

# Hunger and displacement: Views and solutions from the field

## Lake Chad Basin



## OVERVIEW HUMANITARIAN CONTEXT

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### Conflict

- The conflict between security forces and non-state armed actors in Nigeria, Niger, Cameroon and Chad has intensified over the past 8 years, leading to widespread cycles of displacement, violations of international humanitarian law, and an escalating humanitarian crisis. In previous years the response lacked adequate funding to address critical needs on the ground. As of 2017, the funding outlook has improved. However, the available funding still does not match the humanitarian needs;
- **17 million of people** live in affected areas; **10.7 million** are in need of humanitarian assistance;
- Two thirds of the health facilities in the three most-affected states (Adamawa, Borno, and Yobe) of north east Nigeria have also been damaged by the conflict with unavailability of health services resulting in the deaths from common diseases like malaria, pneumonia, and acute watery diarrhea. Over 420 cases of hepatitis E have been recorded in three LGAs in Borno state since early May, and the trend is on the rise, especially in Ngala LGA. Another 25 cases of hepatitis E just broke out in Rann, leading humanitarian organisations to expect a new outbreak. 2035 cases of hepatitis E have also been recorded in Diffa (Niger) between 2<sup>nd</sup> January and 24<sup>th</sup> October.<sup>1</sup> In addition to hepatitis E, 5,336 cases of cholera have been recorded in Borno State.

### Hunger

- **10.9 million people** are in need of emergency aid, of which **7.1 million people** are severely food insecure<sup>2</sup>, while **515,000 children under five** are suffering from severe acute malnutrition, 450,000 in north east Nigeria alone;

<sup>1</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/Snapshot\\_Fr\\_Epidemies\\_Hepatitis\\_E\\_24102017.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Snapshot_Fr_Epidemies_Hepatitis_E_24102017.pdf)

<sup>2</sup> OCHA, 20 October 2017

- People have limited access to income generating activities which results in populations being entirely dependent on aid. Farming and fishing are limited across all inaccessible areas as well as more accessible areas such as Diffa. As a consequence of the scorched land from the conflict there is no access to livelihoods and this makes early recovery work very difficult;
- In the past, Nigeria was a major player in food production in the Lake Chad Basin, through the development of large agricultural projects along the Ngala corridor and the livestock trade. Today, such initiatives are virtually non-existent due to the ongoing non-State armed actors conflict. As a result, cross-border trade within the region, which was very important economically, has been reduced, impacting drastically livelihood and economic resources in the region. Much of the agricultural infrastructure lies in ruin, with no immediate plan for rehabilitation. Additionally, in many LGAs, farmers have difficulties moving outside major town centres due to security issues, making it difficult for them to get back to their agriculture fields. Diffa region was a major producer of dried fish and red peppers considered as the “red gold”. With borders closed and military operations in these areas continuing, cross-border trade has also been severely affected. These conditions impact food security not just at the household level, but, also at regional and trans-national level;
- The concentration of herds due to changes in transhumance flows is putting extreme pressure on pastoral resources;
- Most IDPs and refugees coming back from Cameroon are dependent on humanitarian actors for food distribution, which due to lack of effective coordination can sometimes be irregular and insufficient. Many of those that returned to Nigeria from Cameroon live on less than 5 litres of water per day with reports from Pulka ranging from 3-8 litres of water a day, which is well below SPHERE standards;
- Security conditions often make access to arable land impossible or dangerous, meaning that agricultural activity or grazing of livestock is no longer possible - at least to the degree previously exercised and required - and therefore other durable solutions are needed.

## Displacement

- Displacement is widespread. **2.4 million people are displaced, of which 1.5 million have not crossed any land borders;**
- The impact of displacement on the loss of livelihood and the exposure of displaced persons to hunger are clear. Most of displaced people rely on the scarce resources of host communities, who has also lost their productive assets, reducing their own incomes and resulting in food shortages;
- Schools continue to be targeted by attacks, which coupled with continued displacement, has led to nearly 3 million children estimated to be missing out on education;
- Given the nature of the local economy, most of the IDP population is made up of arable farmers and pastoralists, meaning that not only those displaced have lost their livelihoods and are now food insecure, but it has also had knock-on effects for consumers reliant on local markets for certain foodstuffs;
- Urgent food, water, NFI and shelter needs are not being met, especially in areas that are receiving - without notice - influxes of refugees from the region, in particular from Cameroon, with at least 289,000 people expected to be affected by severe food insecurity in these flood-prone areas;
- Shelter and housing are inadequate where the rainy season destroyed infrastructures. As a result, IDPs squat in destroyed structures, compounds, and unofficial government camps;
- The number of returnees is expected to grow, thus increasing the need to restore improved livelihoods and revive the agriculture sector.

## RECOMMENDATIONS

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### Stability in the region & protection concerns

- Bolster peacebuilding and conflict resolution initiatives, as these are essential to support social protection as well as economic and political stability;
- Ensure that protection of populations is put at the heart of the humanitarian response and recognize that civilians bear the consequences of the conflict;

- Ensure that assistance is delivered solely based on needs, regardless of the status of being a refugee, an IDP, a host, or living inside or outside a camp;
- Halt returns of refugees and IDPs to areas with no adequate access to basic services and safety. Returns must be voluntary, informed and dignified, with basic services available in areas of returns;
- Guarantee that more information and analysis, in particular in terms of conflict dynamics are available, to ensure more forward thinking and contingency planning.

