

Special feature
**The Lake Chad Basin:
an overlooked crisis?**

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Cover photo: Zainab Tijani, 20, a Nigerian refugee recently returned from Cameroon in the home she shares with her family in the town of Banki, Nigeria, 2017
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Editorial



This edition of *Humanitarian Exchange*, co-edited with Joe Read, focuses on the humanitarian crisis in Nigeria and the Lake Chad Basin. The violence perpetrated by Boko Haram and the counter-insurgency campaign in Nigeria, Cameroon, Chad and Niger has created a humanitarian crisis affecting some 17 million people. Some 2.4m have been displaced, the vast majority of them in north-eastern Nigeria. Many are living in desperate conditions, without access to sufficient food or clean water. The Nigerian government's focus on defeating Boko Haram militarily, its reluctance to acknowledge the scale and gravity of the humanitarian crisis and the corresponding reticence of humanitarian leaders to challenge that position have combined to undermine the timeliness and effectiveness of the response.

In the overview article, Toby Lanzer, former Regional Humanitarian Coordinator for the Sahel, reflects on the factors that have contributed to the crisis and the delayed response. Virginia Comolli analyses the evolution and impact of Boko Haram, and Patricia McIlreavy and Julien Schopp explore the collective failure of the humanitarian system to mount a timely, effective and principled response to the humanitarian crisis the conflict has triggered. In their contributions, Virginie Roiron and Zainab Murtala and Bashir Abubakar explain how the Nigerian government's approach to disaster management, compounded by a difficult relationship between federal and state governments, has contributed to this failure. Natalie Roberts examines Médecins Sans Frontières (MSF)'s decision to speak out on the humanitarian emergency in the Bama displacement camp in Borno State. Chitra Nagarajan outlines CIVIC's work on civilian protection with the Nigerian military. Joe Read highlights the particular protection threats facing women and girls exposed to sexual violence and abuse, and Luana Giardinelli explores mental health and psychosocial needs among conflict-affected people. Sara Karimbhoy highlights the UN Children's Fund (UNICEF)'s response to displacement in Northern Cameroon. The edition ends with an article by Matias Meier on the innovative use of an adaptive programming approach in the Diffa region in Niger.

Editorial photos:

Left: Amina Aboukar, a Nigerian refugee from Damassak in Niger.

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Top: Emergency water transported to a spontaneous displacement site, Diffa, 2016.

© Matias Meier/IRC Nigeria

Middle: Health centre providing care to refugees in Bosso, Niger.

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Bottom right: Minawao refugee camp.

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As always, we welcome any comments or feedback, which can be sent to

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Amina Aboukar, a Nigerian refugee from Damassak in Niger.

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The Lake Chad Basin: an overlooked crisis?

The Lake Chad crisis: drivers, responses and ways forward

Toby Lanzer

Over the course of the past year, the international aid community has become more aware of the crisis in north-eastern Nigeria and across the Lake Chad Basin as a whole. While this has led to some improvements in the short-term lot of people in the region, much remains to be done. The situation is complex, and considerable engagement in many lines of work is required if the people around the lake are to survive, live in peace and enjoy a safe and stable future. This article looks at three issues: first, the key factors that drove people's lives towards crisis; second, why the crisis took so long to gain international recognition and engagement; and third, what is required to ensure a better tomorrow for the region's people.¹

Box 1 The Lake Chad Basin: key facts

The Lake Chad Basin straddles four countries: the northern part of Cameroon, western Chad, south-east Niger and the north-east of Nigeria. At one stage the lake and its waterways covered an area of around 40,000 square kilometres, or about the size of Switzerland. The lake, its shores and its hundreds of small islands provided an abundance of opportunities for the communities living there: fresh water in one of the world's hottest environments; fish to eat and trade; and fertile land for planting. Although keeping track of demographics is difficult, the best estimate for the region's population today would be about 30 million people.

Drivers of the crisis

Over the past 60 years, a series of factors have driven things in the wrong direction across the Lake Chad Basin. The first was political and economic marginalisation. In all cases except Chad, capitals are far distant from the lake and its people. Niamey, the capital of Niger, is at best a three-day drive from Diffa, the Nigerien region straddling the lake. Northern Cameroon is not only a long distance from the country's capital, Yaoundé, but the north and the capital have been at odds politically for decades.

¹ The article is coloured by my own biases (for example being a senior official in the United Nations and having worked on this topic for two years), but in writing six months after leaving the region and addressing the issue from afar I hope that, in my personal capacity, my thoughts are less partial, more balanced and useful to the reader.

The second factor was poor governance. Since independence all four countries have struggled in terms of socio-economic progress, inequality and rule of law and corruption. A third factor, and one sometimes overlooked by development practitioners, was the overall political and security context. In all four countries, leaders' overriding concern was with power politics and security; given regular power struggles in Chad, for example, it should be no surprise that the political elite in N'Djamena was overwhelmingly focused on staying in power, which often led them to cater to the security services at great cost for (an economically poor) nation. These three factors – marginalisation, governance and insecurity – have combined with deepening poverty, environmental degradation and a population explosion that eclipses almost anywhere else on earth. The 7 million people living across the region in the early 1970s had grown to some 30m just 40 years later.

As this century began, villagers across the region were more numerous than the previous generation, poorer and finding the environment in which they lived even more unforgiving. Yet they were safe. But that was about to change. Around 2008, villagers across the Lake Chad region have told me that, at first, a man or small groups of men would arrive in their village encouraging them to follow a certain brand of Islam or to worship in a certain way. Over time, these men became ever-more insistent that people needed to adapt their worship and lives to a more 'conservative and rigorous' style. This manifested itself in a positive way at first: adopting their brand of Islam was rewarded. By 2010, however, rewards had turned to threats: follow us or we will kill you. As Boko Haram gained in confidence, and eventually started to occupy territory, farmers struggled to access their land and herders found it harder and harder to tend to their livestock; fishermen's access to the lake was progressively curtailed until, by 2015, it had virtually disappeared.

Why did international recognition take so long?

I have spent some time thinking about why it took so long for us (aid officials, international organisations, donors) to notice what was going on, and even longer to engage. In my own case, which I suspect was the case for many, we were busy with the crises of the day, particularly the crisis in Darfur, and events in Afghanistan, Iraq and eventually Syria. As far as Africa was concerned, concerted and serious attention to human suffering or humanitarian response focused on South Sudan

(and to some extent Somalia) from 2011 onwards. Meanwhile, the Lake Chad Basin, and the horrors unfolding at the hands of Boko Haram, went largely unnoticed. Most of the aid workers who might have sounded an alarm or nudged a UN official or donor embassy to speak to the government (or even get a request for international assistance) were probably in Darfur, South Sudan or elsewhere further afield.

The plight of distant and increasingly impoverished communities on Lake Chad was also not an immediate concern in Abuja, Niamey, Yaoundé, or even next door in N'Djamena. President Idriss Déby of Chad was in a tussle with his Sudanese counterpart Omar Al-Bashir. Abuja and Yaoundé were riding high on the oil boom, and in any case, as officials sometimes acknowledged to me, 'Lake Chad is very far away'. As the violence worsened from 2013, the authorities in Abuja began to realise that they had a major security problem, not only in north-east Nigeria but also in the capital itself. The bombing of the UN's office in Abuja on 26 August 2011, in which 23 staff were killed, should have been a wake-up call to all of us that more attention had to be paid to what was going on. By early 2014, more and more people were fleeing into Cameroon, Chad and Niger. The following November, the African Union's Peace and Security Council activated the Multi-National Joint Task Force to combat Boko Haram.

For the region's people, suffering did not have a label or a definition. Seeing one's loved ones executed, livestock slaughtered and schools and homes torched did not need labels. If there was one, it would have to be an all-encompassing 'security crisis'. It is the luxury of aid agencies to debate over the label to apply to a crisis, and perhaps we spend too much time on such issues. We focus on 'humanitarian' crisis and sometimes make this more granular and speak of 'a protection crisis' or a 'nutrition crisis'. Such definitions are understandable. If I am a nutritionist and I see malnutrition rates exceed the emergency threshold then there is a crisis, and describing it as a 'nutrition crisis' is comfortable (and might even help me raise money to address malnutrition). Yet nobody I ever met in the region ascribed a label to the suffering. People wanted the shelling, murder and abductions to end; they wanted to be safe. Mothers and fathers wanted to farm and fish; they wanted to eat and gain back the esteem associated with fending for their family. Giving people in such circumstances a voice, listening to that voice and acting in accordance with it is the most important thing we in the aid community can do. For various reasons, we were too slow to heed these calls.

My engagement in the Lake Chad Basin began in July 2015, just after the then UN Under Secretary-General for Humanitarian Affairs, Valerie Amos, asked me to 'do some advocacy for the Sahel'. I flew to Abuja and drove from there to the north-east's main town, Maiduguri, and stood aghast at what I saw: massive need (as great as I had ever witnessed) and a desperately insufficient response. I travelled to all four affected countries and donor capitals, repeatedly. But with South Sudan, Syria and increasingly Yemen consuming the minds of policy-makers

and aid managers, gaining attention for another crisis was an uphill battle. Nigeria, I was often told, was a rich country, capable of handling its own problems. No one seemed to notice that Nigeria's revenue depends largely on oil, and that those revenues had plummeted by 70%. In the third quarter of 2015 the acting humanitarian coordinator in Abuja put together an appeal asking for a very modest \$250m. When I met donors in Abuja in February 2016 they asked why the UN had asked for so little yet, ironically, only about 10% of this very modest target had been pledged. By the end of the year, 11m people were in need of life-saving assistance and protection, 7m were severely insecure and 2.5m had fled from their homes.

A combination of a large number of crises elsewhere and the (mistaken) view that Nigeria was rich meant that donors could shy away from people's needs in the region. My job was to counter this, and to make sure that these needs were not ignored. Via events such as the UN General Assembly and the World Humanitarian Summit, as well as help from friends and colleagues in Brussels and Washington, I was able to attract more interest, and by mid-2016 financial support started to reach aid agencies for humanitarian response, in particular to protect people and provide them with some basic assistance. Funds also arrived for shelter and emergency medical care as well as, thankfully, for logistics. Much of the area around Lake Chad was inaccessible at the time: Boko Haram still controlled large swathes of territory and key access roads, and moving by plane or helicopter was essential, albeit expensive.

Our work to help put on people's radar screen the crisis in Nigeria's north-east and across the Lake Chad Basin culminated with the first international conference on the topic, hosted by Norway with support from Germany, Nigeria and the UN, held in Oslo on 24 February 2017. Our aim was to draw attention to the crisis and the necessary solutions, namely increased political attention and statements of political support; better awareness of the complexity of the crisis and the need for humanitarian aid and development solutions; and financial contributions. Money had begun to flow but in insufficient quantities, while the ongoing crises in Syria, South Sudan and Yemen drew not only resources but much of the attention of aid agencies' management and staff. One cannot look at a crisis in isolation: the international community's ability to engage and respond will be dictated by a range of issues, right down to the availability of seasoned aid workers who can make a difference in highly complex settings.

Ways forward

Humanitarian aid is of course never enough. It can be an important short-term response to crises, but can never resolve them. There was strong recognition of this amongst NGOs and UN actors on the ground in Cameroon, Chad, Niger and Nigeria, and together we began to lobby – to use 'humanitarian advocacy', if you will – to attract attention to the plight of communities in the Lake Chad Basin. We also lobbied for the authorities in the four countries to tackle the root cause of the

crisis, including the deeper development challenges and the sense of marginalisation and, eventually, to reach out to Boko Haram. Humanitarian advocacy along these lines involves gaining the understanding of policy-makers and funders around the need to find a path to peace; to pay for security; to engage in development programmes during times of crisis; and to call on governments to invest in their own people. We were fortunate in the regions straddling the lake to find government interlocutors who were aware of the different dimensions to the crisis, and welcoming of international support. However, solutions to deep-rooted problems require sustained engagement. That

means years of development cooperation, including on the very sensitive matter of population growth, better governance and, as Nigeria's national security advisor put it to me once, 'A social contract between the government and the different communities living on Lake Chad to ensure peace, security and development, equitably, for all'.

Toby Lanzer is Assistant Secretary-General and Deputy Special Representative for the United Nations Assistance Mission in Afghanistan (UNAMA). Previously he was Assistant Secretary-General and Regional Humanitarian Coordinator for the Sahel.

The evolution and impact of Boko Haram in the Lake Chad Basin

Virginia Comolli

The Lake Chad Basin region, comprising Nigeria, Niger, Chad and Cameroon, is the setting of a violent campaign by Jama'atu Ahlis Sunnah Lidda'awati w'al Jihad (People Committed to the Propagation of the Prophet's Teachings and Jihad), commonly known as Boko Haram. The violence perpetrated both by Boko Haram and by the counter-insurgency campaign against it resulted in the deaths of nearly 30,000 people between 2009 and 2016, extensive physical destruction, the displacement of some 2.4 million people and a severe food crisis affecting 6.6m more.¹ Economic activity has effectively ground to a halt.

The evolution of the insurgency

Boko Haram began as an isolated sect in Yobe state, north-eastern Nigeria, in 2002 under the leadership of Salafist preacher Mohamed Yusuf. At the outset, like earlier Islamist 'reform' groups in the region, the sect leadership's discourse of religious revival and a return to what they believed to be the true tenets of Islam were portrayed as the antidote to the corruption, bad governance, poverty and other (mainly Western-imported) societal ills all too familiar to northern Nigerians. Following Yusuf's extrajudicial killing by the government in 2009, the scale and brutality of Boko Haram violence escalated under the leadership of his deputy, Abubakar Shekau. The sect began targeting those they considered complicit in Yusuf's killing, including the Nigerian military and police, as well as others they associated with the Nigerian state. The UN became a target in 2011 due to its development support to the government.

Reports of the sect's widespread use of female and child suicide bombers and mass abductions – notably the kidnapping of the so-called Chibok girls from a school in Borno state – began to

receive international media attention in 2014. In November 2014, the bombing of the Central Mosque in Kano again focused international attention and concern on the scale of the sect's reach outside its base in the Sambisa forest in Borno state.² Boko Haram's campaign to capture and control territory in Borno, Yobe and Adamawa states escalated further in 2015, alongside attacks in Cameroon, including repeated abductions and the mass kidnapping of children. The following month, the border town of Bosso in Niger and Ngouboua village in Chad came under attack, signalling the spread of violence beyond Nigeria's borders, and making it clear that Niger, Chad and Cameroon had become part of Boko Haram's fighting ground. A long-time Al-Qaeda sympathiser, in spring 2015 Boko Haram pledged its allegiance to Islamic State and changed its name to Islamic State West African Province (ISWAP).

