

Photo: Susan Aklor/ Save the Children



**Save the Children**

# **NORTH EAST NIGERIA**

Children's lives and futures at risk

# BRIEFING

## FOREWORD

Six years ago, the international community stood, watched and waited as evidence emerged of a looming famine in Somalia. The early warning signs were clearly visible, as the combined effects of drought and conflict took their toll. By the time the international relief effort got into full swing, it was too late to prevent a catastrophe. Around a quarter of a million people lost their lives – over half of the victims were children under five years old.<sup>i</sup> In the countless analyses that were carried out, UN agencies recognised that delayed action had cost lives. Governments around the world pledged to ensure that the humanitarian systems would never again fail on such a scale.

Today, the international community is sleep-walking its way to another humanitarian disaster – this time in North East Nigeria. As in Somalia, a brutal armed conflict has undermined livelihoods, led to mass displacement, and decimated already inadequate health, nutrition, water and sanitation services. As in Somalia, the human tragedy is unfolding away from the spotlight of international media attention. The crisis in North East Nigeria has been crowded out of the humanitarian agenda by the highly visible disasters affecting Syria, Iraq and Yemen. And as in Somalia, lives are hanging in the balance. Some 75,000 children could die over the next year, according to the UN<sup>ii</sup> – and that figure could well prove to be an under-estimate. Nutritional data compiled from screening programmes operated by Save the Children point to Global Acute Malnutrition levels of between 20-50% in some locations,<sup>iii</sup> significantly exceeding the UN World Health Organisation emergency threshold of 15%. Other data points in a similar direction.

Headline statistics can obscure the human tragedies that lie behind every humanitarian disaster. In November 2016, during my first trip as CEO of Save the Children UK, I met Abdalla, the boy pictured on the front of this report. I met him at a nutrition screening centre supported by Save the Children on the outskirts of Maiduguri, the capital of Borno state – the epicentre of the crisis. Abdalla was immediately referred to our nutrition stabilisation unit, where his life was saved. Many others were arriving in the unit with the tell-tale signs of kwashiorkor and marasmus, the symptoms of severe malnutrition.<sup>iv</sup> Some of the mothers I spoke to had walked for two weeks to get their children treated. Many reported stories of brutality, arbitrary killing and sexual violence at the hands of insurgents. All of them were desperate for support to give their children a chance of recovery – and to give them an opportunity to rebuild their lives.

Save the Children is on the front line of the crisis, operating outpatient therapeutic sites and an emergency stabilisation unit for severely malnourished children, like the one which saved Abdalla's life. But our efforts, like those of other agencies on the ground, are being overwhelmed by the sheer scale of the crisis.

But there is one crucial difference between the tragedy that unfolded in Somalia and the situation in North East Nigeria. In Nigeria there is still a window of opportunity to prevent a full blown famine – but that window is closing fast. Last year, the international community failed to support what we now know was a greatly underestimated humanitarian appeal. Just over one-third of the 2016 Somalia appeal was funded.<sup>v</sup> Speaking bluntly, the shortfall cost the lives of many children. Estimates for 2017 point to a humanitarian financing requirement of US\$1.2bn – and donors must step up to the plate.

None of this is to downplay the responsibility of the Nigerian government. Ultimately, it is for the government to lead and coordinate the humanitarian response. There are encouraging signs. President Buhari's government has signalled a recognition of the scale of the crisis that was previously lacking. The economic crisis in Nigeria has hampered the government's efforts. Yet Nigeria is not a country so poor as to be unable to save the lives of vulnerable children in the North East. Indeed, the crisis provides an opportunity for the government to demonstrate its commitment to overcoming the marginalisation, poverty and instability that has fuelled the crisis. It is now vital that the Nigerian government and donors act decisively and at the highest political levels to reverse the drift towards a full scale famine.

This briefing sets out a set of practical actions which could avert a humanitarian crisis and provide a platform for recovery. There is nothing inevitable about the tragedy now unfolding in North East Nigeria. By acting now and acting decisively, the international community and the Nigerian government together have the power to save and rebuild lives. Failure to act in the face of the evidence now available and the opportunities to make a difference would be indefensible and unforgivable.



