

NIGERIA - COMPLEX EMERGENCY

FACT SHEET #1, FISCAL YEAR (FY) 2014

JULY 30, 2014

NUMBERS AT A GLANCE

705,085

Internally Displaced Persons (IDPs) in Nigeria
U.N. Office for the Coordination of Humanitarian Affairs (OCHA) – July 2014

436,908

IDPs in the States of Emergency
OCHA – July 2014

268,177

IDPs in Surrounding States
OCHA – July 2014

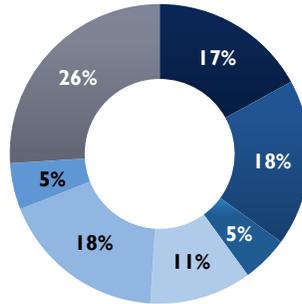
61,827

Returns and Nigerian Refugees in Neighboring Countries
OCHA – May 2014

4.2 million

Estimated Number of People Facing Food Insecurity in Nigeria
U.N. – January 2014

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2014



- Water, Sanitation, and Hygiene (17%)
- Economic Recovery & Market Systems (18%)
- Health (5%)
- Humanitarian Coordination & Information Management (11%)
- Logistics & Relief Commodities (18%)
- Agriculture & Food Security (5%)
- Protection (26%)

HIGHLIGHTS

- More than 3,400 people have died in 2014 attacks and more than 705,000 are internally displaced.
- Populations in northeastern Nigeria require food, medical services, water and sanitation support, and protection.
- The U.S. Government (USG) has committed more than \$10.7 million to date in FY 2014 to assist vulnerable Nigerian families.

HUMANITARIAN FUNDING TO NIGERIA IN FY 2014

USAID/OFDA	\$7,043,783
STATE/PRM ²	\$3,700,000

\$10,743,783

TOTAL USAID AND STATE ASSISTANCE TO NIGERIA

KEY DEVELOPMENTS

- Escalating insecurity in northeastern Nigeria due to insurgency of the militant group Boko Haram has resulted in significant humanitarian needs among affected populations, particularly in Adamawa, Borno, and Yobe states—the states of emergency (SOE). Priority needs include food, medical care, water, sanitation, and hygiene (WASH), and protection. Ongoing violence continues to limit humanitarian access.
- Since the start of 2014, more than 3,400 people have died in attacks carried out by Boko Haram in Nigeria, according to media sources. Violence—including the kidnapping of children—has increased in frequency throughout the year. In April, these abductions gained widespread attention when Boko Haram kidnapped more than 275 schoolgirls from the village of Chibok in Borno State.
- Violence in the northeast will likely have significant impacts on food security, as many farmers have abandoned their farmlands and are missing the planting season. Insecurity may also trigger longer-term consequences in the region, as Nigeria serves as West Africa's largest supplier of staple cereals.
- To date in FY 2014, the USG has provided more than \$10.7 million for vulnerable and conflict-affected households in Nigeria. More than \$7 million from USAID/OFDA supports health and WASH services, the delivery of emergency relief supplies, and protection activities for women and children in northeastern Nigeria. In addition, \$3.7 million from State/PRM funds protection activities in affected areas.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

DISPLACEMENT AND HUMANITARIAN ACCESS

- Between May 6 and 22, an interagency assessment mission visited the three SOE and neighboring Taraba, Gombe, and Bauchi states. The team, including representatives from the Government of Nigeria (GoN), U.N. agencies, and non-governmental organizations (NGOs), visited 107 communities.
- According to the assessment, 90 percent of IDPs in the six states were residing with families and friends. Insurgency in the SOE triggered the majority of displacement, adding to populations displaced by inter-communal violence in previous years. Identified priority needs in the affected areas were security and protection, food, health care, emergency education, livelihoods support, shelter and emergency relief supplies, and WASH interventions.
- Since July 17, more than 15,200 people have been displaced from Damboa town in Borno due to clashes between Boko Haram and the Nigerian military. The majority of families fled to other parts of Borno and Yobe State.
- Humanitarian access to the most affected areas in the SOE is significantly limited due to insecurity. An uptick in attacks—particularly on schools, along highways, and in rural communities—has restricted road travel to remote areas where security is volatile.
- With \$750,000 to an implementing partner, USAID/OFDA is supporting the capacity of national and state emergency management offices to improve data collection, population movement tracking, and reporting on humanitarian programs. USAID/OFDA funds will help establish 20 GoN-managed information collection centers throughout the five most-affected states in order to gather data for use in providing targeted assistance to the most vulnerable populations.

