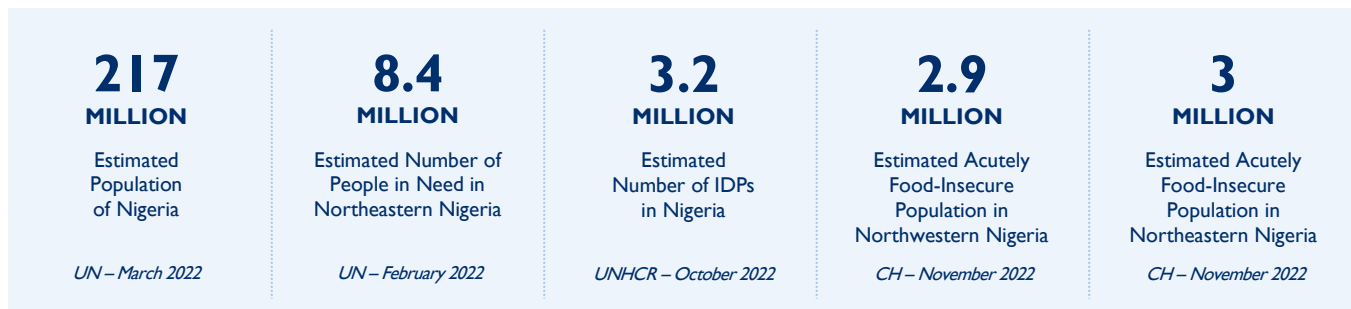


# Nigeria – Complex Emergency

DECEMBER 16, 2022

## SITUATION AT A GLANCE



- Heavy rainfall and subsequent flooding resulted in at least 660 deaths and affected more than 4.4 million people across Nigeria between July and mid-November.
- A near countrywide cholera outbreak resulted in at least 466 deaths and 19,000 suspected cases— including 443 fatalities and more than 14,000 suspected cases in the conflict-affected northeastern region alone— between January and November.
- Acute food insecurity continues to affect vulnerable populations in Nigeria’s northeastern and northwestern states, where nearly 6 million people will likely experience acute food insecurity through December, according to the CH.



<b>TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING</b>	USAID/BHA <sup>1</sup>	\$41,000,000
	<b>Total</b>	<b>\$41,000,000</b>

*For complete funding breakdown with partners, see detailed chart on page 6*

<sup>1</sup> USAID’s Bureau for Humanitarian Assistance (USAID/BHA)

## KEY DEVELOPMENTS

### Severe Flooding Affects More Than 4.4 Million People in Nigeria

Heavy seasonal rainfall and subsequent flooding adversely affected more than 4.4 million people across all of Nigeria's 36 states and the Federal Capital Territory between July and mid-November, according to the Government of Nigeria's (GoN) National Emergency Management Agency. As of November 18, flooding had resulted in at least 660 deaths and displaced at least 2.4 million individuals, with approximately half of the displaced population coming from southern Nigeria's Bayelsa State alone, the UN reports. Flooding also inundated more than 1.6 million acres of farmland and damaged or destroyed approximately 340,000 houses countrywide during the same period. In northeastern Nigeria's Adamawa, Borno, and Yobe states, where organized armed group (OAG) activity has generated high levels of humanitarian need since 2013, flooding had resulted in the deaths of 134 people and adversely affected approximately 253,000 individuals—including approximately 98,000 people who were displaced by floods—as of November 8, according to the UN. In Adamawa alone, more than 80 percent of surveyed households had not received humanitarian assistance since the flooding began in July, underscoring the high levels of protracted humanitarian needs among flood-affected populations.

On November 18, the UN released \$10.5 million in funding from the Nigeria Humanitarian Fund and the USAID/BHA-supported Central Emergency Response Fund—a pooled humanitarian fund established and managed by the UN to respond to sudden-onset and underfunded emergencies—to address humanitarian needs caused and exacerbated by flooding in seven states, including Adamawa, Borno, and Yobe. Although the GoN has responded by delivering humanitarian assistance throughout Nigeria, multi-sector humanitarian needs remained high for populations in flood-affected areas as of November 22, according to the UN. In response to the flooding, USAID/BHA is providing more than \$5.5 million to support humanitarian partners' associated relief efforts in the northeastern states and across the country, including the provision of health care, livelihood and economic recovery support, multipurpose cash assistance (MPCA), protection services, shelter, and water, sanitation, and hygiene (WASH) support.

