program in partnership with the State Government is rolling out a number of social safety-net projects. About 300,000 pupils from primary one to three covering 20 per cent of primary schools in Yobe will benefit from school feeding assistance. Over 11,000 people will receive

conditional cash transfers within two to three weeks of this report. The Youth Empowerment Programmes or the n-power started in 2017. The Government Enterprise Empowerment Programme, which grants existing small businesses loans, has not yet been initiated. Government officials have suggested that humanitarian partners should support school feeding programmes by monitoring and advising on the nutritional value of the food.

Access to land for agriculture

Access to agricultural land is stable in the State, except in the security compromised areas and in the high-value riverine areas.

Shelter and Camp Coordination and Camp Management (CCCM)

Shelter is a critical need for internally displaced people in Yobe State. However, since most of IDPs live in host communities, the needs are not readily visible. There is no camp coordination mechanism in Yobe State as there are no formal camps; most IDPs are living in the host community and in informal settlements. Some returnee households in Gujba town in Gujba LGA are living in camp-like settlements because they could not access their original villages on the border area to Borno State due to security concerns.

Education

The lack of qualified teachers, overcrowded classrooms, limited WASH facilities, limited supervision, lack of textbooks and learning materials, and limited public funding to support the Sector remains a challenge. In response to concerns raised by key stakeholders over the budget allocation for education which is reported to be inadequate, the new State authorities have declared a state of emergency in the Education Sector. A technical committee was instituted and its recommendations have been submitted to the Governor who directed that critical components of these recommendations be implemented urgently. This includes teacher audit and verification to identify the number of teachers in the State, their qualifications, the immediate training they require for optimum performance, as well as specific challenges facing teachers. A teacher training and development centre in Damaturu was amongst the key recommendations.

In return areas like Gujba and Gulani LGAs, some partners indicate relative improvement as some of the schools destroyed during the conflict have been renovated and furnished by the Victims Support Fund (VSF). While gaps in the number of teachers remain, the situation is gradually improving. Gaps in sanitation and water facilities in the schools has a direct effect on school attendance. The supply of soap for hand washing in the schools remains inadequate and unsustainable. Some children do not attend school regularly as they have to support their families with livelihood activities. Gaps in teacher support and training, WASH and the construction of additional classrooms and information management capacity in the sector also needs to be addressed.

Protection

Gender Based Violence (GBV): GBV is rampant. 90 per cent of reported cases involved intimate partner abuse, including denial of resources for sustenance, 6 per cent rape and 4 per cent forced marriage. The main cross-cutting challenge to the implementation of GBV programming in the State is inadequate funding for logistics and referrals to provide access to justice and health services to GBV survivors coming from the LGAs to Damaturu. According to partners, the resources have not been made available in the State annual budget for: transportation and safe spaces for survivors; support for the legal system; and livelihood interventions for survivors. This is critical in the current situation where the Sexual Assault and Referral Centre (SARC center) is only available in Damaturu town and safe spaces by other partners are only available in Gujba and Damaturu LGAs. Ideally, the Ministry of Women Affairs (MoWA) should provide resources for referrals to partners but it has yet to be available in the State's annual budget.

There is a lack of safe spaces across Yobe State. There are currently five safe spaces but these are all concentrated in only two of the State's 17 LGAs, namely Damaturu and Gujba LGA. Humanitarian partners run three of these centers while MoWA runs the remaining two which are not fully functional. There is an ongoing effort by the sub-sector to build the capacity of stakeholder staff on: GBV case management; GBV referral; GBV coordination; and GBV service mapping. These stakeholders include MoWA, the Nigerian Security and Civil Defense Corp (NSCDC), the Nigerian Police Force, the Civilian Joint Task Force (CJTF), the National Agency for Prohibition of trafficking in persons (NAPTIP) and the Nigerian Army.

Health Response to GBV: Clinical Management of Rape/Sexual Assault (CMR) is better resourced. There is a referral center in Damaturu at the Women and Children's Hospital. United Nations Population Fund (UNFPA) is providing technical support for reproductive health rape kits, as well as building the capacity of service providers on CMR. Some 22 CMR trainers in the State have received training. The British Council funded the establishment of the Sexual Assault and Referral (SARC) Centre and provided commodities for its operationalization, (while Pathfinder International is providing technical assistance. The State Government is providing the physical structure and facilities, the Human Resources for Health (HRH) and commodities through the Yobe State Agency for the Control of AIDS (YOSACA). This is to ensure adequate supply of Post Exposure Prophylaxis (PEP) medication Emergency Contraception and preventative medication for Sexually Transmitted Infections (STIs), as well as provide referral support and access to mental health related to GBV and intimate partner violence (IPV).