FOOD SECURITY AND NUTRITION

- The U.N. reported that nearly 4.2 million Nigerians are at risk of food insecurity. Increased food prices and decreased food availability—due in part to limited access, disrupted markets, and looted community grain depots—have contributed to food insecurity in northeastern Nigeria. Since late April, poor households in Borno and Yobe have experienced Crisis—IPC 3—levels of food insecurity, according to USAID-funded Famine Early Warning Systems Network (FEWS NET).² These families will likely continue to face Crisis-level food insecurity through at least September, when harvesting begins. Vulnerable households in Adamawa will likely experience Stressed—IPC 2—levels of food insecurity until September.
- The GoN Ministry of Agriculture has distributed approximately 18,200 metric tons of grains in the SOE to assist vulnerable families affected by ongoing violence.
- Humanitarian actors anticipate that unrest will have long-term impacts on food security in the region, as many farmers have abandoned their farmlands and are missing the planting season. The U.N. notes that household food stocks are significantly below average and incomes are declining as conflict has hampered off-season livelihood activities and the usual seasonal increase in labor demand. With food increasingly scarce in rural areas, many communities have resorted to eating agricultural inputs intended for planting or further production.
- The U.N. Children’s Fund (UNICEF) and humanitarian partners estimated that 500,000 children under five will suffer from severe acute malnutrition (SAM) in 2014. Between January and May, UNICEF and other health-focused organizations treated more than 98,600 children in the SOE experiencing SAM in the northeastern states.
- The May interagency assessment confirmed that loss of incomes and livelihoods due to violence and displacement were the main triggers of increased food insecurity. Conflict has also limited local market and trade activities, and restricted trade flows into the region, which has resulted in atypically high staple food prices in the affected areas. With depleted food stocks, households are relying increasingly on market purchases.
- USAID/OFDA provided nearly \$1.7 million through an NGO partner to strengthen the economic status and food security of nearly 94,000 vulnerable people, including more than 56,200 IDPs in Gombe State. Activities will include cash transfers to allow families to restart income-generating projects and restore assets, the establishment of community

² The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC I—to Famine—IPC 5.

savings and loan groups, and the distribution of emergency relief supplies to displaced families. Participants will also receive training related to agricultural conservation, fodder management, and animal health to improve future food security.

HEALTH AND WASH

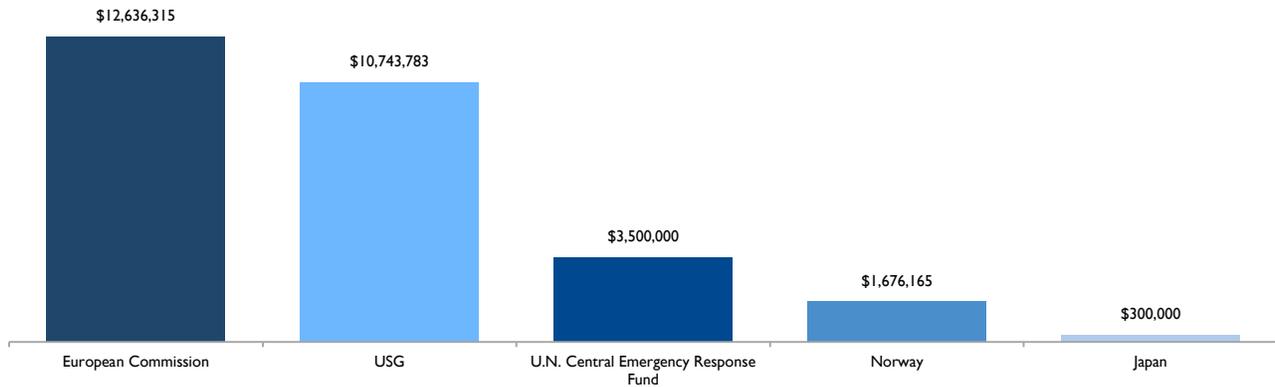
- The U.N. reports that populations in northeastern Nigeria lack adequate access to health care services. Assessments in Borno's Chibok community found that armed groups had destroyed all health care facilities, while some organizations have reported limited to no medical prescription stocks available in Adamawa. Further, a nationwide doctors' strike—launched in early July—has affected the availability of medical services throughout Nigeria, according to media sources.
 - UNICEF has provided more than 1,000 health care kits—sufficient to treat more than 400,000 people—and continues to support 65 primary health centers in Borno and Yobe. In Chibok, UNICEF has distributed water tanks, blankets, mattresses, soap, and additional relief items.
 - As of July 18, health officials in Nigeria had reported more than 24,600 cholera cases, including 33 associated deaths, in 2014, according to the U.N. World Health Organization. UNICEF is working with state officials to provide essential supplies and share messages about preventing and responding to cholera. NGO Médecins Sans Frontières also chlorinated more than 3,500 wells and distributed hygiene kits to prevent the spread of disease.
 - In Borno and Adamawa, the U.N. Population Fund (UNFPA) distributed approximately 360 reproductive health kits to health care facilities to help safe deliveries. UNFPA also provided support for survivors of sexual violence, services to assist in the prevention of HIV and treatment of diseases, and additional hygiene supplies for women. The organization aims to expand activities to Gombe and Yobe states in cooperation with the GoN national and state emergency management agencies.
 - With support from USAID/OFDA, relief organizations are targeting approximately 14,000 people with emergency relief items, grants to restore livelihood activities, and access to improved water and sanitation conditions through the construction of latrines in health facilities and solar-pumped water networks. Increased sanitation infrastructure, as well as hygiene-promotion activities, aim to prevent disease outbreaks.
 - Additional USAID/OFDA-funded NGOs are working to rehabilitate water sources and distribute basic commodities in Adamawa State. Further, organizations are providing equipment and training to health centers, including instruction on prevention and treatment of gender-based violence (GBV).
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PROTECTION