Boko Haram's regional footprint

From the outset, nationals from Niger, Chad and Cameroon travelled to northern Nigeria attracted by Yusuf's charismatic sermons and by the small loans offered to his followers. This provided the foundation for a multinational sect, dominated by the Kanuri ethnic group, stretching across the Lake Chad sub-region. While many members came from, and still belong to, the rural and poorer sections of north-eastern Nigerian society, in its early days Boko Haram also included children of the Nigerian elite, and could count on prominent sponsors among northern politicians and businessmen.³ Exploiting the cultural, ethnic and religious ties that Chad, Niger and Cameroon share with northern Nigeria, Boko Haram has conducted extensive cross-border smuggling of weapons

1 OCHA, *Lake Chad Basin: Crisis Overview (as of 4 May 2017)*, http://reliefweb.int/sites/reliefweb.int/files/resources/Lake%20Chad%20Snapshot_04%20May%202017.pdf.

2 International Crisis Group (ICG), 'Curbing Violence in Nigeria (II): The Boko Haram Insurgency', Africa Report 216, 3 April 2014, <http://www.refworld.org/docid/533e596c4.html>.

3 Virginia Comolli, *Boko Haram: Nigeria's Islamist Insurgency* (London: Hurst, 2015), pp. 86–92.



Members of the Lassa vigilante group, in Borno state.

© Center on Conflict and Development

and supplies, as well as the recruitment of fighters.⁴ For the most part, these borderlands were used as safe havens and were spared from attack, possibly to avoid reprisals by local authorities. It became clear in 2013, however, that the sect was willing to risk the attention of local authorities in its need to bring in new sources of funding to support its growing regional operations. In February 2013, Boko Haram abducted a French family near Waza national park in Cameroon. The group reportedly received \$3m in ransom and the exchange of Boko Haram detainees for the hostages.⁵

A multinational response to a growing problem

Given Boko Haram's pre-2014 focus on north-east Nigeria, neighbouring governments initially responded to the threat largely by keeping the sect under surveillance, and in some cases reportedly agreeing non-aggression pacts.⁶ Governments were reluctant to launch a major crackdown in border regions, possibly for fear of retaliation and, more concretely, owing to their limited capabilities. As Boko Haram's territorial control

expanded across north-east Nigeria and the threat the group posed spread across the borders of Cameroon, Chad and Niger, regional concerns increased, pushing governments towards military cooperation.

The Multinational Joint Task Force (MNJTF) – created by the Lake Chad Basin Commission (LCBC) in 1998 to address cross-border security issues in the Lake Chad region – was reactivated by the LCBC in 2012 with an expanded mandate to encompass counter-terrorism operations. It was given a clearer strategy against Boko Haram at the Extraordinary Summit of LCBC member states and Benin in October 2014. Unlike its previous iteration, the task force included Cameroon among its troop-contributing countries, and was provided with pledges of financial support from international actors including the African Union (AU), the United States, the United Kingdom, the European Union (EU) and France. International partners also offered military advisors, intelligence and surveillance capabilities and training. Its mandate included conducting military operations to prevent the expansion of Boko Haram activities; conducting patrols; preventing transfers of weapons or logistics to the group; actively searching for and freeing abductees, including the girls kidnapped from Chibok in April 2014; and carrying out psychological operations to encourage defections within Boko Haram ranks.⁷ Each country agreed to deploy

4 Following the 2009 Boko Haram uprising in Nigeria, many members of the sect found refuge in the south-eastern Diffa region of Niger. ICG, 'Niger and Boko Haram: Beyond Counter-Insurgency', Africa Report 245, 27 February 2017, <https://www.crisisgroup.org/africa/west-africa/niger/245-niger-and-boko-haram-beyond-counter-insurgency>.

5 BBC, 'Nigeria's Boko Haram "Got \$3m Ransom" to Free Hostages', BBC News, 27 April, 2013 <http://www.bbc.com/news/world-africa-22320077>.

6 ICG, 'Niger and Boko Haram: Beyond Counter-Insurgency'.

7 AU, Report of the Chairperson of the Commission on the implementation of communiqué PSC/AHG/COMM.2 (CDLXXXIV) on the Boko Haram terrorist group and on other related international efforts, 3 March 2015.

a battalion of up to 700 troops within its own national boundaries, in addition to the deployment of troops to the MNJTF headquarters.

The MNJTF was hampered by many of the problems that had undermined the force in the late 1990s. Start-up was delayed until 2015, deadlines for the deployment of the various contingents were missed and little headway was made in addressing the political, financial and logistical issues involved in establishing a multinational apparatus. In addition to operational challenges, the Nigerian government's attitude towards regional cooperation limited progress at the political level between October 2014 and May 2015.⁸

On his inauguration in May 2015, incoming President Muhammadu Buhari immediately began strengthening co-operation with neighbouring governments and took on the leadership of the force for the entire duration of its mission (previously leadership had rotated among the members of the MNJTF). Counter-insurgency operations by the Nigerian military and the MNJTF increased in scale and power throughout 2015 and 2016. With the exception of its stronghold in the Sambisa forest and Gwoza Hills in north-eastern Borno state, Boko Haram became largely confined to Abadam, Mobbar, Guzamala, Kukawa, Gubio and Nganzai local government areas (LGAs) by late 2016, although continued insecurity prevented the re-establishment of civilian administration in areas 'liberated' by the Nigerian military. In adjacent border regions, Boko Haram was pushed further into the Far North region of Cameroon, the Lac region in Chad, and the south-eastern Diffa region in Niger. Many militants were killed or apprehended, forcing Boko Haram to increasingly resort to coerced recruitment in these areas.

Despite these gains, violence, and child suicide attacks in particular, has continued while Boko Haram's geographic reach has contracted. Concerns also persist about the absence of the Nigerian army in towns retaken from Boko Haram, and Nigerian forces have found it difficult to consolidate gains made against the group by the MNJTF. External partners have also raised concerns about the conduct of MNJTF forces, particularly in respect to the treatment of civilians in areas under the influence of Boko Haram.⁹

The next chapter

Alongside pressure from the Nigerian military and regional security forces, further violence stemmed from infighting between factions within Boko Haram during 2016, as Abubakar Shekau, Yusuf's former deputy, and Abu Musab al-Barnawi, his surviving son, contended for the favour of Islamic State leader

Abu Bakr al-Baghdadi. Al-Baghdadi ultimately designated al-Barnawi the leader of ISWAP in August 2016. Subsequently, al-Barnawi agreed to IS directives to stop the use of child suicide bombers and halt attacks against Muslim communities. The split between ISWAP and the more 'traditional' and indiscriminate Boko Haram under Shekau has continued to generate tensions, though there were reports of a truce and reunion of the two factions during August 2017.

While some may interpret Boko Haram/ISWAP's expansion beyond Nigeria's borders as a clear sign of a regionalisation attempt, it may equally be understood as a response to the Nigerian military's attempt to push the insurgents out of towns that it had controlled, many of which are in border areas. It is also the case that national boundaries have little importance in the eyes of the militants, especially given the close ties of kinship, ethnicity and family across communities in the Lake Chad Basin. This approach also appears consistent with Boko Haram's Islamic revivalist drive, specifically the intent to recreate the ancient Kanuri-led Kanem-Borno Empire (700–1900), which spanned what are now the national borders of Nigeria, Niger, Chad and Cameroon. Most members, including Boko Haram's leadership, are Kanuri, and the sect appears to remain motivated by a domestic and localised agenda, rather than being part of a global jihadi movement or harbouring regional or pan-African ambitions.

Implications for humanitarian operations

Boko Haram, and a counter-insurgency campaign marked by human rights violations, have disrupted the entire spectrum of humanitarian activities in affected areas in the Lake Chad Basin.¹⁰ Pre-existing fragility combined with ongoing conflict have left civilians in a dire situation, where the threat of violence, malnutrition and starvation, lack of basic services and constant fear – in addition to trauma resulting from a seven-year conflict – have become constant features of life. Parts of Chad and Niger in particular suffer from chronic crises that predate Boko Haram. The arrival of people fleeing the conflict, most of whom live in local communities rather than camps, has put additional strain on limited food, shelter, land and health and sanitation services.

Cameroon is also struggling. The Boko Haram crisis caused a 25% decrease in cereal production in the north in 2016 compared to the previous year. In Adamaoua, food insecurity increased from 19% in early 2016 to 39% a year later.¹¹ Some 65,000 Cameroonian children under the age of five are thought to be suffering from severe malnutrition.¹² In Nigeria, the number of people exposed to food insecurity has doubled

8 Institute for Security Studies (ISS), 'West Africa Report: Assessing the Multinational Joint Task Force against Boko Haram', September 2016, <https://issafrica.s3.amazonaws.com/site/uploads/war19.pdf>.

9 Human Rights Watch (HRW), 'West Africa: Regional Boko Haram Offensive', 11 February 2015, <https://www.hrw.org/news/2015/02/11/west-africa-regional-boko-haram-offensive>.

10 OCHA, *Lake Chad Basin: Crisis Overview (as of 04 May 2017)*.

11 OCHA, *Cameroon: Food Security and Malnutrition (as of 01 March 2017)*, <http://reliefweb.int/report/cameroon/cameroon-food-security-and-malnutrition-01-march-2017>

12 *Ibid.*

since March 2016.¹³ Displaced people, many of whom have been in displacement for two or three years, are easy targets for further violence and extortion.

Local governments, international organisations and foreign partners produced a regional Humanitarian Response Plan for 2017 for the four Lake Chad Basin countries in September 2016. The ambitious plan requires \$1.5 billion in funding which, at the time of writing, remains largely unmet.¹⁴ At the Oslo Humanitarian Conference on Nigeria and the Lake Chad Region in February 2017, Nigeria, Chad, Cameroon, Niger and foreign donors pledged \$458m for relief in 2017, and an

additional \$214m for 2018.¹⁵ At the same time, humanitarian agencies agreed to step up their operations, especially to help those suffering the most from food scarcity. Yet at current funding levels, and in light of the practical constraints in reaching civilians owing to ongoing violence, this is too little too late. The humanitarian situation in this fragile region is only likely to worsen.

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13 OCHA, *Lake Chad Basin Emergency, Humanitarian Needs and Requirement Overview*, p. 17.

14 OCHA, *Lake Chad Basin: Crisis Overview (as of 04 May 2017)*.

15 OCHA, 'Oslo Humanitarian Conference for Nigeria and the Lake Chad Region Raises \$672 Million to Help People in Need', 24 February 2017' <http://reliefweb.int/report/nigeria/oslo-humanitarian-conference-nigeria-and-lake-chad-region-raises-672-million-help>.

A collective shame: the response to the humanitarian crisis in north-eastern Nigeria

Patricia McIlreavy and Julien Schopp

As with many complex crises, there is no clear start date for the humanitarian crisis in North-eastern Nigeria. While the 2017 Humanitarian Response Plan states that the conflict between Boko Haram and the Nigerian military has reached its eighth year, the humanitarian response has not. Since 2014, humanitarian leadership and coordination structures have been progressively ramped up and refocused on Maiduguri, but it has taken much longer to kick into gear and reach a level commensurate with the actual needs of displaced populations. A level, one could argue, that remains outside the reach of the response to this day.

While the humanitarian operation has gained positive momentum in the past couple of years, the progress that has been made is still overshadowed by the initial missteps and slow build-up that contributed to the limitations of the current response. It is ironic that Nigeria, the country considered by many as the birthplace of modern humanitarianism, during the Biafran war at the end of the 1960s, has been both witness and victim to a response wanting in empathy, effectiveness and courageous, principled action.

The United Nations

Prior to the rise of Boko Haram in Nigeria's north-east, and the subsequent displacement of civilians in Borno, Yobe and Adamawa states, UN agencies in Nigeria were focused on large development programmes in health, agriculture and infrastructure. These long-term programmes, coupled with Nigeria's economic and political vitality, led UN development agencies to foster close relations with the government and its line

ministries, as well as with partner state governments. Despite the widespread under-development, lack of infrastructure and extreme poverty of the northern states, programmes did not focus on these areas, limiting the presence, understanding and connectivity of development actors within the region. This history, coupled with the sheer size of development programmes in Nigeria, created an immediate disincentive to rally the international community around the humanitarian crisis when it first emerged. To use USAID as an example, in 2016, the seventh year of the crisis, only \$80 million was expended for humanitarian assistance out of a total budget of \$441m for Nigeria.

Complicating the lack of attention from development actors and donors, and the tendency by capitals to focus on the security and counter-terrorism aspects of the crisis, was the lack of physical access to almost the entirety of Borno State. Additionally, and critically, the government's portrayal of the situation as a domestic security matter, to be dealt with by the military, allowed the international community, in Abuja and the region, to continue with business as usual in an election year in which it was in everyone's interest to downplay the scale of the crisis, and the human rights violations being perpetrated by the Nigerian army. It is worth noting that the UN had no dedicated civil/military or access negotiation personnel prior to 2015, and that existing programmes such as the UN Children's Fund (UNICEF) polio campaign were not leveraged to coordinate access for a broader range of actors.

While working with the government was warranted, the UN also needed to be sending a strong signal about the scale of humanitarian needs and of the unfolding protection



Children trapped behind conflict lines receive World Food Programme assistance in Bol, Lake Chad Basin.

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crisis to all relevant stakeholders, including embassies, UN headquarters and national and international partners. The UN did not play its leadership role. The failure of the then Resident Coordinator/Humanitarian Coordinator (RC/HC) to convey the seriousness of the humanitarian crisis to all parties involved and the humanitarian community as a whole, as well as their failure to provide strategic leadership in the response itself, was one of the principal obstacles to a timely and effective response to the humanitarian crisis in the north-east.