**Kevin Watkins**  
CEO Save the Children UK



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## INTRODUCTION

**Children in North East Nigeria are paying the heaviest price for seven years of brutal insurgency, coupled with months of intensified fighting between insurgents and the Nigerian government. Violence has forced a million children to flee their homes and schools. Many have seen friends and family killed, or been attacked and injured themselves. As new areas controlled by the Nigerian military have become more accessible, the true and devastating scale of the need is becoming clear. And in these newly accessible areas, security risks mean NGOs cannot reach all of those in need, meaning the true scale may be even higher. Even when out of reach of the fighting, children's lives and futures are being lost or compromised by increased poverty, health risks and the collapse of already limited education provision.**

**What we describe in this briefing is not a remote future risk. It is a crisis that poses a real and immediate threat to the lives of over 400,000 children stalked by the spectre of starvation. If the world and the Nigerian government fail to act, hunger could claim the lives of over 200 children every day during the course of 2017.<sup>vi</sup>**

## 1. THE BACKDROP – A REGION LEFT BEHIND

The humanitarian crisis in North East Nigeria is a case study in the lethal interaction between armed conflict and poverty. Even before the intensification of the insurgency and the military response, too many children in the North East were dying. In 2013, the North East's under-five mortality rate of 160 deaths for every 1,000 live births (160/1,000) was 25% higher than the national rate (128/1,000). Almost three-quarters of children in Borno state, the epicentre of the crisis, receive no vaccination.

<sup>vii</sup> Around 45% of children in the state were stunted as a result of malnutrition in a 'normal' year.<sup>viii</sup> Over 50% in the North East live in poverty compared to 16% in the South West – and poverty levels are coming down more slowly in the North East.<sup>ix</sup>

Children born in the North East have some of the world's most limited prospects for education – especially if they are female. While the average Nigerian can expect to receive nine years of schooling, that figure drops to just two years for girls in the North East. Half of 9 to 12 year olds in the North East have never been to school. And over half of 20 to 24 year olds have less than two years of school.<sup>x</sup>

The North-South divide in educational opportunity has contributed to wider regional inequalities. It has also been one of the underlying sources of conflict in the North East.

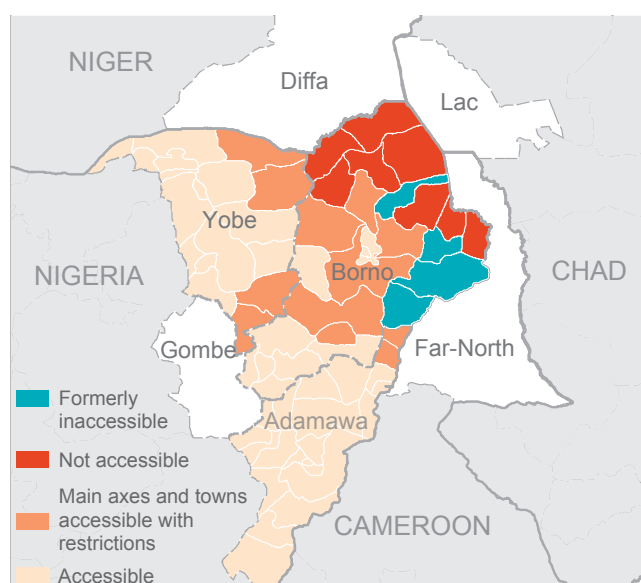
Denied opportunities for education, disenfranchised youth facing the prospect of a lifetime of insecure employment, marginalisation and poverty are easy prey for those seeking recruits for extremist causes.<sup>xi</sup>

Armed conflict has exacerbated the poverty and marginalisation. More than 20,000<sup>xii</sup> civilians are reported to have been killed as a direct result of the conflict. What has been hidden until recently is the full extent of the human suffering. The world was rightly shocked when the abduction of 276 schoolgirls from Chibok put Borno state in the media spotlight. But as Nigeria's military has retaken territory once controlled by insurgents, newly accessible areas are revealing vast areas of deprivation (see figure 1). The past year has seen up to 800,000 displaced people becoming reachable.<sup>xiii</sup> Yet even with newly accessible areas, access is highly limited due to security risks and humanitarian agencies are limited in their ability to respond.