- The U.N. reports that GBV is widespread in northeastern Nigeria, although not frequently reported due to cultural stigmas. Many females have limited access to education or livelihood opportunities.
- The Borno State government has allocated funding to provide services for girls who escaped kidnapping by armed groups. USAID/OFDA is also providing funding to offer direct medical and psychological support to abducted girls, their families, and affected communities—both in Chibok and other affected areas. Teams comprising psychologists, social workers, protection advisors, and educators will provide psychosocial support to the most-affected communities.
- A USAID/OFDA partner aim to strengthen the capacity of government agencies and community-based organizations to provide support to IDPs and host communities, including affected children. Program participants will receive training and support in psychosocial care, child protection in emergency settings, and case management. The organization also aims to establish child-friendly spaces to provide safe environments for learning and recreational activities.
- In addition, State/PRM has provided \$3.7 million through an implementing partner for protection activities in northeastern Nigeria.

2014 TOTAL HUMANITARIAN FUNDING*

PER DONOR



*Funding figures are as of July 30, 2014. All international figures are according to OCHA's Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on the fiscal year, which began on October 1, 2013.

CONTEXT

- Following escalated violence in northeastern Nigeria, the GoN declared a state of emergency in Adamawa, Borno, and Yobe states in March 2013. In the first half of 2014, attacks carried out by Boko Haram militants killed more than 3,000 people.
- Violence continues to displace people within the three SOE and surrounding states. By April 2014, more than 57,000 people, including returning migrants, had also fled to neighboring Cameroon, Chad, and Niger. In communities hosting IDPs, the presence of additional families is straining local resources, including already-stretched water systems and basic commodities.
- Humanitarian access is limited in affected areas, where many services—including medical care—have been disrupted due to staff departing following threats of kidnapping or violence. As of mid-May, the GoN National Emergency Management Agency had begun to provide limited emergency relief items, medical supplies, food, and other assistance to IDPs.

USAID AND STATE HUMANITARIAN ASSISTANCE TO NIGERIA PROVIDED IN FY 2014¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
Implementing Partners	Agriculture and Food Security, Economic Recovery and Market Systems (ERMS), Health, Humanitarian Coordination and Information Management, Logistics Support and Relief Commodities, Protection, WASH	Countrywide	\$7,034,331
		Program Support Costs	\$9,452
TOTAL USAID/OFDA ASSISTANCE			\$7,043,783
STATE/PRM			
Implementing Partner	Protection and Material Assistance to Victims of the Conflict	Northeastern Nigeria	\$3,700,000
TOTAL STATE/PRM ASSISTANCE			\$3,700,000
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO NIGERIA IN FY 2014			\$10,743,783

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² USAID/OFDA funding represents actual or obligated amounts as of July 30, 2014.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>