The United Nations Rights Up Front initiative, launched in December 2013, is designed to prevent the UN from repeating weaknesses identified during the last stages of the war in Sri Lanka. It calls upon UN leaders to respond in a timely manner to situations where people are at risk of or subject to serious violations of international human rights and humanitarian law. Nigeria was in such a situation and, although in 2014 a mission to Nigeria flagged protection concerns in the north-east crisis and recommended urgent attention, as did numerous other high-level visits in 2015 and 2016, these concerns were too long ignored. As the scale of the crisis became undeniable in 2014, the UN system, bureaucratically paralysed in its ability to replace personnel unable or unwilling to lead a humanitarian response, decided on a 'work-around', and a Deputy Humanitarian Coordinator (DHC) was appointed. While this approach has had success of late in countries such as Sudan or Iraq, it failed initially in Nigeria because there were too many cooks in the

kitchen – the kitchen being Abuja, the federal capital, far from the realities of the north-east. In this sense, the Nigeria experience has taught us that the DHC position, whatever the scale of the crisis, can become counter-productive if it risks blurring the lines between the DHC's responsibilities and the roles of Humanitarian Coordinator and OCHA Head of Office, multiplying opportunities for miscommunication and conflict. It is also worth noting that two of the leading UN humanitarian agencies globally, WFP and UNHCR, did not have a significant presence in Nigeria prior to the crisis – in a context where their expertise in food security, emergency logistics and protection was essential to an effective response.

International NGOs

While the UN was failing in its diplomatic leadership and response coordination roles, international NGOs were experiencing many of the same challenges. The limited number of international NGOs present in Nigeria prior to the crisis focused on longer-term development programming geared towards poverty alleviation and capacity support to government entities and civil society groups. While several INGOs were working in the north-east via partnerships with smaller community-based or local government entities, the scale was far below demand. INGOs with a mandate specific to humanitarian action in conflict and forced displacement were not present in Nigeria in the early days of the crisis, between 2011 and 2013.

The NGO sector, as with the UN, was also slow at building its humanitarian capacity in-country. As seen time and again, the crisis, in a peripheral and under-served region, did not draw the media or government attention it required. Individual agencies, focused on implementing programmes in what is a gigantic country, were able to ignore what they could not see. The fact that, well into 2014, the UN and donors did not challenge the inaction of these established actors present on the ground or call for more humanitarian organisations from outside compounded the problem. While some could defend their inaction due to a lack of information, this excuse became less convincing with each passing day.

Immobility was further reinforced by the government's public stance that the situation was under control and that no outside help was needed, or at least not from the international NGOs of which the government was reportedly suspicious. Without clear evidence of obstructiveness from the government, NGO leaders, at least until 2015, were reluctant to draw attention to the crisis for fear of retribution against their organisation or programmes. The lack of a culture of humanitarian response in the NGO sector was also demonstrated by the lack of commitment to a collective NGO approach on some of the main issues affecting the community as a whole.

The Nigerian government

Both prior to and after the election of President Muhammadu Buhari in 2015, the Nigerian government did not seem to want to recognise the severity of the displacement crisis in Borno, Adamawa and Yobe. Nigeria has been free of any major complex humanitarian crises stemming from conflict since the 1960s and the Biafra war. The government's main focus, reinforced and supported by the international community, was to eradicate Boko Haram from the north-east. This objective was promised on the campaign trail, and was implemented by deploying the Nigerian army in a heavy-handed counter-insurgency campaign, with special attention to Borno State.

This desire to appear in control was also evident in humanitarian assistance, with the creation of presidential initiatives to demonstrate attention to the crisis. Coordination with the government became mired in confusion for international actors, with limited understanding of who was doing what and a failure to implement agreements between ministries and the National Emergency Management Agency (NEMA). Government capacity and services were quickly overwhelmed, partly due to lack of sufficient funding and a reluctance to partner with international humanitarian actors.

In this context it is important to acknowledge the complex legacy of the Biafran war, both for the federal government and for international humanitarian organisations. The response to the government blockade of the secessionist state of Biafra led in 1968 to one of the first televised famines. There was an outpouring of international support for people within secessionist territories, with newly created non-governmental

organisations flying in assistance. This practice was viewed as a violation of sovereignty by the Nigerian government, and gave rise to a perception within Nigeria that INGOs were untrustworthy agents meddling in Nigeria's domestic affairs.

Humanitarian donors

In the case of the crisis in north-eastern Nigeria, donor governments have also played a unique role and hold some responsibility for not recognising the severity of the crisis. The displacement crisis in Borno, Adamawa and Yobe states escalated in the midst of a major presidential election, and Boko Haram was seen as a legitimate target in the context of the global war on terror. As such, traditional humanitarian donor countries, whether implicitly or explicitly, appear to have chosen to ignore the severity and magnitude of the situation in order not to ruffle the feathers of a government that all actors wanted to see succeed. Donors' reluctance to accurately portray the seriousness of the displacement crisis made it difficult to push the UN into shape or to appropriately fund the humanitarian response. This was compounded by institutional donors' lack of humanitarian personnel in-country, which meant that they relied on experts in capitals at home who were consumed by Syria or South Sudan. In turn, it encouraged the UN, NGOs and the Nigerian government to persist in their own brand of denial.

Some have argued that strengthening political relations with a new government in Africa's most populous and influential country required a pragmatic approach that downplayed the human suffering in the north-east and the region's historic marginalisation. Donors may also have hoped that the new President, a northerner, would be well-placed to address the situation head on. Others gave precedence to economic factors, arguing that the booming Nigerian economy and its vast market pushed the diplomatic community to jockey for favour with the new government, rather than question its response to the humanitarian consequences of the Boko Haram insurgency. There were also those who questioned why international donors should fund the humanitarian response, given the wealth present in Nigeria.

And so, who is to blame?

It is clear that the humanitarian response to the crisis in North-east Nigeria was slow and out of touch with the scale of the needs of the people affected. Unfortunately, there is plenty of blame to go around amongst the many actors responsible for ensuring an appropriate response. While everyone is now working double and triple time to meet the needs of affected people in the North-east, the self-inflicted wounds of the Nigeria response have still not healed. The shame of that sits with us all.

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A square peg in a round hole: the politics of disaster management in north-eastern Nigeria

Virginie Roiron

The ongoing conflict in north-eastern Nigeria has resulted in widespread displacement, violations of international humanitarian and human rights law and a deepening humanitarian crisis. Since the start of the conflict in 2009, more than 20,000 people have been killed and up to 2.1 million have fled their homes. The vast majority – 1.9m – are internally displaced and over 200,000 are refugees in neighbouring countries. In the three most affected states of Borno, Adamawa and Yobe, almost 7m people are in need of humanitarian assistance.

Against the backdrop of this complex humanitarian crisis, until mid-2016 the Nigerian government was reluctant to call for international assistance, despite the fact that its disaster management (DM) framework was not fit for purpose. The government did not want to call attention to the crisis or encourage international humanitarian actors to access the north-east, where it was waging a counter-insurgency campaign against Boko Haram.

Nigeria's disaster management framework

The current DM framework was established in 1999 following massive floods in Niger State. It is framed very broadly to cover

electoral violence, simple emergencies, disease outbreaks and natural disasters. The framework was efficient enough to contain an outbreak of Ebola in Lagos in 2014, but the country does not have institutionalised response mechanisms to manage large-scale, complex emergencies.

The federal National Emergency Management Agency (NEMA), established in 1999, is responsible for formulating DM policies and coordinating all disaster preparedness and response plans nationally. A national response plan was adopted in 2001, and a national response framework established in 2009. At the state level, State Emergency Management Authorities (SEMAs) are responsible for emergency management and coordination, under the authority of the Deputy Governor or the Secretary of State Government, who is tasked with coordination between line ministries. Only 31 of Nigeria's 36 states have legally established SEMAs, and a large number of these are non-functional. There is also no functional coordination mechanism between the state and federal level in a country where states enjoy a very high degree of autonomy. SEMAs are funded by state governments, resulting in inequalities between wealthier and poorer states and different levels of interest and commitment. Southern states have received far more funding and investment in



Emergency water transported to a spontaneous displacement site, Diffa, 2016.

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infrastructure than states in the north. For example, the Lagos SEMA, one of the few effective ones, established a call centre and successfully traced Ebola cases in 2014. In contrast, SEMAs in the north-eastern states have no capacity to respond and lack staff, financial and logistical resources and disaster response plans. The Adamawa SEMA is an exception with 2-3 staff but no specific budget or staff dedicated to the response. Politics also plays a role. President Goodluck Jonathan's administration downplayed the magnitude of the crisis in the north-east and only initiated a small-scale response in 2014 to bolster his campaign ahead of presidential elections in March 2015. Several food distributions in IDP camps in Maiduguri were openly politicised, with food sacks carrying Jonathan's stickers and the campaign posters of his rival, Buhari, displayed in the camps.

Managing the narrative: Buhari's normalisation agenda

Following Jonathan's defeat in the June elections, the Buhari administration made a few major commitments, one of them being to resolve or 'normalise' the crisis by defeating Boko Haram by December 2015, restoring pre-conflict conditions and thereby allowing IDPs to return home. Acknowledging the existence of a humanitarian crisis and calling for international assistance to meet it did not initially fit with this agenda. Meanwhile, as opportunities to capture resources greatly determine the involvement of national institutions in humanitarian responses in Nigeria, the government was increasingly concerned with international assistance being channelled outside of government institutions. This led the Borno State governor to accuse some NGOs of using the crisis to 'enrich themselves'.¹ Although pushing for returns, the government did not fully embrace the concept of recovery; did not support returns to Northern Adamawa in 2015, which were then assimilated into secondary displacements; and missed an opportunity to begin early reconstruction programming in 'stabilised' areas. The humanitarian response was mainly limited to IDP camps in Maiduguri where, until 2016, only 10–15% of IDPs were being hosted. Meanwhile, most of Borno State remained inaccessible due to the presence of Boko Haram and counter-insurgency operations by the Nigerian army. The humanitarian response became increasingly militarised, with the army controlling not only the whole of Borno State, but also NEMA, SEMA and international actors' movements outside Maiduguri. Despite accusations that the army was perpetrating human rights abuses and causing mass displacement, Buhari intensified counter-insurgency operations from late 2015 onwards.

The international humanitarian response

For its part, the international community was slow to raise the profile of the humanitarian crisis and scale up the funding

1 Samuel Malik, 'Nigerian Officials Grow Rich on the Hunger of the Poor', *New Internationalist*, 18 July 2016, <https://newint.org/features/web-exclusive/2016/07/18/nigerian-corruption-idp-camps>.

and the response. UN agencies took time to shift from a development focus to emergency mode, and to start lobbying the government to acknowledge the situation and improve access. The UN faced problems identifying committed interlocutors within the government at state and federal level and consequently lacked comprehensive and tangible information to analyse needs and plan the response. As a result, the 2015 and 2016 Humanitarian Response Plans (HRPs) called for only \$100m and \$484m respectively to supplement government assistance.

In April 2016, photos showing international food aid on sale in local shops in Borno were posted on social media, pointing towards aid diversion by SEMA and NEMA.² The following June, MSF published a report on the humanitarian situation in Bama, Borno State's second largest city, which had been recaptured by the Nigerian army in March 2015 and was under military control. Twenty-four thousand people, mostly women and children, were living in appalling conditions, with 19% of children suffering from severe acute malnutrition.³ Food rations were provided once a day, but they mainly comprised rice, which people did not have the means to cook. While the Borno SEMA chairman rejected criticism of the assistance, arguing that SEMA and NEMA had reached 150,000 people with food assistance in IDP camps in Maiduguri, he also admitted that the crisis now exceeded Nigeria's ability to respond alone.⁴

These events led the government to declare a 'nutritional emergency' in Borno State, and the Borno Governor asked the World Food Programme (WFP) – until then confined to building NEMA's and SEMA's capacities in data collection, needs analysis and food distributions – to scale up food assistance. Labelling this a 'nutritional' crisis diverted attention away from the wider humanitarian needs created by the counter-insurgency operation against Boko Haram, including the forced displacement of rural populations and restrictions on the movement of civilians in camps with limited access to basic services, leading to disease outbreaks and other public health issues and acute food insecurity. The UN system lobbied for the declaration of a Level 3 Emergency, but had to backtrack following objections from the government. Even so, WFP assistance increased by 700% between October and November 2016, when more than a million people were receiving general food assistance. Finally, following pressure from the UN in New York and the three largest donors to the response, the 2017 HRP increased to over \$1bn covering more

2 Adam Alqali, 'Nigeria: When Aid Goes Missing', *reliefweb*, 5 September 2016, <http://reliefweb.int/report/nigeria/nigeria-when-aid-goes-missing>.

3 MSF, 'Nigeria: At Least 24,000 Displaced People in Dire Health Situation in Bama', 22 June 2016, <http://www.msf.org/en/article/nigeria-least-24000-displaced-people-dire-health-situation-bama>.

4 'UN Accused of Failing as North-east Nigeria at Risk of Famine', *The Guardian*, 14 July 2016, <https://www.theguardian.com/world/2016/jul/14/un-accused-of-failing-as-nigerian-food-crisis-threatens-hundreds-of-thousands>.

than 20 Local Government Authorities in Borno State, up from just four in the two previous HRPs. The 2017 HRP finally acknowledges north-eastern Nigeria as one of the world's major humanitarian crises. The document was instrumental in allowing the UN system and the Nigerian government to push for the February 2017 Oslo conference, where \$672m was pledged to avert famine in the north-east.

The 2016 events also led the federal government to strengthen its involvement in response planning. The government sidelined NEMA and SEMA in mid-2016, and relevant line ministries were tasked with coordinating the response in their sectors. The federal government also created ad hoc institutions under its authority. The Inter-Ministerial Task Force (IMTF), chaired by the State Minister of Budget and Planning, was established to coordinate ministries' contributions to the HRP and ensure that it was in line with the government's priorities, and a Chief Humanitarian Coordinator (CHC) was appointed to lead the Emergency Coordination Center. The IMTF brings together sector leads and international humanitarian partners, and the CHC has been instrumental in promoting critical links between institutional and non-state actors through a Humanitarian Coordination Working Group.

Challenges remaining

Crucial progress has been made, but challenges remain. While these new arrangements facilitated stronger political links between the international community and senior government officials, they did not address the disconnect between federal and state levels at a time when the centre of gravity of the response was shifting to Borno State. The CHC is a standalone function with links mainly with the UN humanitarian coordination structure, and has never been fully acknowledged and supported by the federal government, which opted instead for empowering the federal Presidential Committee for the North East Initiative (PCNI). The government's new disaster management arrangements have also not resolved the bureaucratic challenges which hamper the scaling up of the humanitarian response. These include cumbersome registration processes that currently leave 14 international NGOs without permanent registration, with some asked to register at the federal and state level, a very limited number of working visas for internationals, increasing travel costs in and out of the country, and long and complicated processes to import food and medicines.