Areas currently outside of the control of the military, such as the three northern districts of Borno almost certainly include large populations facing a humanitarian emergency. With many farmers having fled their land and not planted for several years, food shortages have left whole communities facing hunger. It is now estimated that up to 7 million people in the North East urgently need humanitarian help.

Ironically, the crisis has created new opportunities. North East Nigeria has been left behind the more prosperous parts of the country. Children born in the region are more likely to be born into poverty and less likely to attend school – especially if they are girls – than children in the South.

**Figure 1: Inaccessible areas of North East Nigeria: February 2016 versus October 2016. UN OCHA Lake Chad Basin Crisis maps.<sup>xiv</sup>**



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Health systems in the region combine limited reach with poor quality provision. An ambitious humanitarian response and recovery plan could help not just to avert hunger, but also to build the foundations for a more inclusive society through expanded opportunities for health and education.

That is why the recommendations set out in this briefing include an appeal to donors to fund a potential US\$1.2bn relief and recovery plan, linked to a longer term strategy for education.

Mass displacement has also added to the human costs. There are up to 2 million internally displaced people (IDPs) – more than half of them children. Only one-in-five IDPs are in camps, with the remainder living among already impoverished host communities.<sup>xv</sup> The state capital of Borno, Maiduguri, now hosts an estimated 1.4 million IDPs, almost doubling the population. Access to services differs between the camps and host communities, with those in host communities reporting the highest needs. Little of the limited aid that is available reaches host communities.<sup>xvi</sup> Millions of people are without access to clean water, food, medical care and shelter. Displacement from newly accessible areas also poses huge challenges for humanitarian agencies, given that even with military advances, access is highly restricted and the environments are insecure and often dangerous.

The conflict in Borno and other North Eastern states has left a devastating mark on social infrastructure. An already limited education system has been further depleted. Over 600 teachers have been killed and 19,000 displaced.<sup>xvii</sup> North Eastern states are also suffering from a chronic lack of healthcare professionals, many of whom fled for safety during the crisis, or were abducted or killed.<sup>xviii</sup>

## 2. THE HUMANITARIAN CRISIS

Nigeria is today facing what may be the worst humanitarian crisis in sub-Saharan Africa. Malnutrition is at the heart of that crisis.

### Full-scale famine remains a threat

By November 2016, UN OCHA estimated that 4.7 million people were living in a state of food insecurity and facing imminent risk of hunger. The number of food insecure people has increased by more than 50% since March 2016.<sup>xix</sup> The number requiring urgent food assistance just to survive has increased by a factor of four to over 1 million. The Famine Early Warning Systems Network estimates that more than 65,000 people are in famine.<sup>xx</sup>



**Rakiya\* with her one remaining child, Saliha\*, in a Save the Children stabilisation centre. Saliha, is visibly malnourished – very thin, distressed and unwell. Doctors are treating Saliha and are hopeful that she will make a recovery.**

**\*Names have been changed to protect their identities.**

What the headline figure obscures is the stark threat facing children. At least 2 million need assistance, along with 400,000 breastfeeding mothers and pregnant women. Up to 400,000 of these children face life-threatening malnutrition.<sup>xxi</sup> There is a very real risk that 75,000 could lose their lives in 2017 – a figure that translates into 200 deaths every day. And for every death, another five children will be left stunted by hunger, with devastating consequences for their health, education and prospects for escaping poverty. For many children, it is already too late. An unknown number have succumbed to hunger and disease, with hundreds of children's graves discovered in newly accessible areas.<sup>xxii</sup> The challenge now is to save the lives at risk.

Save the Children has witnessed at first hand the human costs of the conflict, through our operations in nutrition, health, child protection, education, water and sanitation, and livelihood support (see final page for summary for Save the Children's programming). We have also witnessed the delayed international response. As the crisis has intensified, we have established seven outpatient therapeutic sites and an emergency stabilisation unit to which children with life-threatening malnutrition can be referred for treatment. Children referred to the centre display the classic symptoms of kwashiorkor, marasmus and extreme hunger, with distended stomachs, pencil thin limbs, loss of hair, acute anaemia and severe skin conditions. Most arrive with complicating conditions, including diarrhoea and pneumonia.