### Cholera Outbreak Affects 31 States, Case Count Highest in Northeast

An ongoing cholera outbreak had resulted in at least 466 deaths and adversely affected more than 19,000 people across 31 of Nigeria's 36 states between January and October, according to the GoN's Center for Disease Control. Health authorities reported an estimated 12,100 suspected cases of cholera in September and October, representing the highest monthly case counts of 2022. Northeastern Nigeria is the hardest hit region, with at least 443 cholera-related fatalities reported and approximately 14,600 people affected—including 12,000 people in Borno alone—as of November 26, according to health actors. In recent months, flooding has likely exacerbated the spread of the waterborne disease due to widespread contamination of drinking water sources, flood-related damage to sanitation facilities, and the displacement of populations from areas with active cholera transmission to locations not previously affected, according to the UN. Additionally, flooding damaged at least 230 health facilities throughout the country, resulting in the closure of at least 30 centers and limiting treatment and prevention options in affected areas as of late October. In conjunction with the GoN and humanitarian partners, USAID/BHA-supported organizations have responded to the outbreak in the northeastern states by distributing cholera hygiene kits and water disinfection tablets; establishing cholera treatment units; installing handwashing stations, latrines, and oral rehydration points; promoting safe WASH practices; and supporting capacity-building activities for health care workers.

## **Acute Food Insecurity and Malnutrition Persist in Northeast and Northwest**

An estimated 3 million people are likely to face Crisis—Phase 3—or worse levels of acute food insecurity in northeastern Nigeria between October and December, while 4.3 million people will likely experience Crisis or worse levels during the June-to-August 2023 lean season, the period when food is most scarce, according to a November Cadre Harmonisé (CH) analysis.<sup>2</sup> Gaps in household food consumption, limited WASH services, and restricted food availability and access to functional markets continue to drive poor food security and nutritional outcomes for vulnerable populations residing in the region, according to the CH. In addition, food-insecure households are more likely to utilize negative coping strategies, such as reducing portion sizes or the number of meals consumed daily, contributing to the deterioration of nutrition outcomes. Furthermore, acute food insecurity remains pervasive in areas inaccessible to humanitarian actors in the northeast. Nearly half of the approximately 4,200 households arriving from inaccessible areas in Adamawa, Borno, and Yobe surveyed between May and October reported insufficient food consumption in their areas of origin, and approximately 55 percent of the surveyed households reported experiencing insufficient food intake, further evidenced by the pervasive use of negative coping strategies according to an October CH Humanitarian Situation Monitoring Report. Moreover, the prevalence of global acute malnutrition was approximately 20 percent among newly arrived children ages five years and younger coming from inaccessible areas, with an additional 7 percent facing severe acute malnutrition (SAM). In response to the poor food and nutrition situation, nutrition sector partners treated nearly 265,000 children experiencing SAM in northeast Nigeria between July and September.

Similarly, in northwest Nigeria's Katsina, Sokoto, and Zamfara states, high food prices, insecurity, and flood-related impacts on food consumption and livelihoods are driving increased food insecurity and resultant malnutrition, the CH reports. More than 2.9 million people will likely face Crisis or worse levels of acute food insecurity in the northwest from October to December, with nearly 4.4 million individuals projected to face Crisis or worse levels during the upcoming lean season. Moreover, approximately 80 percent of local government areas (LGAs) in the northwest states reported a more than 2 percent SAM prevalence among children ages 6–59 months in 2022, with LGAs in Katsina and Sokoto exceeding 3 percent during the year, according to a November Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted by UN Children's Fund (UNICEF). To combat rising levels of malnutrition, nutrition sector partners treated more than 168,000 children facing SAM in the region between July and September. Members of USAID/BHA's Humanitarian Assistance Response Team (HART) in Nigeria and USAID/Nigeria's Health, Population, and Nutrition (HPN) team traveled to Sokoto in late September to monitor USAID/BHA-funded nutrition activities and better understand and respond to the humanitarian situation in the region. As a result, the HART and HPN are coordinating with the government of Sokoto, UNICEF, and USAID's Integrated Health Program to scale-up preventive and curative nutrition services in the most-affected LGAs in Sokoto based on the SMART survey results.