Since 2016, the government has shown greater interest in recovery, which is attracting huge amounts of funding (more than \$1bn through the World Bank and African and Islamic Development Banks), and is more in line with the 'normalisation' agenda and the government's focus on large-scale infrastructure programming. Supported by the World Bank, the European Union (EU) and the UN, the federal government has formulated the Buhari Plan, which provides a framework for reconstruction in the north-east. The PCNI and the Borno State Ministry of Rehabilitation, Reconstruction and Resettlement (M3R) have

been established to roll out and coordinate the plan. The PCNI, an advisory committee to the president, is the key federal government coordination body for recovery, has also taken over the coordination of humanitarian assistance. The M3R has been tasked with coordinating the recovery phase in Borno, and has gradually become the key interlocutor for most actors involved. As seen previously, when new needs arise or critical situations develop, rather than strengthen existing institutions the Nigerian government tends to establish new ones, whose legitimacy and efficiency is questionable.

The government has rather reluctantly accepted that humanitarian needs are a priority, due to pressure from its international donors to contribute to the humanitarian response they are funding. Its primary focus is to map a path back to a development context that will bring a return of donor support for infrastructure and agricultural development projects. The progressive liberation of new areas of Borno State keeps increasing the number of people in need and there is significant pressure on all humanitarian stakeholders to scale up their interventions. The increasing UN and World Bank focus on building links between humanitarian and development programming to promote reconstruction and development in remote and neglected areas of the country thus provides a powerful incentive for the government.

The challenge for the future humanitarian response will be to ensure that the government maintains this level of political interest, and that new institutions keep up their level of engagement in the absence of prospects for political and financial gain. The government's DM and recovery frameworks have been modified over time in response to the changing reality, and this complex set of institutions will probably compete with each other for resources and legitimacy. Politics will continue to influence and shape the nature and scope of the government's engagement in current and future humanitarian responses, which will probably lose some of the current focus and interest as the recovery agenda progresses. It remains unclear how far the evolution of this crisis will influence the government's disaster response thinking in the longer term.

Coherence, transparency and real-time reporting on resources available and actual aid delivery across all levels of the government's intervention is required to allow humanitarian programming to fill the gaps in the response. The creation of ad hoc executive entities is neither necessary, nor an efficient way to fix the problems facing the NEMA and SEMA systems. The role and engagement of state governors, and the impact they have on the efficiency of SEMAs, also needs to be clarified. Finally, the international community needs to continue to lobby for the demilitarisation of the humanitarian response in a large and complex emergency, where the military is part of the conflict.

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State governance and coordination of the humanitarian response in north-east Nigeria

Zainab Murtala and Bashir Abubakar

In Nigeria, even at the best of times, coordination between federal and state authorities is challenging. Although federal and state ministries and agencies are meant to have a complementary relationship, everyday governance is marked by weak and limited inter-governmental coordination. Both federal and state governments enjoy constitutional powers to create, merge, separate and rename ministries under their control at will. This means that structures vary between state and federal levels, and state agencies do not always directly correspond to or interact with federal counterparts. Combined with political tensions between the two levels of government, these governance weaknesses had a significant impact on the government's ability to respond to the Boko Haram crisis unfolding in north-east Nigeria.

State and federal emergency management structures

State authorities were unprepared for the Boko Haram crisis. State Emergency Management Agencies (SEMAs) in the north-east had very limited response capacity with no set budget allocation, which meant that they had to make budget requests as operational needs arose. The SEMAs were in most cases an office under the State Ministry of Special Duties, whose dozen or so staff were drawn from the ordinary civil service pool, without the relevant experience or specialised training necessary for humanitarian coordination. Staff had no knowledge of humanitarian principles or international standards relating to camp coordination and management, food distribution or protection monitoring, and were not familiar with the operating procedures of international humanitarian organisations. Participation or information-sharing with UN agencies and NGOs was very limited, and the nascent humanitarian coordination structures put in place by the UN in response to floods in 2012 were centred in Abuja, far from the of the crisis in the north-east.

Coordination between the federal and state governments in the early days of the Boko Haram insurgency was also hampered by tensions between the presidency and the governors of Borno and Yobe states, Kashim Shettima and Ibrahim Gaidam, both of whom belonged to the opposition All Nigeria People's Party (ANPP). There were allegations in Abuja that the crisis was being manufactured by northern politicians to undermine the federal government, and both Shettima and Gaidam were openly hostile to the federal government, which provided only limited resources to both state governments to respond to the growing crisis.¹

¹ The governor of Adamawa State, Murtala Nyako, was a member of the ruling People's Democratic Party (PDP).

The State of Emergency (2013–2014)

While state governments lacked resources to respond to the escalating crisis, President Goodluck Jonathan declared a state of emergency in the states of Borno, Yobe and Adamawa in May 2013. This suspended the governors' role as Chief Security Officer for the state and imposed significant cuts in state budget allocations, including all non-salary expenditure. All three governors strongly opposed the declaration. The state of emergency had a significant impact on social, economic and political dynamics within the three states. Large numbers of military personnel were deployed to patrol towns and curfews were imposed. Checkpoints made even short journeys within and between towns long and difficult. The military also banned the use of motorbikes, which are integral to economic activity and the movement of goods and people across the north-east. After numerous attacks on power and mobile network installations in 2013, electricity supply and mobile phone networks were turned off in many areas to shut down Boko Haram's communications, with disastrous consequences for the local economy. Despite the National Assembly's decision in late 2014 not to renew the state of emergency, the federal authorities refused to restore state budgets.

The hostility between state and federal authorities also played out in the humanitarian response. State governments required that federal authorities and humanitarian agencies work directly through state agencies and coordinate all planning for humanitarian response with the SEMAs. State authorities also frequently refused to recognise decisions reached between humanitarian agencies and the National Emergency Management Agency (NEMA) at federal level. Interventions by federal authorities were viewed with suspicion, and as a campaign tool for the forthcoming general election.

The 2015 general election campaign

During the 2015 general election campaign, federal and state governments suddenly provided large quantities of relief materials, all of which were branded with political party labels and images of politicians. In all three states, little was done for IDPs by both levels of government in 2014, but by the end of the year there was open competition between federal and state governments to outdo each other in providing assistance. State governments also successfully blocked significant amounts of federal relief from reaching people in their states.

During this period, emergency management decisions taken federally had limited significance for state ministries, and there was little direct communication between the two levels, except

where state government assistance was requested for direct implementation. State authorities complained that the federal government treated states like a subordinate body rather than equal partners, and demanded that the federal government provide state budgetary resources to implement emergency management activities. In response, the federal government raised concerns about the lack of accountability and transparency and misappropriation of funds by state governments, citing reports of diversion of humanitarian assistance, corruption and misuse of political power by state operatives.

The election of President Buhari and the roll-out of state-level coordination

The election of Muhammadu Buhari as president in 2015 saw the All Progressives Congress (APC) party peacefully take power from Jonathan's People's Democratic Party (PDP). In Borno and Yobe the , the elections saw the return of Shettima and Gaidam from the now-governing APC. The two re-elected governors had already embraced the crisis response under way in their states and were actively involved in advocacy for increased humanitarian funding and coordination. However, the newly elected governor of Adamawa state, Umar Jibrilla Bindow, tried to distance the state from the humanitarian crisis and paint a picture of a complete return to normality. While state government ministries in Adamawa were involved in sector meetings, resource constraints meant that they played a more limited role in the field. Many humanitarian agencies could not secure additional funding from donors to continue response programming in Adamawa as a result of the limited response infrastructure and the transfer of tens of thousands of IDPs to Borno state during 2015.

Today, all three states have coordination structures in place, though the level of coordination varies in terms of government participation, resources and the support extended to humanitarian partners. The federal government's emergency management response is also much more visible at state level.

The Presidential Committee on the North-East Initiative (PCNI) has positioned itself as the responsible agency for coordination of the government response, and produces a dashboard reflecting all government interventions in the north-east. This has been met with significant resistance in Borno state, where the state government has remained fully in charge of response coordination. In comparison, resource constraints mean that ADSEMA, NEMA and other government agencies in Adamawa have been far more open to working with the PCNI. As the PCNI expands its operations across the north-east, time will tell how the various bodies, all reporting to different principals on the two levels and with no clear coordination framework, will operate. It is worth noting that the National Assembly has also pushed for the establishment of a North-East Development Commission to manage reconstruction.

Conclusion

While local-level coordination of the response has increased in areas where civilian administration has returned, access to hard-to-reach areas in the north-east remains a challenge for government and humanitarian response actors alike. International and national NGOs are not able to operate on a strictly state by state basis due to security and infrastructure challenges. For example, NGOs in Mubi, Adamawa state, plan and coordinate activities in Askira Uba and Gwoza Local Government Areas (LGAs) in Borno state, which are only accessible from northern Adamawa state. This move towards an area-based north-eastern response, rather than a state-based Adamawa, Borno and Yobe response, may reduce the bureaucratic hurdles humanitarian agencies face, or equally may lead to increased demands from state governments struggling to retain authority over emergency management at state level.

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Raising the alert in Borno State, north-eastern Nigeria

Natalie Roberts

On 22 June 2016, Médecins Sans Frontières (MSF) issued a press release describing a catastrophic humanitarian emergency unfolding in a camp for internally displaced people (IDPs) in the town of Bama, in Borno State in north-eastern Nigeria.¹ The previous day, an MSF team had travelled to Bama and 'discovered' a health and nutritional crisis. Detailing hundreds of fresh graves, alongside photographs of severely malnourished children, the press release caught national and international attention. Over the following days, major news

outlets reported the hidden starvation crisis being uncovered in areas previously controlled by Boko Haram. Similarly dramatic instances of severe malnutrition, food insecurity and high mortality were subsequently 'revealed' in towns throughout Borno State, as well as in informal settlements in Maiduguri, the state capital. By late 2016, the UN had named north-eastern Nigeria as one of four potential famine regions, alongside South Sudan, Yemen and Somalia.

A year later, malnutrition and mortality rates in Bama are below the emergency threshold. The World Food Programme (WFP) is providing food assistance to 1.8 million people

¹ See <http://www.msf.org/en/article/nigeria-least-24000-displaced-people-dire-health-situation-bama>.



A volunteer visits a displaced family in Maiduguri
 © EU/ECHO/Isabel Coello

in north-eastern Nigeria, and all five of MSF's operational centres responded to the emergency by opening health and nutritional programmes in various locations around Borno State. Borno appears to be a successful example of the positive impact of emergency humanitarian communications and response: the alert of a 'hidden crisis' was raised in timely fashion, one year later the response appears appropriate and, for now, widespread famine has been averted. Yet both the timeliness and the impact of the 'Bama alert' should be critically assessed. Did it really have a significant impact? If the alarm had been raised earlier, could a more adequate and timely humanitarian response have been implemented, and would this have prevented some of the massive loss of life from malnutrition and disease?

Could the alert have been raised earlier?

Most of the June 2016 press coverage of Borno's nutritional emergency followed a similar narrative: according to the publicly acceptable version of events, since 2015 the Nigerian army had retaken territories that had been under the control of Boko Haram, gradually uncovering pockets of people who had been unable to access food or health care. These people remained trapped in areas of extreme insecurity, under constant risk of attack and protected only by the troops who had recently liberated them. Also according to the June press

accounts, MSF (Operational Centre Paris), despite working in Maiduguri since 2014, first became concerned by the severity of the situation outside Maiduguri when several hundred emaciated people arrived in the city from Bama. Shocked by the condition they were in, the MSF OCP team decided to visit the IDP camp in Bama via the only means allowed: a military escort. In the few hours they spent there they gathered enough information to raise an alert about the scale of the problem.

Except that MSF was neither the first international humanitarian actor to visit Bama camp, nor the first to collect similar data. The existence of enclaves of people living in extremely precarious circumstances had been discussed during humanitarian sector meetings since late 2015. In April 2016, at the request of the Nigerian government, a joint UN multi-sector assessment was conducted, including visits to Bama, Dikwa, Damboa and Monguno. Toby Lanzer, the UN Regional Coordinator for the Sahel, stated that 'the suffering of some 30,000 people in Bama is as acute as I have seen'.² The assessment report detailed a catastrophic situation in parts of Borno State, with pockets of extremely high levels of malnutrition.³ Most organisations working in Nigeria were aware of the report, yet little changed in terms of the actual

² See <http://www.un.org/apps/news/story.asp?NewsID=53661#.Waren7JJapo>.

aid response. The report also did not tally with information from the state and federal authorities to the effect that the situation was under control, no international assistance was required and improvements were imminent.

In Maiduguri a similarly grave situation was going unacknowledged. Retrospective surveys carried out by Epicentre and MSF document rates of child mortality far above recognised emergency thresholds in two large informal IDP settlements within the city. The UN joint assessment report noted that people living in Maiduguri's informal settlements had no access to health or nutritional care, yet even months after the Bama press release there was little obvious recognition of the extreme suffering of many of the one million IDPs in the city, despite the fact that Maiduguri was under government control, air and road links were open and international organisations including MSF were present. In hindsight, it seems that, at least two months before the June press release, there was sufficient information to indicate grave alarm about the situation of much of the population of Borno State, including Bama.

Obstacles

Although the extent of the humanitarian crisis in Borno prior to June 2016 may now appear obvious, there were genuine obstacles in the way of an earlier recognition of the severity of the situation. There were clear difficulties around access and insecurity. The UN, NGOs and the population of Borno were traumatised by years of large-scale Boko Haram attacks. Humanitarian organisations, if present at all, had small teams of mainly local staff, whose movements were restricted to 'safe areas' of Maiduguri. MSF OCP had a team in Maiduguri from 2014, including international staff, but almost daily suicide attacks meant that security rules remained tight. Control of aid was difficult due to a lack of experienced supervisors on the ground, and MSF as much as other organisations struggled to manage finances and supplies.