The stories of these children and the experiences of their parents are distressing. Many of the children being treated have been carried or walked for between three



Photo: Susan Afolad Save the Children

**Dr Bot examines three year old Shuri\* at the Save the Children stabilisation centre in Maiduguri. Shuri\* and his sister Rukaiya\* were admitted with severe malnutrition and malaria.**

“We fled here two years ago. The insurgents came and scattered people from a lot of villages and this was the closest safe place. We thought it would be better after the election so we tried going back, but they came back and burned down the village. They came to the market and killed over 40 people. I was at home but my husband was there. He managed to escape. When we ran we used a wheelbarrow to take some clothes and food like grains. But we left everything else.

The biggest challenge is food. We can’t run a business. Back at home we would farm. Now, no one can go where our farm was.

Now my husband carries water from the borehole to make a little money. Normally we eat once a day or not at all. This year is worse than last year. There have been several times when we have not eaten for days. Sometimes we have gone as many as five days without food. When we do have money, we often have just 100 Naira (25p) to feed the whole family for a day. 100 Naira for food for seven children. We don’t have money for fuel to cook. We take cassava flour, soak it in water and drink it and that is all.

My children have changed so much for the worse. They can’t do anything. They can’t run errands or play because they are so hungry all the time.

With Rukaiya, it started with malaria. When there is no food the slightest sickness becomes so much more serious. One of the community volunteers saw my children and told us to go to the nutrition clinic. Rukaiya was almost dead and ready to be buried. She was just crying. She couldn’t even talk.

\*Names have been changed to protect their identities.

days and two weeks from areas like Mafa and Konduga. Mothers describe acts of extreme brutality, including the killing of husbands and children – acts witnessed in many cases by surviving and deeply traumatised children (see box). One mother in Save the Children’s stabilisation clinic in Maiduguri told of how her husband, uncle and three children were beheaded in front of her.

Another, Rakiya (previous page), told of her husband being killed by the insurgents who burned everything she owned. She fled with her two young children. One died of measles and the other, one-year-old Saliha, was fighting for her life in the stabilisation clinic.

The children who make it to nutrition clinics operated by Save the Children and the handful of other agencies operating in Borno state are, in some respects, the lucky ones. Most would not survive without treatment. Yet for every life saved, many that could be saved are being lost because children are beyond the reach of help. Another concern, widely voiced by parents in Save the Children clinics, is that children leaving the stabilisation clinic are returning to an environment marked by extreme poverty, rising food prices, and little or no support.

Inflation and escalating food prices are compounding the crisis by pushing essential foods further and further out of reach. Sorghum, millet and maize prices have all close to doubled in the space of a year. One of the factors driving price inflation is the depreciation of the Nigerian Naira, which has lost more than 40% of its value since early 2016.<sup>xxiii</sup> This makes imported foodstuffs more expensive. Meanwhile, mass displacement has reduced planting and prospects for the 2017 harvest. Despite the expected good rainfall, many will have been unable to plant and harvest, with the next planting season from Spring/Summer 2017.<sup>xxiv</sup>