## Humanitarian access

- Enable the safe, unhindered and rapid access of populations to humanitarian aid;
- Better coordination, including by enhancing dialogue with security forces to ensure a clear distinction between humanitarian and military mandates. Every initiative which could potentially impact humanitarian operations, including Quick Impact Projects, should be limited to areas and sectors that will not cause confusion with humanitarian actors and physical separation must be maintained.

## Funding and programming

- Significantly scale up the response to people’s needs, from supporting urgent basic services to early recovery, mid-term and long-term development programmes;
- Not only prioritize funding for Nigeria. A shift in the nomenclature to “Lake Chad Basin crisis” as an acknowledgement of the regional nature of the problem and its cross-border consequences to be followed by appropriate response mechanisms for the entire region;
- An emphasis on breaking the cycle of high level dependency on aid with a focus on early recovery where and when appropriate. That means tackling the interlinked causes of the crisis and providing the required long-term support in terms of shelter and livelihoods, taking into account the limited scope for IDP’s own internal responses. The focus must be on the participation and integration of IDP communities. Humanitarian actors must be able to include livelihoods, economic and social support in their programming;
- Ensure quicker, more flexible funding and pre-positioning of relief materials to intervene as areas become accessible and for donors to support operational costs, especially those related to ensuring the security of programs and staff;
- Increase transnational programming based on a common evaluation of needs. Transnational programmes must be developed to better support the needs of communities on the move, including potential returns and stop refoulements, especially between Cameroon and Nigeria. These programs must, for instance, include information sharing for family reunification of unaccompanied children and youth.

## TESTIMONIES

**Action Against Hunger:** in Nigeria, Action Against Hunger facilitates access to food and other immediate needs through cash-based transfers, electronic food vouchers, general food distribution to vulnerable IDPs and host communities. Action Against Hunger established 60 mother groups for the “Porridge Mums” activity, a programme which supplements nutritional needs by building community stoves and providing demonstrations for cooking nutritious foods. Health training and education is also provided to prevent children at-risk of becoming severely malnourished and a ‘critical peer support network’ should strengthen these mothers’ ability to cope with nutrition challenges.



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**Danish Refugee Council:** In Nigeria, DRC provides food assistance in two main categories as follows: general food distribution-GFD (rice, oil, beans and salt) and blanket supplementary feeding to Under 2s, under 5s and PLWs<sup>3</sup>. In Niger DRC carries out targeted food distributions with special focus on 6-23 month old children and carries out malnutrition referrals for children. Culinary demonstrations and best practices sensitisation sessions are also carried out. A typical example of a referral is the case of a young boy who was brought to a stabilisation centre in MIU from the Mafa IDP camp in the first week of September 2017. The boy suffered from both SAM and bilateral oedema. The child weighed 6.7kg with a MUAC<sup>4</sup> reading of 9.9cm as at 9th October 2017 when he was admitted to the health care facility. The boy was discharged on the 30th of October weighing 8kg and 11.8 cm MUAC reading. and is now able to walk, with DRC continuing to support through BSFP. Future projects will also involve cash transfer, empowering households to make their own smart decisions. Alongside direct food assistance, DRC is also committed to providing durable solutions to the displaced through training and direct support to enable them to take up income generating activities like poultry production or small-scale farming.

## OPERATIONS AT A GLANCE

Action Against Hunger	Danish Refugee Council
Action Against Hunger has been present in Nigeria since 2010, in Niger since 1997, in Chad since 1982 and in Cameroon since 2014.	The Danish Refugee Council has been operational in Niger since 2015, where assistance in the west is focussed on the Sahel/Liptako-Gourma displacement axis, while in the east, the organisation addresses the crisis caused by non-State armed actors on the southern border with Nigeria. DRC has also been present in Nigeria since 2015 and as of October 2017 launched operations in Cameroon.
In 2016, Action Against Hunger assisted more than 4 million people across the four countries.	Since October 2016 DRC has assisted approximately 232,000 people in north-eastern Nigeria with emergency food aid, and a total of 600,000 beneficiaries across all sectors. In Niger, DRC has to date carried out targeted distributions to over 60,000 beneficiaries, including around 7,000 children aged 6-23 months in Diffa Region.
Lifesaving assistance to displaced populations and host communities, from emergency to recovery: <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Health</li> <li>• Food security and livelihoods</li> <li>• Water, sanitation, hygiene (WASH)</li> <li>• Mental health Care practices</li> </ul>	Multi-sectoral Emergency Support to some of the most vulnerable IDPs, such as for example in informal sites in Niger, and host communities <ul style="list-style-type: none"> <li>• Emergency Non-Food Items</li> <li>• Protection monitoring</li> <li>• Individual protection assistance</li> <li>• WASH</li> <li>• Livelihood programming</li> <li>• Food security</li> <li>• Protection coordination with actors at state and national level</li> <li>• Emergency Risk Education on Explosive Remnants of War to returnees and IDPs</li> </ul>

<sup>3</sup> Pregnant and Lactating Women

<sup>4</sup> MUAC: Arm's Circumference Measurement for rapid diagnosis of a child's (6-60 months) nutritional condition, 115 mm is "cut off" rate with serious risk of the child dying.