While levels of malnutrition and mortality in some areas could be catastrophic, in others life continued as normal. The informal IDP settlements in Maiduguri containing the most vulnerable people are on the most insecure peripheries of the city, and aid visits to these camps draw crowds which offer an easy target to suicide bombers. The authorities were reluctant to allow MSF to work in these settlements, directing us instead to more accessible 'formal' camps, where malnutrition rates were not serious enough to cause concern. The failure to identify the most vulnerable pockets in the city meant that the crisis was hidden in plain sight. Meanwhile, most areas outside Maiduguri were – and still are – deemed inaccessible by the Nigerian military; major towns are under military control, but access is only granted if escorted by the army. Since August 2016 these towns can

also be accessed by helicopter, with army approval. When MSF and other aid actors were finally able to visit locations outside Maiduguri, security concerns meant that teams could stay for only a few hours or days, prioritising the provision of emergency aid over data collection, and leaving agencies with little more than a snapshot description of conditions.

That the alert was not raised earlier can also to some extent be attributed to the language and methods used to describe the situation in Borno. Reports from UN agencies, FEWSNET and NGOs were full of technical jargon, and in the UN assessment report pertinent information on access to food and protection was hidden among descriptions of ongoing interventions and response plans. There may also have been a problem of trust, and a desire by organisations such as MSF to witness the suffering for themselves before contradicting the authorities' claims that they could manage the situation without international assistance. Most telecommunications across Borno State had been cut by the Nigerian army, making it impossible to contact civilian interlocutors to verify information without a direct visit, and NGOs only accepted the armed escorts insisted on by the authorities after teams had witnessed the condition of the Bama inhabitants brought to Maiduguri.

Recognition

Once the alert had been raised, international organisations and state and federal governments felt under significant pressure to act, and questions began to be asked about the effectiveness and accountability of existing aid efforts. Although less a calculated move than a knee-jerk reaction to severe suffering, the MSF alert, along with strong epidemiological information and efforts to describe mortality rates, seems to have succeeded in raising national and international attention. Since then, MSF has tried to avoid appearing to dictate the appropriate response, preferring to implement a direct response ourselves, press for access to people in need and share information gathered in areas where we have been active. Fears that our decision to use the national and international media to move beyond internal discussions between UN agencies, NGOs and donors about how best to respond were largely unfounded, despite initial accusations that we were scaremongering and exaggerating the severity of the crisis in order to raise funds. Relations with state and federal authorities have been complex and at times tense, but open and constructive dialogue has in general always continued towards the same aim: relieving the suffering of the civilian population.

The impact of the alert seems clear – according to OCHA, 6.5m people in north-eastern Nigeria will be targeted for life-saving assistance in 2017, with the cost of \$1.1 billion being nearly 50% funded.⁴ Contrast that with Toby Lanzer's concerns in April 2016 that a much smaller aid intervention costing \$248m was only

3 See https://www.humanitarianresponse.info/system/files/documents/files/joint_un_multi-sector_assessment_summary_report_borno_yobe_nigeria_april_2016_final_lowres.pdf.

4 See <http://www.unocha.org/nigeria>.

12% funded.⁵ The response has not been perfect, and raising the alert has not succeeded in securing access to the whole of Borno State. Nor has it had any discernible impact on the causes of the crisis. Even so, recognising and then publicising the severity of the situation has seen millions more people receive life-saving food and medical care. When faced with extreme human suffering, speaking out still seems to be, not only the most human, but also the most effective response.

Context and causes

In an attempt to define situations of crisis, MSF and other humanitarian actors can fall into the trap of describing suffering people as if they exist in a humanitarian, apolitical silo, ascribing their problems to a lack of emergency aid and/or development. Ignoring any political background to the crisis, the automatic generic solution is then usually the implementation of an emergency international humanitarian response, with the only obstacles inadequate funding or the reluctance or incompetence of international aid actors. In the short term, this approach can produce positive results in terms of a rapid, generic response, but as time passes this failure to understand the context of a crisis ignores its causes and discourages the development of innovative context-specific proposals to overcome the obstacles to an effective aid response.

MSF did not initially attempt to explain the cause of the crisis, or what had happened over the preceding months and years to create the extreme levels of malnutrition encountered in Bama. The June press release only detailed the precise level of acute suffering in Bama, with images and simple evidence, and did not assign responsibility for the situation, or for the provision of assistance. Even today, there are few open discussions outside humanitarian organisations regarding the impact of the clearance operations the Nigerian army launched in late 2015, which gather people from rural towns and villages and deposit them in military-controlled enclaves, where movement restrictions make them entirely dependent on aid. Whilst recognising the precarious situation many IDPs in Maiduguri find themselves in, aid actors rarely acknowledge the impact of population screening and control by the military and vigilante groups, the widespread diversion of aid, the fear of violence and sexual abuse which limits free movement outside the camps or the demeaning coping strategies that displaced people living in extreme poverty are forced to adopt.

Today, the authorities are talking of rehabilitation and reconstruction, but the causes of the crisis remain. New

displacement continues, including people returning from Cameroon, either involuntarily or in search of aid. Hundreds of thousands of people are still prevented from returning to their villages and remain completely dependent on aid. People in Bama IDP camp are still held behind a fence, which appears designed to keep them in more than to protect them from attack. It is not clear that they would even wish to leave. Many have lost parents or spouses and are unable to provide for themselves; others remain terrified by the risk of Boko Haram attacks, and most have nothing to return to. Meanwhile, media attention is fleeting, distracted by crises elsewhere in the world. It is easy to understand in a few photos and news headlines the need for starving children to be fed. It is less easy to continue to use similar images and dramatic statistics to explain why, when the Nigerian army considers Boko Haram 'technically defeated',⁶ most people in the region still cannot feed themselves.

The crisis in Borno State demonstrates yet again that raising the alert is not easy, but seems necessary to produce a meaningful aid response. In order to raise the alert, we portrayed Borno as an acute emergency – and it worked; previously the discourse was around development, and the aid response was utterly inadequate. MSF's press release succeeded in changing the narrative, but in reality the situation in Borno was not acute-onset and had been developing over months and even years. There was also adequate information to enable us to act sooner with lifesaving interventions, and to accept the need to compromise our usual principles of neutrality and independence, at least after the UN assessment in April 2016. MSF, along with most aid actors, had known for months that there was a serious problem in north-east Nigeria, but this information was either intentionally hidden from the public, or was not well enough communicated, which meant that there was no effective aid response and thousands of people died. There were very real obstacles in the way of a proper understanding of the situation, the prime one being the mandatory use of armed escorts, which every NGO operating in Borno refused to accept for reasons of neutrality until June 2016. However, in doing so we did not even try to meet the needs of people outside Borno.

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⁵ See <http://www.un.org/apps/news/story.asp?NewsID=53661#.Waren7JJapo>.

⁶ See <https://www.thecable.ng/boko-haram-technically-defeated-buratai-insists>.

Integrating civilian protection into Nigerian military policy and practice

Chitra Nagarajan

When Jama'atu Ahlis Sunnah Lida'awati wal Jihad (JAS, commonly known as Boko Haram)¹ came to Khadija's town, she was seven months' pregnant with her eighth child. Her husband was one of the first to be killed as fighters went from house to house killing every man over the age of eight. After hiding them in the ceiling of her home, Khadija dressed 18 men in women's clothing and smuggled them to safety. They escaped over the mountains into Cameroon (and still call her, years afterwards, to thank her for her help). The following month, after warnings from a neighbour that fighters were taking away children, Khadija escaped, walking with her seven children for two days until they reached safety, where she gave birth. The family moved and were moved four more times. Her brother-in-law gave Khadija a place to stay, but told her she was not allowed to leave the house. Without enough food to feed her children and with no means to earn money to buy more, she moved her family again, and is now living in an unofficial IDP settlement on land donated by a host community. 'At least here I have freedom,' she told me.

I was talking with Khadija (not her real name) to find out the harm civilians had experienced in north-eastern Nigeria, and the actions Nigerian security forces had taken to mitigate causing harm themselves, and to protect civilians from harm caused by others. What was striking about Khadija's story was the complete absence of the military from it. Indeed, soldiers stationed nearby had run away when they heard JAS fighters were approaching, leaving the civilians in the area to fend for themselves. Such failure to protect communities from violence is one of three major ways that military action or inaction has led to civilian harm. The others are failure to prevent collateral damage during military operations, thereby causing direct and indirect harm, and direct targeting of civilians, with unlawful detention, harassment, the destruction of property, sexual violence against women and girls, indiscriminate targeting of certain groups, such as young men, torture and excessive use of force.²

Changing these dynamics requires fundamental shifts in mindsets, policies, training and the conduct of operations. There have been important and welcome steps in this

direction. President Buhari committed to taking action on human rights violations by the military at his inauguration in May 2015, and the army has created a human rights desk to investigate alleged abuses. Although not always publicised, there have been investigations, court martials and punishments as a result. Nigeria has revised its rules of engagement and code of conduct to reflect international humanitarian and human rights standards, and a protocol is being drafted on handing over children encountered during operations to civilian child protection actors. In October 2016, the Chief of Defence Staff committed to drafting and implementing a civilian protection policy.

The Nigerian government has taken these steps in part in response to international pressure to improve the military's record on human rights, including the decision of the International Criminal Court (ICC) to open an investigation into the situation in north-east Nigeria, as well as media coverage of particular incidents of civilian harm. Beyond this, however, there is increasing realisation among political and military decision-makers that a sole focus on 'defeating the enemy' is not enough to win this particular war: it also means winning the support of civilians. In some locations, we have seen changes in the way the military is engaging, with civilians telling us that 'soldiers are not like they were before'. This is far from uniform across the region, but it does provide an entry-point for building commitment to civilian protection and providing concrete tools to operationalise it.

CIVIC in Nigeria

CIVIC aims to improve protection for civilians caught in conflict, advising international organisations, governments, militaries and armed non-state actors on adopting and implementing policies to prevent civilian harm. We have been working in Nigeria since 2015 to improve protection for civilians caught in conflict, engaging with government, the military, civil society and communities themselves. We conduct workshops and training sessions on topics including civilian protection, children in conflict, tracking civilian harm, making amends and sexual exploitation and abuse. We have also been asked to help develop a curriculum and content for military schools and colleges to ensure that civilian protection is integrated into the training soldiers and officers receive. Workshops with civilians explore ways they can protect themselves, encouraging them to learn from previous experiences of attacks to plan and strategise. Finally, we bring civilians and security personnel together to discuss local security threats and plan ways forward, including, crucially, honest discussion about soldiers' behaviour.

1 In the interests of conflict sensitivity, this article uses the exact names of the groups involved where relevant, and the term 'armed opposition groups' to refer to all those active in the north-east (as opposed to the blanket term 'Boko Haram' which, rather than being the name of the groups themselves, is one given to them by the media, and which serves to simplify their message and aims).

2 See K. Dietrich, 'When We Can't See the Enemy, Civilians Become the Enemy': *Living Through Nigeria's Six Year Insurgency*, CIVIC, 2015.



Military escort for UNHCR's convoy, Niger, 2015

© UNHCR

In Borno State in the north-east we have been engaging with security personnel and civilian communities in the state capital Maiduguri, as well as in local government headquarters in locations such as Dikwa. These workshops have gleaned the following lessons.

1. Military personnel are keen to improve how they approach civilian protection, but often do not know what it means. They welcome engagement and, if they see CIVIC facilitators as open and non-judgemental, are honest and reflective in raising the difficulties they come across in their operations. For example, one question asked in every workshop is what to do when coming across children associated with armed conflict.
2. Finding ways to build empathy with civilians is key to shifting attitudes and behaviour. Some military personnel can have low levels of understanding of the power dynamics between themselves and civilians and of basic human rights, resulting in defensive attitudes, particularly around the use of force in crowd control and sexual exploitation and abuse. CIVIC's first substantive exercise focuses on building empathy, drawing on and adapting the 'In Her Shoes' methodology.³ Workshop participants reflect on a
3. It is important to consider power dynamics within the military. Military personnel are more likely to take civilian protection seriously if they see commitment by commanding officers. However, this needs to be balanced by the need for honest conversation and reflection in more discursive sessions. Military hierarchy is particularly strong in Nigeria, and junior officers will often not speak in front of senior officers. As a result, while we ask commanding officers to be present during the start and end of workshops, they are not there during exercises and discussion.
4. Sustained effort is needed to ensure women's voice and participation in engagement with security forces, particularly given low levels of female representation among security, particularly military, personnel. We proactively seek to include female security personnel in our work, and ask field commanders to include all the women from their unit or brigade in activities. We also bring civilians together to articulate a common platform of issues they wish to bring to security forces. Although these are mixed sessions, women make up between 60% and 75% of participants. CIVIC has found that women are more likely to discuss what is

³ Adapted by the GBV Prevention Network, a regional network of over 800 members in the Horn, East and Southern Africa coordinated by Raising Voices for the Sub-Saharan African context, from the original exercise developed by the Washington State Coalition Against Domestic Violence. Available at <http://preventgbv africa.org/in-her-shoes>.

actually happening than their male counterparts, as men are more likely to be careful of what they say and can find it difficult to be critical of security agencies. One significant gap concerns the participation of people with disabilities, and CIVIC is considering holding separate sessions for women and men with disabilities to address this.

5. For dialogues between civilians and security forces to be meaningful, it is useful to:
 - engage intensively with security forces and civilians separately beforehand, building on modules and role-plays on community engagement;
 - bring civilians together with military personnel who are most likely to interact with civilians i.e. those at more junior ranks, rather than leaders;
 - keep speeches to a minimum and break into small groups almost immediately to build personal relations and empathy. Participants are asked to introduce themselves and their life histories before talking about their protection and security concerns. Groups debrief in plenary, a list of issues is developed and participants come up with suggestions for action to address them. These suggestions are then taken to a debriefing discussion with the field commander;
 - ensure that civilians are in a majority in small groups so they are more likely to be prepared to speak, and have a 3:1 ratio between women and men;
 - give groups as much time as they need for discussion, being flexible with timings if necessary;
 - combine military personnel of different ranks during group exercises as junior soldiers may panic when confronted with civilians and their stories, may be unsure how to respond and may do so defensively. Having mixed ranks not only ensures more meaningful engagement but also has an important demonstration effect as junior soldiers learn from senior counterparts how to respond to civilians and their concerns;
 - involve members of civil society if possible, so that they can follow up with security agencies afterwards; and
 - facilitate the closing session carefully to ensure that the conversation is forward thinking and conducted in a way that minimises the risk of military personnel responding defensively.
6. Long tours of duty affect concentration, interest and morale. Some military personnel have spent between three and five years in the theatre, and admit that this amount of time away from their families can make them act more harshly towards civilians. CIVIC has also noticed reduced interest in civilian protection among this cohort than among soldiers who have spent less time in the theatre. The precise links between tours of duty, trauma and ability and interest in protecting

civilians in north-eastern Nigeria are unknown, and represent an important area for future research.