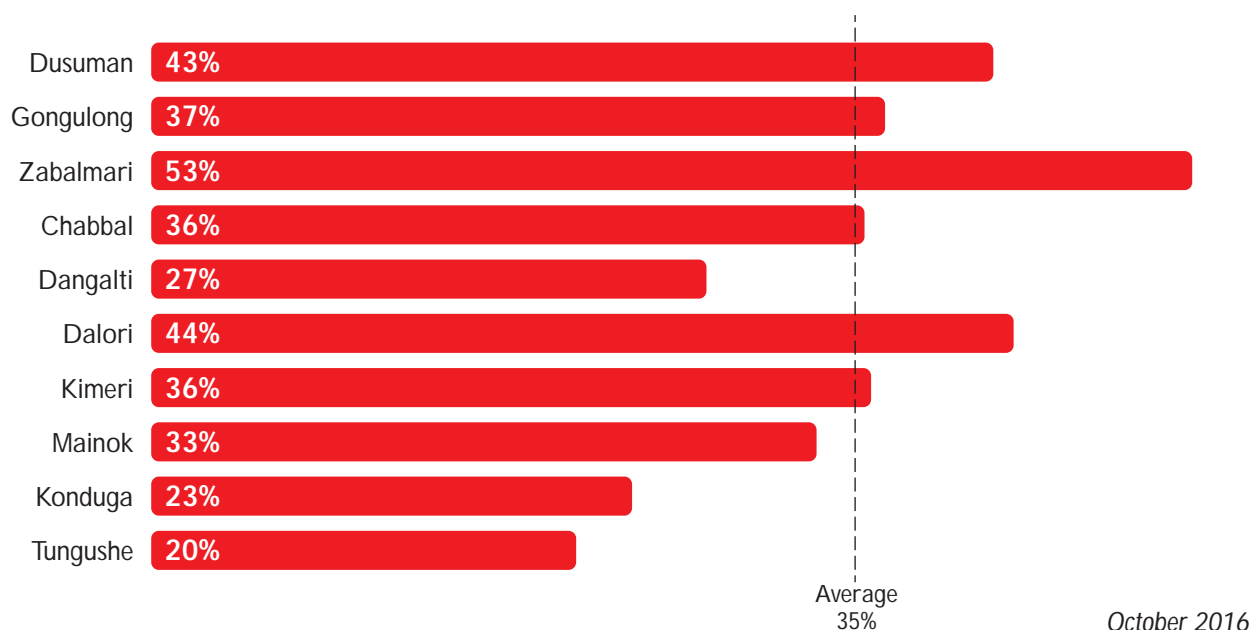
Evidence from Save the Children’s health sites in Borno illustrates the scale of the threats (See graph on following page). Our teams collected data from Mid-Upper Arm Circumference (MUAC) screenings of up to 27,000 children across ten communities in two Local Government Authority areas – Jere and Konduga – in Maiduguri, the capital of Borno state. The results captured severe and moderate acute malnutrition rates in some locations, ranging from 20-52%, significantly exceeding the UN World Health Organisation’s emergency threshold of 15%. Several caveats have to be attached to the data; uncertainties over population size and the status of the surveyed population make it difficult to establish either the level of representation, or the degree of selection bias that may come with IDP status or the specific characteristics of children. However, our data does confirm wider evidence pointing towards a nutrition emergency. These levels reflect an Extreme Critical level of acute malnutrition associated with greatly elevated risks of child mortality.

## Wider humanitarian needs

While malnutrition poses very immediate threats to survival, it is just one aspect of the crisis. Mass displacement has left 1.6 million in urgent need of shelter. Critically, some 7 million need support for early recovery, the restoration of livelihoods, and agricultural production.

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## Save the Children's MUAC screening data of 10 communities in October 2016.<sup>xxxv</sup>



Other priorities include:

### Education

At least 1 million displaced children are in urgent need of education.<sup>xxxvi</sup> In one IDP camp – Muna Garage in Maiduguri – more than 2,000 children had been without education for almost a full school year.<sup>xxxvii</sup>

### Health

3.7 million people need access to primary health care services to meet emergency needs. With millions of families cut off from government resources during the seven year insurgency, many children have been left unvaccinated and vulnerable to disease.<sup>xxxviii</sup> Hundreds of health facilities have been damaged or destroyed, particularly in Borno state. The consequences are clearly visible. Measles is a major threat to children in IDP camps and beyond. Malaria and Acute Respiratory Tract Infections are widespread.<sup>xxix</sup> HIV cases are also on the rise in camps, largely due to sexual abuse.<sup>xxx</sup>