## **Criminal Activity Drives Displacement, Threatens Humanitarian Actors**

High levels of intercommunal violence and organized criminal group (OCG) activity continue to drive displacement across Nigeria's north central and northwestern states. More than 1 million internally displaced persons (IDPs) were sheltering in the two regions as of October, representing a 12 percent increase between December 2021 and October 2022, with nearly half sheltering in Benue State, according to the International Organization for Migration (IOM). Zamfara, Katsina, and Kaduna states in the northwest have recorded the largest influxes of IDPs during the same period. Intercommunal

<sup>2</sup> Cadre Harmonisé (CH) is a standardized framework used across West Africa and the Sahel that aims to classify the severity and magnitude of acute food insecurity. The CH scale is comparable across countries in West Africa and ranges from Minimal—Phase 1—to Famine—Phase 5.

violence and OCG activity have largely driven the displacement of IDPs in north central and northwestern Nigeria; however, spillover OAG violence from Nigeria’s northeast states had displaced approximately 13 percent of the population sheltering in the areas.

Recent criminal activity also threatened to disrupt humanitarian efforts in northeastern Nigeria during October, with criminal incidents affecting non-governmental organization (NGO) staff and operations during the month. While these incidents appear indiscriminate rather than specifically targeted at humanitarian actors, the risk of accompanying violence is significant and likely to continue into the foreseeable future, according to a security-focused NGO.

## KEY FIGURES



**1.8 Million**

People supported monthly through USG-funded emergency food assistance



**\$26 Million**

In dedicated FY 2022 USAID/BHA support for life-saving health care programming



**16**

USG-funded partners supporting WASH activities

## U.S. GOVERNMENT RESPONSE

### FOOD SECURITY AND NUTRITION

USAID/BHA is providing life-saving food and nutrition assistance in Nigeria, as high levels of conflict and population displacement, increased food and fuel prices, low agricultural output, and climatic shocks—including recent flooding—continue to result in acute food insecurity and malnutrition. USAID/BHA supports the UN World Food Program (WFP) and six NGOs to provide cash transfers and food vouchers to meet needs while supporting local markets, as well as in-kind food commodities for vulnerable households in remote areas of Adamawa, Borno, and Yobe. USAID/BHA also supports the UN Children’s Fund (UNICEF), WFP, and 10 NGOs to provide preventative nutrition support for conflict-affected children and pregnant and lactating women to reduce incidences of wasting, the deadliest form of malnutrition.

### HEALTH

USAID/BHA partners with UNICEF, the International Federation of the Red Cross (IFRC), WHO and seven international NGOs to provide essential health care services to conflict-affected populations throughout Nigeria. Often implemented in coordination with nutrition and WASH programming, USAID/BHA health assistance includes providing medical supplies, training for community health workers, and support for health facilities, such as the provision of confidential gender-based violence (GBV) treatment and care. USAID/BHA partners deploy mobile teams to deliver health care and nutrition services—including communicable disease prevention and treatment—to hard-to-reach populations, particularly in conflict-affected areas of northeastern Nigeria.

### WASH

USAID/BHA and the U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM) support WASH programming throughout Nigeria to reduce the spread of communicable diseases and the prevalence of wasting. USAID/BHA funds IFRC and 15 implementing partners to conduct critical WASH activities, including constructing WASH infrastructure, such as boreholes and handpumps, at IDP camps; monitoring and disinfecting WASH facilities; and promoting WASH messaging through

community health workers. USAID/BHA-supported activities also include cleaning water containers and latrines, clearing drains, and managing solid waste. Additionally, a State/PRM partner is improving WASH infrastructure to increase the supply of safe drinking water among refugee and host community populations countrywide.



**\$16 Million**

In dedicated FY 2022  
USAID/BHA support for  
protection programming

## **PROTECTION**

The U.S. Government (USG) supports 14 partners to address protection concerns among conflict-affected and displaced populations, including providing child protection, GBV prevention, psychosocial and mental health support, and other specialized protection services throughout Nigeria. Additionally, USAID/BHA-supported protection programming includes education to mitigate risks related to mines and unexploded ordnance, which continue to threaten the safety of Nigerians.