Progress – but much more yet to do

Although we have seen some positive progress during our time in the north-east, there is a long way yet to go. To be meaningful, commitments and policies on paper need to be translated into action. Unfortunately, civilians are continuing to be harmed in at least five main ways. First, there is a lack of clarity around how to translate the distinction between combatants and civilians into practice. This is not surprising given the challenges of this particular type of conflict, but the idea, widespread among many military personnel, that all people in a particular area are ‘on the other side’ has grave consequences when it comes to levels of civilian harm. As one senior military official told us: ‘When we can’t see the enemy, civilians become the enemy’. Second, the use of schools and hospitals by the military, sometimes with the military on one side of the compound and civilians on the other, is of concern. Not only is this in direct contravention of the Geneva Conventions, but it also means that services for civilians are reduced, and they can become targets.

Third, restrictions on the movement of food and goods, designed to deprive the enemy of essential supplies, exacerbate civilian harm. Fourth, widespread sexual exploitation and abuse continues. Although this is expressly prohibited under Nigerian law, institutional culture is uneven. While some commanders take a zero-tolerance attitude and initiate investigations into allegations, others have made excuses, pointing to time away from wives and girlfriends and that soldiers do not physically force the women and girls concerned. Fifth, mistrust and suspicion between the military and civilians persist. For civilians, actions that damage trust include harassment and abuse, restrictions on economic activity that seriously damage livelihoods, perceptions of collusion between armed opposition groups and some members of the military and soldiers engaging in businesses such as cattle rearing and trading. Many civilians believe that soldiers have little interest in the conflict ending due to the money they are making from it.

The picture is one of uneven progress, and many people like Khadijah continue to suffer harm in north-eastern Nigeria. Changes are needed at five levels: in concepts, policies, operations, training and accountability. Conceptually, the military needs to ensure the protection of civilians, and not assume that the elimination of non-state armed opposition groups equals effective security or even victory. In terms of policy, Nigeria needs to develop an overarching, government-wide policy or Executive Order on civilian harm mitigation that is validated by and applicable to all ministries, agencies and departments involved in the delivery of security. When it comes to operations, the tactical directives issued to commanders must emphasise the protection of civilians in all operations, and all operational orders must have an annex detailing specific guidance on protection of civilians, whether issued by the armed

forces or security agencies. Military and security agencies also need to establish focused, iterative and graduated training models on protection of civilians for operational headquarters, units and commanding officers in selected training schools, throughout the professional military education system and when it comes to unit training at the operational level. The final step is the implementation and enforcement of a system to hold senior leaders accountable for failures to protect civilians, as well as to address allegations of misconduct, including

sexual exploitation and abuse, by military personnel. Although institutional change can take decades, the initial steps the Nigerian military has made can be cemented into a solid foundation for civilian protection and built upon with immediate effect by taking action at these five levels.

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Sexual violence and the Boko Haram crisis in north-east Nigeria

Joe Read

The prevalence of sexual violence within the Boko Haram crisis has been widely reported in humanitarian assessments, human rights reports and media coverage from the early days of the insurgency. Boko Haram's abuses against women and girls, including abduction, forced conversion to Islam, physical and psychological abuse, forced labour, forced participation in insurgency operations and forced marriage, rape, and other sexual abuse have inspired fear among local communities in north-east Nigeria and contributed to the group's notoriety, both within the region and globally. However, while Boko Haram's violence against women and girls has been at the centre of public attention to the crisis, delivering protection and support for women and girls has been an ongoing challenge in the humanitarian response.

In January 2016, three UN Special Rapporteurs visited Maiduguri in Borno State on behalf of the Office of the High Commissioner for Human Rights (OHCHR). There they found evidence of widespread sexual abuse and other major protection concerns affecting internally displaced women and girls. They concluded that 'a protection gap is evident, especially in service delivery and access to justice' for women and girls victims of Boko Haram.¹ This was not the first report of a protection deficit in the humanitarian response, nor the first report of sexual exploitation and abuse of displaced women and girls, but it was the first time that UN officials had pinpointed the coalescence of Boko Haram violence and sexual exploitation and abuse in displacement to create extreme vulnerability among displaced women and girls. In April 2016, an assessment report identified gender-based violence as a feature of displacement in the north-east Nigeria crisis, and identified a lack of prioritisation of gender-based violence programming by the humanitarian community in Nigeria.²

The prevalence of sexual abuse and exploitation of women and girls by civilian militias, members of the military and the national and state governments' emergency management cadres has also been highlighted, including in a report by the UN Special Rapporteur for the Human Rights of IDPs following a visit to Maiduguri in August 2016.³ In October 2016, a Human Rights Watch report of sexual exploitation and abuse among IDP women and girls by camp officials led to the establishment of a committee to investigate allegations of trafficking and sexual abuse of IDPs. These reports and others have increased the profile of the unmet needs of vulnerable women and girls in north-east Nigeria, but the challenges experienced by the humanitarian response in providing prevention activities and support and services for survivors have continued. Ongoing attention from government and UN officials, humanitarian agencies and donors is essential to overcome the obstacles to reaching women and girls across the conflict. The structures of exploitation and abuse that have impeded government and humanitarian agencies from responding to the needs of women and girls in the humanitarian response must be addressed in order for resilience, recovery and peacebuilding activities to be successful, and in pursuit of durable solutions for displaced communities.

A gender emergency: challenges to responding to the needs of women and girls in north-east Nigeria

Access difficulties have been the greatest impediment to responding to the urgent needs of women and girls affected by sexual violence, closely followed by the limited government and international funding allocated to protection activities, particularly gender-based violence. In 2013 and 2014, the negligible presence of protection-mandated agencies in Adamawa, Borno and Yobe states presented an almost insurmountable challenge to even collecting information

1 UN Special Rapporteurs on sale of children, child pornography and child prostitution; contemporary forms of slavery; and the right to the highest attainable standard of health – Visit to Nigeria, 18 to 22 January 2016, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16983&LangID=E>.

2 *Refugees International Field Report: Nigeria's Displaced Women and Girls*, April 2016.

3 'End of Mission Statement by the United Nations Special Rapporteur on the human rights of internally displaced persons, Mr. Chaloka Beyani, on his visit to Nigeria, 23 to 26 August 2016', <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20427&LangID=E>.



Women and children collect water in Mafa IDP camp, Borno state, north-east Nigeria.

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about the protection situation in conflict-affected areas and displacement sites.

Following the large-scale displacement of civilians across Borno state and in northern Adamawa and eastern Yobe states, tens of thousands of IDPs joined informal camps in Maiduguri, Damaturu and Yola towns during 2014. The National Emergency Management Agency (NEMA) established eight camps in Maiduguri by June 2014, accommodating 6,000 IDPs from Bama, Konduga, Damboa and Gwoza Local Government Areas (LGAs).⁴ International support increased during 2015, and by mid-2016 NEMA was attempting to respond to IDP needs in 16 civilian-managed camps in Borno and Adamawa states.⁵ The large influx of IDPs fleeing Boko Haram-controlled areas propelled largely invisible populations out of small towns and into large urban areas, where they came within the reach of the government administration, national and international media and humanitarian agencies.

⁴ 'Minister Inspects NEMA IDP Camps', NEMA press release, 21 June 2014, <http://nema.gov.ng/minister-inspects-nema-idps-camps>.

⁵ 'Only 6 of 275 Rescued Women Pregnant', NEMA press release, 21 May 2015, <http://nema.gov.ng/only-6-of-275-rescued-women-pregnant>.

Humanitarian agencies began programming in displacement-affected areas such as Yola in Adamawa, Bauchi, Gombe and, cautiously, Maiduguri, in 2015. The number of international NGOs operating in Borno and Yobe states more than doubled during 2015, and doubled again in 2016.

What they found when they arrived in Yola and Maiduguri was jarring to even the most experienced protection actors. Widespread child protection risks, gender-based violence and marginalisation of minority clans and religious communities were found across formal and informal displacement sites, and within the host communities accommodating the large majority (more than 90%) of displaced households. A safety audit conducted by one international NGO in host community sites in Maiduguri identified the priority concerns of displaced women as domestic violence, rape and denial of resources.⁶ Women were being beaten when they could not provide food or when they asked for money to buy food, and many also experienced sexual violence while looking for work to provide an income. Increased violence and their inability to procure

⁶ *Refugees International Field Report*.

food for their families also made women increasingly vulnerable to solicitation and sexual exploitation in exchange for food or other assistance. In the camps, military personnel, vigilante groups and camp managers were implicated in unprincipled, corrupt and criminal practices, including aid diversion, theft and sexual exploitation and abuse. Restrictions on freedom of movement due to security regulations were compounded by fears of harassment and sexual violence. Negative coping strategies became increasingly prevalent as households depleted their assets, including child labour, early marriage and transactional sex for shelter, food and non-food needs.

Responding to the needs of women and girls in gender-segregated camps

The organisation of IDP camps by gender has been an enduring challenge for protection, shelter and camp management actors. In this segregated environment, the social fabric that normally protects women and girls has broken down, leaving them with unequal access to basic services or assistance and highly vulnerable to exploitation and abuse. The lack of meaningful reporting channels and effective accountability mechanisms for corruption, as well as fear of possible retaliation, has resulted in limited reporting or protests against abuses.

In April 2016, a report on the impact of displacement on women and girls identified the lack of water, sanitation and hygiene facilities as a particular protection risk.⁷ Rape and sexual abuse was reported by women and girls going to bathing areas or to collect water in IDP sites. Frontline protection responses, such as sufficient lighting in bathing areas, have gone largely unaddressed.⁸ In December 2016, the Nigerian media stated that officials at Bakassi IDP camp in Maiduguri had disclosed that, between June and December, some 3,213 pregnancies had been recorded resulting from sexual abuse. International humanitarian actors conducting assessments to understand and fill gaps in government assistance in 2015 were unable to convince the authorities to adopt international standards for camp coordination and management and, despite ongoing support to build the government's capacity to manage IDP camps, including introducing international standards, household separation continues, particularly in camps housed in public buildings.

Targeting vulnerable women and girls in military camps

As military operations intensified in 2015, prompting further large-scale displacement from rural areas, protected zones and camps were established inside or adjacent to military barracks in LGA capitals. In these camps military personnel acted as default camp managers and coordinators of humanitarian assistance to these areas. International humanitarian actors became aware

of these sites, referred to by the military as 'satellite camps', in late 2015, but they were considered too sensitive to be publicly discussed. International aid actors secured limited access in April 2016 following vigorous advocacy by senior officials, but reaching these camps remained extremely challenging and reliant on helicopter access to military bases throughout 2016 and 2017.⁹

The gaps in basic services accessible to civilians in these camps resulted in humanitarian needs that surpassed those humanitarian agencies had previously seen in Maiduguri and Yola. Civilians in these camps had experienced Boko Haram violence over a period of years with no access to basic services or humanitarian assistance. These largely agricultural, often isolated, rural communities had been unable to reach the urban centres of Maiduguri, Mubi and Yola during earlier stages of the crisis, when civilians in smaller urban and peri-urban areas had fled Boko Haram's 'caliphate'. When these rural communities arrived at the military camps they were not screened for vulnerability, such as experience of sexual violence, abduction or forced marriage by Boko Haram, nor did they receive health or protection assistance. Many households were separated during military screening of civilians, with unaccompanied women often questioned and in some cases detained if they could not prove that they were not affiliated by marriage with members of Boko Haram.

People arriving at the military camps without any means to provide for their basic needs found that they lacked access to sufficient shelter, water and food. Under these conditions, sexual exploitation and abuse became embedded within the structure of assistance provided in the military camps, and the scale of protection needs and acute food insecurity found by humanitarian agencies in mid-2016 exceeded worst-case planning scenarios. Humanitarian agencies had limited access and resources to respond to this second humanitarian emergency and protection crisis. Unable to meet even the most serious needs in these camps, agencies began medical evacuations of civilians with acute health needs to Maiduguri in June 2016. As the scale-up of the humanitarian response in the military camps has continued in 2017 basic service provision has improved, but agencies' limited presence in these sites prevents comprehensive protection monitoring or the provision of sufficient prevention and protection activities for vulnerable women and girls.

The way forward: a system-wide response to a systemic problem

In 2017, a record number of protection-focused agencies have implemented programming in north-east Nigeria, and the profile of gender-based violence and sexual exploitation and abuse continues to increase. Protection actors have welcomed

⁷ *Ibid.*

⁸ 'Report of the Special Rapporteur on the human rights of internally displaced persons on his mission to Nigeria'.

⁹ 'Joint UN Multi-sector Assessment Summary Report: Borno and Yobe States, Nigeria', April 2016, https://www.humanitarianresponse.info/system/files/documents/files/joint_un_multi-sector_assessment_summary_report_borno_yobe_nigeria_april_2016_final_lowres.pdf.

technical support for government and humanitarian agencies, including roll-out workshops for the IASC GBV guidelines in emergencies, and accountability and reporting mechanisms have been put in place in some areas. Several ad hoc monitoring and oversight structures have been established at the state and federal levels, including the Independent Task Force on Feeding, Food Supply and Monitoring of Distribution in IDP camps, the Special Investigation Committee to investigate alleged cases of sexual exploitation by authorities in IDP camps in Maiduguri, and the Senate Ad Hoc Committee, which is tasked with looking into alleged diversion of relief materials by government contractors.¹⁰

However, unsafe conditions in displacement sites, insecurity and systemic patterns of sexual exploitation and abuse related to the lack of sufficient food and other humanitarian assistance persist. In its response planning for 2018, the humanitarian community must secure agreements with

10 ICRC, *Internal Displacement in North East Nigeria: Operationalising the Kampala Convention in Borno, Adamawa and Yobe States*, December 2016.

responsible government agencies to implement standards and ground rules, and respect the civilian character of displacement camps in order to address the harmful structures that entrench the vulnerability of women and girls. While there have been marginal improvements with the deployment of NEMA, SEMA and NGO staff to strengthen the civilian character of camp management in military camps, and in some areas civilians can now move freely in and out of the camps, the role of humanitarian actors remains poorly understood by the military. A negotiated agreement between humanitarian actors, government officials and military actors must be secured to allow for civilian freedom of movement and to define the pathway to demilitarisation of the camps. Sustained high-level attention is required by the humanitarian community to monitor and push forward progress in coverage of the needs of vulnerable women and girls and the provision of services for survivors of sexual and gender-based violence.