Psychosocial Support (PSS): A significant effort has been made in building the capacity of local Psychosocial support (PSS) counselors. Over 300 PSS State and partner counselors have been trained. The target is for all Primary Health Care Centres and Local Government officers from the Ministry of Women Affairs to have trained PSS counselors to offer service at the grassroots level; these PSS counsellors are also trained to be case workers for GBV. The main challenges are turnover, attrition and transfer of PSS counselors trained at LGA level. There is also need for a State database on PSS case workers and their locations, as well as a continuous training process with reference to new guidelines on the referral of mental health services for survivors.

Access to justice: The turnaround time to provide access to justice is long and the evidence for the prosecution of the cases may be inadequate which is delaying the delivery of justice to the survivors of GBV. Moreover, the Violence Against Persons Prohibition (VAPP) Act is not domesticated in Yobe State. Due to the delay, most of the survivors withdraw or do not pursue the cases, which can also hurt them financially as a result of their motion to pursue justice. Stakeholders are making efforts to safely transport evidence to the court of law and to domesticate the VAPP Act.

Health

A total of 1.05 million people are in need of life-saving and essential health services. Approximately nineteen percent (19 per cent) of health facilities are fully damaged and fourteen percent (14 per cent) partially damaged by the ongoing conflict⁹. A significant proportion of women and children, particularly girls who are living in security-compromised communities do not have adequate access to quality sexual and reproductive health (SRH), basic emergency obstetric care, immunization and child health services.

Malaria, pneumonia, diarrheal diseases, measles, stillbirths and pregnancy-related disorders remain the leading causes of morbidity and mortality amongst women and children¹⁰ in Yobe State, where Health Sector partners in conjunction with the Yobe State Ministry of Health have intensified surveillance, epidemic preparedness and service delivery to remote and security-compromised LGAs. Through mobile Hard-To-Reach health teams, Community Resource Persons, vaccination campaigns and micronutrient supplementation, Government and health partners are working to improve life-saving care in communities constrained by insecurity, distance or difficult geographical terrain. The Yobe State Government and health partners are also intensifying efforts and deploying resources to rehabilitate and re-equip damaged health facilities and provide commodities to improve access to service delivery across the 17 LGAs.

289,351 medical consultations were reported in the 3rd quarter of 2019. Up to 192,746 children aged three to 59 months received doses of Amodiaquine -SP during the Seasonal Malaria Chemoprophylaxis (SMC) campaign carried out by Government and Health Sector partners in six LGAs (Tarmuwa, Yusufari, Nguru, Bade, Jakusko and Karasuwa) with high rates of malaria.

The Maternal and Perinatal Death Surveillance and Response Review as well as Sexual and Reproductive Health (SRH) coordination meetings have recommenced to ensure adequate maternal death surveillance

⁹ Yobe HeRAMS Report, 2018

¹⁰ Multi-agency, Prospective, Community-based Mortality Cause-of-death Surveillance Project, 2019

and enhanced SRH service delivery at the LGA level. The Yobe SMOH and health partners have intensified efforts to close gaps in the Prevention of Mother to Child Transmission of HIV and MPDSR through capacity building on Maternal and Child Health (MCH) and SRH, and provision of SRH commodities.

Humanitarian/Development Nexus

In the absence of a recovery/development coordination structure in the State, a number of resilience/recovery and development programmes are not being mapped and adequately coordinated. Current recovery and development programs include those implemented and/or funded by the State and Federal Government, as well as the World Bank and other development partners. The European Union is funding a food security and resilience programme implemented by a consortium including the Danish Refugee Council, COOPI and Mercy Corps. This program is being implemented in six LGAs, including Gujba, Gulani, Geidam, Yunusari, and Damaturu and needs to be mapped and coordinated. While the Mercy-Corps programme has been suspended, other members of the consortium continue to roll out their resilience programmes. UNDP is planning to implement a resilience programme in Yunusari and Geidam.

KEY RECOMMENDATIONS

- In coordination with the Yobe State Government, partners need to ensure transparency with military to reduce current suspicion and negative perceptions of humanitarian programs.
- Recovery/development coordination capacity in the State is urgently needed to ensure appropriate linkages with the ongoing delivery of life-saving assistance.
- The WASH sector urgently needs to consolidate data and analysis on the overall status of the WASH situation in the State.
- The Humanitarian Country Team (HCT) needs to strengthen advocacy to secure additional funding to respond to recovery, resilience and development intervention in the State.
- The Food Security Sector, in coordination with the State Government, should assess the impact of flooding on agricultural production this year and the possible repercussion on food security for the next year.
- A comprehensive strategy to strengthen the role of civil society organizations in the sustainability and localization of the ongoing humanitarian response.