**203,000**

People supported by  
USAID/BHA-funded  
shelter activities

## **SHELTER AND SETTLEMENTS**

USG assistance provides safe, covered living spaces for people who have been displaced due to conflict and natural disasters in Nigeria. USAID/BHA supports IOM, IFRC, and eight NGOs to fortify shelters, engage local and vulnerable populations in shelter design and construction, and reduce security risks for IDPs and host communities in northeast Nigeria. Additionally, USAID/BHA partners provide household items to vulnerable populations to enable them to meet basic needs and support community-led disaster risk reduction committees in IDP camps with safety materials to reduce the risk of flooding. State/PRM partner the Office of the UN High Commissioner for Refugees (UNHCR), in collaboration with various NGOs, provides shelter and settlements support to IDPs and refugees countrywide.

## CONTEXT IN BRIEF

- Armed attacks led by Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad and Islamic State of Iraq and Syria-West Africa have resulted in high levels of insecurity in northeastern Nigeria since 2013, exacerbating humanitarian needs and displacing more than 3.1 million people. Violent clashes between the armed groups and government forces have hampered humanitarian access to affected regions, increasing civilian vulnerabilities to armed group activity. Separately, in northwestern Nigeria, increasing levels of armed criminal group activity and intercommunal conflict have generated widespread humanitarian needs, displacing many residents within the region and to neighboring Niger.
- From November 2016 to October 2018, USAID maintained a Disaster Assistance Response Team (DART) to lead the USG response to the humanitarian crisis in northeastern Nigeria. To support the field activities of the DART, USAID also established a Washington, D.C.-based Response Management Team, which deactivated in August 2018. Support was transitioned to the USAID/BHA Humanitarian Assistance Response Technical office based in Nigeria's capital city of Abuja.
- On October 4, 2022, U.S. Ambassador Mary Beth Leonard renewed the declaration of humanitarian need (DHN) in Nigeria for FY 2023 due to the ongoing complex emergencies in the northeast and northwest. Additionally, on October 19, 2022, Ambassador Leonard issued a DHN due to the effects of flooding throughout Nigeria.

### USG HUMANITARIAN FUNDING FOR THE NIGERIA COMPLEX EMERGENCY RESPONSE IN FY 2023<sup>3,4</sup>

LOCATION	ACTIVITY	LOCATION	AMOUNT
<b>USAID/BHA</b>			
IFRC	MPCA, Shelter and Settlements, WASH	Bayelsa, Delta, Kogi	\$250,000
	Health; Humanitarian Coordination, Info Management, and Assessments (HCIMA); Logistics Support; MPCA; Protection; Shelter and Settlements; WASH	Akwa Ibom, Anambra, Bayelsa, Enugu, Nasarawa, Rivers	\$1,500,000
Implementing Partners	Health, Livelihood and Economic Recovery, MPCA, Nutrition, Protection, Shelter and Settlements, WASH	Borno, Dikwa, Jigawa, Ngala	\$9,750,000
IOM	Agriculture, Protection, Shelter and Settlements, WASH	Adamawa, Anambra, Bayelsa, Benue, Jigawa, Kogi, Yobe	\$1,879,425
	HCIMA	Adamawa, Anambra, Bayelsa, Benue, Jigawa, Kogi, Nasarawa, Yobe	\$332,508
	MPCA	Adamawa, Anambra, Benue, Kogi, Yobe	\$288,067
WFP	Food Assistance—Vouchers, HCIMA	Adamawa, Borno, Yobe	\$20,000,000
	HCIMA, Logistics Support	Countrywide	\$7,000,000
<b>TOTAL USAID/BHA FUNDING</b>			<b>\$41,000,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE NIGERIA RESPONSE IN FY 2023</b>			<b>\$41,000,000</b>

<sup>3</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of December 16, 2022.

<sup>4</sup> Estimated value of food assistance and transportation costs at time of procurement, subject to change.

---

## PUBLIC DONATION INFORMATION

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

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)