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Mental health and psychosocial needs and response in conflict-affected areas of north-east Nigeria

Luana Giardinelli

The conflict between Boko Haram and Nigerian security forces in the north-east of the country has entered its eighth year, with no sign of a long-term resolution. Since the start of the conflict in 2009, more than 20,000 people have been killed. As many as 2,000 women and girls have been abducted and subjected to physical and psychological abuse, forced marriage and sexual violence, forced labour (including performing household tasks), forced to participate in armed operations and repeatedly raped.¹ Young men and boys have been forcibly recruited into armed groups, and their families either killed or left not knowing if their wives, daughters and sons are still alive.

The Nigerian security forces have also perpetrated abuses against civilians in the north-east. A report by Amnesty International in 2015 states that more than 1,200 people have been executed, and at least 2,000 – mostly young men and boys – arbitrarily arrested. Civilians from areas under the control of Boko Haram have been tortured. Hundreds of Nigerians have disappeared and at least 7,000 have died in military detention from starvation, overcrowding and lack of medical care.²

1 International Alert and UNICEF, *Bad Blood: Perceptions of Children Born of Conflict-related Sexual Violence and Women and Girls Associated with Boko Haram in Northeast Nigeria*, International Alert/UNICEF Nigeria, February 2016; Human Rights Watch, *‘Those Terrible Weeks in Their Camp’: Boko Haram Violence against Women and Girls in Northeast Nigeria*, Human Rights Watch, October 2014, www.hrw.org.

2 Amnesty International, *Stars on Their Shoulders. Blood on Their Hands. War Crimes Committed by the Nigerian Military*, Amnesty International, June 2015.

This complex context of protracted violence, abuse, killings, disappearances, enslavement and imprisonment has had a profound impact on the mental health and psychosocial wellbeing of people in the north-east. Millions of people have been affected, either first-hand or through indirect exposure to violence. Entire families and communities live in fear, fleeing their villages to seek refuge in safer areas, bigger cities or neighbouring countries.³ According to the Displacement Tracking Matrix produced by the International Organization for Migration (IOM), by March 2017 more than 1.8 million people had been displaced across the six most affected regions: Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe. A third are in official IDP camps and camp-like settings, with the rest living in host communities, with friends and relatives or in rented or free accommodation temporarily provided by private citizens, churches and other local groups. The scattering of the displaced population across large areas has made locating them and providing them with humanitarian assistance especially challenging.⁴

Psychological distress as a result of violence

Victims of violence report suffering from psychological distress, sometimes severe. Many complain of deep fear,

3 Report of the UN Special Rapporteur on the Human Rights of IDPs, April 2017.

4 Displacement Tracking Matrix (round 14), ‘Location Assessment Report’, IOM, 31 March 2017.



A health centre providing care to refugees in Bosso, Niger.

© EC/ECHO/Anouk Delafortrie

sleeplessness and/or nightmares, generalised anxiety and unexplained somatic symptoms, such as body pain, stomachache and headache. Women and girls who have managed to escape Boko Haram are often marginalised and stigmatised by their communities, who fear that former abductees have been radicalised. The lack of trust these women and girls feel leads them to isolate themselves from their social networks. Some are rejected and abandoned by their families and communities. Children and teenage boys forcibly enrolled in armed groups are similarly affected.

At a theoretical level, the type and severity of a person's reaction after a life-threatening event depends on a number of different factors: the nature and severity of the event they experience, age, previous exposure to distressing events, personal vulnerability, personal and family history of mental health disorders, coping mechanisms, resilience, physical health, cultural background and the presence or absence of a supportive environment. Most people will experience some symptoms after a highly distressing event, which may last for days or a few weeks. In most cases, symptoms will slowly decrease over time, without the need for any specific intervention.

If the severity of the symptoms is not recognised by the person affected or their family and not treated in time, psychological disorders might develop, such as chronic anxiety, depression, mood disorder, post-traumatic stress disorder, psychosis and,

in the case of children, development disorder.⁵ Accurately identifying the psychological needs of victims, and putting in place the appropriate supportive intervention and/or therapy, requires mental health professionals (psychiatrists and psychologists), counsellors, social workers and community workers with the specialist skills, knowledge and experience relevant to supporting victims of violence and people affected by conflict.

International organisations working in Nigeria commonly acknowledge that the mental health and psychosocial needs of conflict-affected people are not met due to the instability of the situation, limited resources, lack of support from authorities and family and community separation. Limited access to health, social and educational services, especially but not only for displaced people, worsen an already critical situation. In Nigeria, where the mental health care system is neglected⁶ and mental health problems are still negatively perceived and seldom discussed, especially in the more conservative areas of the country, people affected by conflict-related violence are unlikely to find proper care. The main

⁵ *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, American Psychiatric Association, 2013.

⁶ Mental Health System in Nigeria, World Health Organization, 2006; Oluwakemi Olanike Aderibigbe, 'A Review of Mental Health and Psychosocial Needs and Responses during Emergencies in Nigeria', September 2014.

risks are that the suffering of the affected person is initially underestimated by mental health staff, the affected individual themselves and their friends and family, and help is sought only when their symptoms worsen to the point where family and community members fear they are 'crazy', or they are wrongly diagnosed and incorrectly treated. Although in Nigeria there is no available data on the quality and efficacy of mental health services, it is reasonable to assume that the limited number of psychiatrists, psychologists, counsellors, social workers and community workers in the country are not trained or prepared to deal with the increased needs the crisis is generating.

Mental health and psychosocial needs in north-east Nigeria

Psychosocial support for victims of violence, displaced people and host communities only became an area of focus in Nigeria after Boko Haram's abduction of more than 200 schoolgirls from Chibok in April 2014 attracted international attention to the crisis. In 2015, IOM conducted a mental health and psychosocial needs assessment in IDP camps in Yola. The assessment highlighted a number of factors causing psychological and psychosocial distress. The majority of people who took part in the assessment reported feeling sad and experiencing negative emotions in relation to their displacement and protracted and widespread violence. Uncertainty over the future, associated with the desire to return home, is one of the strongest factors triggering negative feelings and emotions.⁷ In addition, everyone experiences some kind of loss in displacement: loss of property, including the loss of a home, loss of relatives and friends through death or separation, and loss of identity and status.⁸ The last two are particularly relevant for men, especially men living in displacement camps, who, in losing their role as head of the family in a patriarchal society, often suffer prolonged frustration, anxiety and behaviour change, which can result in an increase in domestic violence, among other problems.

The situation is exacerbated by harsh living conditions in overcrowded displacement camps, where food and basic household items are in short supply and services are sometimes delivered in undignified or culturally inappropriate ways. People in camps in north-east Nigeria report high levels of distress due to family separation, where women, small children and teenage girls are accommodated in one wing of the camp and men and teenage boys in another. This is justified as a protection measure, but in fact women and girls are more exposed to violence and abuse due to the lack of family protection, increasing their fear and frustration.⁹

7 L. Giardinelli et al., *An Assessment of Psychosocial Needs and Resources in Yola IDP Camps: North East Nigeria*, IOM, 2015.

8 G. Schininà et al., 'Mainstreaming Mental Health and Psychosocial Support in Camp Coordination and Camp Management: The Experience of the International Organization for Migration in the North-east of Nigeria and South Sudan', *Intervention Journal*, 14, November.

9 *Ibid.*

People are typically not free to enter or leave the camps, which not only takes away decision-making power and makes people feel imprisoned, but also reduces the chances of finding work, especially for men, exacerbating feelings of despair and increasing dependence on external aid.¹⁰

Mental health and psychosocial support

Psychosocial support became one of the priority protection responses in north-east Nigeria in 2015.¹¹ IOM was among the first to start implementing a community-based mental health and psychosocial support programme, using mobile teams to reach people in need in different locations. Médecins Sans Frontières (MSF) set up a clinic in Borno State, providing, among other primary care services, psychological support to IDPs, victims of violence and people from host communities through individual, group and family counselling sessions. Save the Children and the UN Children's Fund (UNICEF) implemented a programme for children and their families through the creation of Child Friendly Spaces and clinics in several IDP camps in Borno State, and the UN Population Fund (UNFPA) provided medical services for women, including psychosocial support. ICRC also established a mental health programme. Slowly, more organisations followed. However, when I left Nigeria in March 2016, the coordination structure (the Mental Health and Psychosocial (MHPSS) Working Group, a subset of the Protection Cluster), lacked a strong lead, and most psychosocial support programmes were implemented in IDP camps, resulting in some cases in similar programmes being offered to the same beneficiaries, with no provision for affected people residing in host communities.

Mental health and psychosocial support is a relatively new domain in the Nigerian emergency setting, and there is a lack of specialised human resources, including in the north-east. There is high demand among mental health professionals in the country for training on mental health interventions in emergency settings and conflict-affected areas, while healthcare staff, social workers and community workers would greatly benefit from training in basic psychosocial support.

Strengthening the MHPSS coordination system at national level, to provide guidance and orientation and act as a reference point for organisations providing mental health and psychosocial support services to conflict-affected people, would address and improve the issues discussed here, and enhance the sustainability of psychosocial support services in the country. The first step would be establishing a dedicated MHPSS Working Group coordinator, along with the creation of guidelines to clarify how to plan a mental health and psychosocial support programme, including the interventions

10 Giardinelli et al., *An Assessment of Psychosocial Needs and Resources in Yola IDP Camps*.

11 Nigeria: Humanitarian Response Plan, 2016, <https://www.humanitarianresponse.info/en/operations/nigeria/document/nigeria-humanitarian-response-plan-2016>.

and activities to be included; how to select team members and the backgrounds required; and the training psychosocial support staff need before being deployed.¹² The MHPSS Working Group coordinator could also represent the members of the Working Group in other Clusters (Protection and Health, to mention two) and provide technical support and guidance when required.

The emergency context in north-east Nigeria is constantly evolving. With the security forces regaining territory previously under Boko Haram control, displaced people are slowly starting to return to their homes, and the MHPSS component of the humanitarian response will face new challenges as conflict-affected people enter on the long-term process of reconciliation and healing. Sustained support for community mediation and peace-building should be an area

of focus in the New Way of Working strategy being developed by UNDP and the World Bank. Particular attention will have to be paid to children born out of sexual violence, who are likely to experience rejection and abandonment by families and communities. Alternative care programmes will be needed for these and other conflict-affected children who, otherwise, will live lives of isolation and abuse, feeding the cycle of violence and compromising healing in north-eastern Nigeria.

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The challenges of emergency response in Cameroon's Far North: humanitarian response in a mixed IDP/refugee setting

Sara Karimbhoy

The greater northern region of Cameroon has historically been isolated from the rest of the country. Within the region, common ethnic and tribal groupings and transhumance movement from east to west have given rise to a population identity linked more to neighbouring Chad and Nigeria than to the south of the country, while unequal wealth distribution between southern Cameroon and the north has resulted in chronic under-development. Proximity to the Sahel has fostered an economy dependent on climatic conditions.

The first attacks by Boko Haram in the Far North in 2014 were seen by the Cameroonian government as a Nigerian problem spilling over onto its territory. That Boko Haram had already taken root and could strengthen its hold was considered implausible. Ensuing large-scale attacks, and resultant military operations cordoning off the area bordering Nigeria, led to border closures; trade routes between Cameroon and Chad and Nigeria were shut down, and markets closed. Schools and health facilities were shut down or destroyed: currently, over 100 schools are closed in Fotokol, Makary, Hile Alifa, Waza, Kolofata and Mora, and around 16 health facilities have been destroyed. In addition to large-scale internal displacement, the Far North has also seen the influx of thousands of Nigerian refugees escaping the humanitarian crisis over the border in Borno State.

The humanitarian context

As the refugees flooded into Cameroon they were moved to Minawao, a refugee camp administered by the UN High Commissioner for Refugees (UNHCR) 15km from the Nigerian border. Initially intended to house a much lower number, by

April 2017 the population had grown to 63,000. As of June 2017, a further 32,000 refugees were living outside the camp. These extremely vulnerable people, who have come from parts of Nigeria hardest hit by conflict and insecurity, are living in isolated border areas that have also been heavily affected by the conflict. The government response to this influx has been to scale up operations linked to refoulement, despite pressure from the Humanitarian Coordinator and the international community. This year alone, UNHCR estimates that 4,200 refugees have been sent back over the border. NGOs put the figure much higher.

Initially the crisis in northern Cameroon was seen as largely revolving around refugees. The majority of NGOs were based in and around Minawao camp, managing programmes in health, water and sanitation and food aid. This has meant that the early efforts of international NGOs, along with donor responses, were directed towards assisting refugee Nigerians, not displaced Cameroonians. Yet over the course of 2016 and 2017, the refugee crisis has been overshadowed by the movement of people indigenous to the Far North. By June 2017, the number of internally displaced people (IDPs) had reached almost 230,000, far exceeding the number of refugees in the region.

The majority of displacement has occurred within a 15–25km wide strip between Cameroon and Nigeria, in locations affected by sustained military operations. One peculiarity of IDPs in Cameroon has been that they have never moved further than 15km from their homes. The majority have also chosen to reside within host communities, with extended family members. These IDPs are not registered by the government,



Minawao refugee camp.

© OCHA/Ivo Brandau

making it difficult to target interventions at the household level. The infrequent tracking of population movements through the Displacement Tracking Matrix, conducted quarterly by the International Organization for Migration (IOM), has further complicated problems around tallying IDPs. The one-month lag time between data collection and publication has meant that entire populations have often moved, or the numbers of displaced have increased by the time each DTM is released.

Towards a humanitarian response

While the humanitarian context has been beset by challenges, the initial hurdle has been Cameroon's status as a lower-middle-income country – a positive situation, in and of itself. Alongside its relative economic and political stability, over the years Cameroon has worked with development banks and the United Nations to promote economic growth and strengthen human development indicators. This focus on development left it, and the international community, unprepared for the displacement crisis when it began.

The UN Children's Fund (UNICEF) was already operational in the greater northern region, and so understood the context and the subtleties of the operating environment. As an actor already well invested in Cameroon, the agency also had strong relationships at all administrative levels. UNICEF has shifted

its focus from development to humanitarian programming, and has scaled up programmes in child protection, education and water, sanitation and health (WASH), addressing needs at household and community levels. The focus has been on communes within affected departments that have a higher ratio of IDPs/refugees to host communities. This has ensured that programmes target the most vulnerable communities, and are more likely to address the specific needs of IDPs and out-of-camp refugees. Starting in Mayo Tsanaga and Mayo Sava, and then Logone and Chari, UNICEF has expanded its community-level child protection and education programmes to include displaced children by setting up Temporary Learning Spaces, which also double as Child Friendly Spaces. These structures, built in communities hosting IDPs, provide space for children to participate in games to improve their mental health and receive basic education. In a region where student to classroom ratios are extremely high, this has had the double effect of creating extra room in schools that are already experiencing space constraints.

UNICEF has also trained community members to identify vulnerable children within displaced communities. One of the issues of greatest concern is child marriage (a pervasive problem throughout Cameroon). Recognising that child marriage is a common issue in displaced families, UNICEF has modified a national-level development programme to address this vital humanitarian need. Another area of concern

is Cameroon's lack of a clear database on its water capacity. UNICEF, in partnership with the Ministry of Water, has identified all existing water sources in the Far North region, as well as sites that might be conducive to or considered a priority for water supply projects. This has ensured that, when sites are being identified for new water infrastructure projects, priority is given to communities that have received displaced people.

Local and international responses

Until mid-2016, there were 29 non-governmental actors in the Far North, including 14 international NGOs, primarily from surrounding countries. One positive gain has been that the humanitarian community has begun partnering with and depending on local NGOs in guiding and managing the response. Prior to the onset of the crisis, local NGOs were either community-based organisations or local associations, whose mandates centred on advocacy towards specific issues, such as child marriage and social welfare. Small, and with a focus on social development and community mobilisation, they needed to be reoriented towards service delivery and programme implementation. What they lacked in know-how, however, they made up for in local knowledge – of the communities, the dynamics and the underlying issues.

As a non-implementing actor, UNICEF has supported local NGOs technically and financially. UNICEF's lead child protection partner, ALDEPA, has received sustained technical support for the past three years. Previously a small social welfare association, ALDEPA staff have been trained in child protection practices and norms, as well as logistics and financial management, enabling it to grow in size and capacity. Through hands-on monitoring and follow-up of ALDEPA's activities, UNICEF has ensured that it incorporates its new skills into programmes and work processes. As a result, ALDEPA is now well-positioned to implement protection programmes more broadly, and is considered a partner of choice for many other humanitarian actors and donors. As people are displaced to new areas, UNICEF is identifying other local associations and NGOs that it can support and train on child protection issues. This diversification has ensured that partners do not become overstretched, and that the quality of programmes is not undermined.

Like other UN agencies, UNICEF is also working with the government at national and regional levels, both to respond to the immediate humanitarian crisis and to address the underlying causes of under-development in the region. One challenge has been shifting the government's focus towards a timely emergency response given the lack of capacity at the regional level. Line ministries, including health, education and social welfare, do not have the capacity at the regional level to adapt their services quickly to the emergency. This has meant that UN agencies and partners have had to expand their own emergency systems, while alternating between building the

capacity of the regional government in crisis response and at the same time ensuring that the immediate needs of conflict-affected people are met.

Another hindrance has been the government's primary focus on security and maintaining the country's territorial integrity. This has often resulted in limited access for humanitarian actors to the most vulnerable areas of Logone and Chari and other key departments, and increased reliance on government authorities as implementing partners.

As insecurity has deepened in border areas, it has become more difficult to ensure that health centres and schools remain staffed and adequately supplied. To ensure that health services and schools remain unaffected, UNICEF has provided critical support by safeguarding pipelines from ports of entry in Cameroon to the commune. Like many other UN agencies, UNICEF has resolved staffing issues in conflict-affected areas by training local volunteer teachers and community health workers, supporting community infrastructure and strengthening the capacity of the local nurses and other staff who have remained.

At the time of writing, several international NGOs were developing a rapid response mechanism (RRM) that is expected to speed up the humanitarian response in Logone, Chari and other departments. Beginning in November 2017, the RRM will implement an early warning system and respond to population displacement. It is hoped that this mechanism will ensure that the immediate needs of IDPs and out-of-camp refugees are met. Concentrating on the delivery of a few key items, hygiene kits and non-food items, it is hoped that this mechanism will have the added benefit of buying time until the humanitarian response begins.

Conclusion

The build-up of the response to the crisis may seem slow, given that the conflict began in earnest in 2014. The mixed nature of displacement, the lack of partners on the ground and limited government capacity have all constrained the humanitarian response. While not discussed here in detail, insecurity was and remains a key factor in reducing humanitarian space. UNICEF and other actors have shifted their immediate focus from development to humanitarian response, albeit while also trying to maintain a bridge between these two aspects of its programming by continuing to support the government and building the capacity of local partners. With the increase in the number of international NGOs operating in the Far North, humanitarian capacity is growing. This should enable us to meet the immediate, short-term and long-term needs of crisis-affected populations, be they host communities, IDPs or out-of-camp refugees.

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Adaptive humanitarian programming in Diffa, Niger

Matias Meier

'You're out of your mind' my long-time supervisor at the International Rescue Committee (IRC) said in early 2013 as we mulled over the possibility, previously discussed with the then UN High Commissioner for Refugees (UNHCR) Representative in Niger, of sending a focal point to the Diffa region, an 18-hour drive from the Nigerien capital Niamey. The idea was to monitor increasing violence by Boko Haram in neighbouring north-eastern Nigeria, and its potential spill-over into Niger. Despite initial concerns over security, we quickly decided that the situation required urgent action. By the end of 2013 we had established a network of focal points to help the IRC team track population movements and respond more quickly to emerging needs among Nigerien returnees and Nigerian refugees fleeing Boko Haram. The influx had stretched already scarce resources in a region that has long faced chronic food insecurity, poor access to basic services and recurrent droughts and floods. Displaced people were spread across remote host communities, with a very small proportion (approximately 3%) residing in camps. Humanitarian actors struggled to reach communities in need due to limited infrastructure, a volatile security situation and fluid population movements across a large geographical area.

The network

The informant network started small and grew quickly. The project, which began in October 2013, was implemented in partnership with a local NGO, the Niger Association for the Defense of Human Rights (ANDDH). We recruited seven monitors to cover 81 sites, but within a few months the number of sites hosting displaced people had grown to nearly 200. To accommodate this growth, the response team changed tack, recruiting a 'focal point' for every site where displaced people were present or were likely to arrive. Each focal point was provided with a phone that allowed them to make free calls to the IRC and ANDDH. As the programme expanded, we also set up village protection committees to help identify and address protection concerns. These committees included the IRC/ANDDH focal points, host community representatives, internally displaced people (IDPs), returnees and refugees of different ethnic backgrounds, ages and gender. The network also increased the response team's security awareness; when armed conflict restricted access, the committees continued to carry out programme activities and provide information about services in their areas.

In January 2014, the network identified some 700 people who had fled from Nigeria to Niger. The following March, community focal points informed IRC that large numbers of people were moving towards 17 islands in Lake Chad. Based on this information the IRC conducted a rapid assessment, which showed that more than 10,000 people who had fled

Boko Haram in Nigeria were living on the islands. There were huge unmet health and water needs, but no international NGOs were working on the islands.

The IRC received the assessment information on a Friday, and over the weekend secured funding and the support of local authorities, enabling us to activate a mobile boat clinic which began providing access to clean water and medical supplies to health clinics early in the week. The assessment and intervention alerted other agencies to needs on the islands, and demonstrated how mobile clinics could be used in this context. The IRC's ability to provide credible and timely information allowed donors to make more rapid and flexible funding decisions.

The experience marked a turning-point in the IRC's Diffa response in three ways: it expanded the number of sectors in which the IRC worked; it was our first rapid emergency response; and it demonstrated the potential of information sharing as an advocacy tool to increase the responsiveness of the wider humanitarian community. It was also the beginning of what was to become the rapid response mechanism (RMM) of the Niger Humanitarian Country Team (HCT).

The rapid response mechanism and multi-sector assessments

Given the very rapid increase in the number of returnees and refugees entering Niger from Nigeria, averaging some 30,000 people a month during the last quarter of 2014, we decided that it was essential to take a step back and carry out context analysis and scenario planning to better prepare and respond to humanitarian needs in Diffa. The day-long session in January 2015 brought together team members from across several IRC offices in the region to examine different ways the situation in north-eastern Nigeria and Diffa might develop. Factors like the joint Nigerien, Chadian and Nigerian military operation, Boko Haram's response and possible expansion into other areas and the potential for increased displacement were all considered in the development of four scenarios, three of which actually occurred in subsequent months.¹ Just a few weeks later, in February 2015, Boko Haram attacked and took temporary control of Diffa, resulting in the re-displacement of Nigerian refugees as well as the start of internal displacement within Niger.

¹ Scenarios which took place (1–3): Scenario 1: Fighting between Boko Haram and joint forces results in an increase in refugees/returnees; Scenario 2: Joint operations (temporarily) disband and disperse Boko Haram; Scenario 3: Significant Boko Haram relocation to Diffa region. Scenario 4, which did not take place: Maiduguri falls to Boko Haram – massive displacement in north-eastern Nigeria and to Niger.



IRC Niger staff working with newly displaced people to better understand their situation and needs, June 2016, Diffa, Niger.

© Seydou Hassane Aboubacar/IRC

The week after the planning exercise, the team sent proposals to emergency funders to support the creation of a rapid response mechanism. Once established, this dedicated funding allowed the IRC to hire staff who could act on the information provided through the focal points and protection committees, triggering multi-sector assessments (MSAs). A scoring system flags critical issues and prioritises hard-to-reach and highly vulnerable areas. These assessments have enabled the rapid provision of food, non-food items (NFIs) such as soap and blankets and water and sanitation (WASH) activities.

Context analysis and scenario planning was crucial in deciding how best to support displaced people in a rapidly changing emergency environment. Sharing weekly situation reports and MSAs with the UN Office for the Coordination of Humanitarian Affairs (OCHA), who then shared them with the wider humanitarian community (UN agencies, NGOs, donors, clusters), enabled others to respond to needs more quickly and appropriately. During the peak of displacement in Diffa, the IRC produced and shared reports on a daily basis, including during weekends. This helped keep everyone informed of the situation, and provided an opportunity to highlight the need for fast and flexible decision-making in relation to responses. Donors and other key decision-makers responded in turn by quickly approving projects based on the MSAs and issuing calls for proposals utilising the data

collected by the RRM team, as well as the strategic advice and context analyses we provided. Interest in and support for the rapid response mechanism also increased as the benefits of this agile programmatic approach in an uncertain and volatile environment like Diffa became evident.

As the humanitarian situation became ever more critical in 2015 and 2016, the number of UN agencies and NGOs in Diffa increased to about 60, and the displaced population to more than 300,000 in a region of some 600,000 inhabitants. OCHA increased its presence and stepped up its coordination efforts, as did the government, and the rapid response mechanism was further developed and adapted. Each cluster in Niger participated in identifying, reviewing and approving the data collected through the MSAs. Triggered by IRC-verified reports from focal points, MSAs provided a snapshot of humanitarian needs at a specific point in time. Quantitative and qualitative data was obtained through community group discussions, interviews with key informants and surveys of around 100 households, ensuring representation of host communities, IDPs, refugees and returnees. OCHA staff and UN Children's Fund (UNICEF) technical experts helped ensure a more inclusive, coordinated and robust approach. The real-time, accurate information from the MSAs allows agencies to adapt programming to current needs and achieve better geographical and sectoral coverage across Diffa.

Examples of rapid and adaptive responses include the use of trucks and water bladders to provide water to people in spontaneous displacement sites, which are often near main roads. At one site we provided three million litres of water a month, while simultaneously working on longer-term solutions such as the construction of wells. Another example involved creating a 'mobile e-voucher' programme to serve remote displacement sites, building on and adapting the electronic food voucher (e-voucher) programme in Diffa town. The IRC trained retailers on the use of tablets (on which people can be shown pictures and prices of available food items), card readers and the purchasing system. Agreements with retailers stipulated that they were to provide trucks to transport food to displacement areas.

Challenges

There were of course no shortage of challenges. One of the main difficulties was lengthy procurement procedures, which are designed to manage financial risk yet undermined one of the IRC's strategic objectives of increasing the speed and timeliness of our support. Staff burnout was also a serious concern. Another major challenge was the government's unofficial prohibition on data-sharing in 2015, which reduced the contextual information available and inhibited adaptive management.

Humanitarian needs in Diffa region continue to outstrip the resources available. More than 408,000 people are now in need of humanitarian assistance. As of early July 2017, more than 30 people have died from Hepatitis E, most of them pregnant women, while hundreds of others are infected. Meanwhile, according to OCHA 540 people have been killed, injured or abducted in attacks by Boko Haram. Since the attacks began

in February 2015, a state of emergency has been in place, including restrictions on key economic activities. With these restrictions in place, and continued Boko Haram attacks in Niger and in areas of potential return in Nigeria, a durable solution to the crisis in Diffa remains elusive.

Conclusion

The experience of using an adaptive programme approach to build systems to collect credible and actionable information has changed the way the IRC works in Diffa. We have expanded the number of sectors in which we work, increased the speed and flexibility of emergency response efforts and demonstrated how information-sharing can be used to enhance the responsiveness of the wider humanitarian community. Taking the time to conduct good contextual analysis and scenario planning was a crucial part of this, as was the support of the local population and the authorities. The informant networks of focal points and protection committees the IRC established led to the creation of the rapid response mechanism, which has enhanced the timeliness, quality and appropriateness, not only of the IRC's response, but of the humanitarian response overall. Having dedicated funding and staff has been key to the RRM's success. Being part of the Humanitarian Country Team, and sharing credible weekly reports, multi-sector assessments and other information, has also enabled more rapid and flexible donor decision-making, further facilitating adaptation. Even so, the IRC's efforts were still sometimes hampered by cumbersome procurement procedures, government data sharing restrictions and staff burnout.

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