### Water, sanitation and hygiene (WASH)

6.2 million are in urgent need of water and sanitation. The majority of IDP camps have below-standard access to water, and inadequate access to sanitation. In Borno, 35,000 IDPs have access to less than the minimum requirement of 15 litres of water per person per day. In areas that were taken over by insurgents, returnees are arriving back in their homes to find 40% of WASH

infrastructure damaged or destroyed.<sup>xxxi</sup> All of this adds up to potentially life-threatening consequences, raising the likelihood of waterborne diseases such as cholera, which broke out in Nigeria in 2014 and 2015. Old killers are also re-emerging. In August, less than 12 months from being certified as polio-free, Nigeria had its first new cases of polio in two years.<sup>xxxii</sup>

### Child protection

The conflict has been characterised by systematic, widespread and grave violation of children's rights. Killing, abductions and sexual abuse, and the forced recruitment into militias has been tragically commonplace.<sup>xxxiii</sup> Many children have witnessed atrocities first-hand, or have themselves been subject to attacks, and are in desperate need of psychosocial support.<sup>xxxiv</sup> More than 2.7 million children are in need of protection, including more than 20,000 children who have become separated from their parents or guardians, and many who have been orphaned.<sup>xxxv</sup> More than a quarter of the children on the Save the Children child protection database are orphans. With many schools closed and the healthcare system devastated, unacceptably large numbers of children now have nowhere to turn. Some young girls and women are now living with children who were born as a result of sexual violence – and they are at risk of rejection, abandonment and violence.<sup>xxxvi</sup>



**Nura\* (15), Masaf\* (14) and Yahaya\* (13) are three brothers whose entire community was captured and imprisoned for over three months. They've been receiving psychosocial support in Save the Children's Child Friendly Space in the camp they are now in.**

"The day our village was attacked, our teacher was with us. They cut off our teacher's head with a sword. They used many trucks to move us and they kept us for three months. We were separated from our parents. The girls were kept separate, the bigger boys also. Not long after we had been taken, two women were killed in front of all of us. They said it is a warning for everyone. One morning, they brought out our parents. They said they wanted to make peace with them. They told us not to worry. We heard gunshots. We heard our parents screaming. We all started crying. They killed our parents. They dropped them in a well. They told us to stop crying or we will also be killed. We lived in fear of being killed every day. We heard the voices of our parents screaming inside our heads. Sometimes we would wake up screaming at night. They told us to be quiet or they will kill all of us. We escaped when some people came shooting at our captors. We hid under a rock. We were there for one week. We wanted to go back to our village. On our way, we heard gunshots. We climbed a tree. We stayed the night in the tree. The youngest amongst us fell ill. We walked the whole day to the next village. They gave us water and bread. We trekked another day before we came to the road. A driver picked us up on the road. That was how we came here."

\*Names have been changed to protect their identities.

Disturbing as these figures may be, the situation could deteriorate. As the Nigerian army continues its advance into insurgent strongholds in areas bordering Niger, Chad and Cameroon, it is almost inevitable that more humanitarian suffering will be revealed. Security risks for humanitarian agencies and others to newly accessible areas also mean limited ability to respond. There are up to 600,000 children trapped in currently inaccessible areas, but true numbers are not known.<sup>xxxvii</sup> At the same time, some displaced populations are likely to return to their homes and farms. With potentially 230,000 IDPs returning in Adamawa and Yobe states and between 150,000 to 500,000 returnees in Borno, this will create further demands, ranging from mine clearance, to health and education, and support for livelihoods. There are, of course, many other scenarios.<sup>xxxviii</sup> But the one certainty is that the international community and the Nigerian government must prepare immediately and urgently for a dramatically scaled-up humanitarian response.

## 3. THE HUMANITARIAN RESPONSE – TOO LITTLE, TOO LATE

The international community was slow to recognise the severity of the humanitarian crisis in Nigeria's North East. Relief agencies were slow to establish a significant presence on the ground – and the response was hampered by poor coordination. Nigerian authorities were also slow to act. Prior to the election of President Buhari in February 2015, the government appeared reluctant either to acknowledge the scale of the emergency or to seek international support.

The UN humanitarian appeal in 2016 illustrates the extent of the failure. Over the course of the year, the appeal was gradually ratcheted up as the government and aid agencies began to recognise the scale of the problems. However, only 38% of the appeal was funded by the end of October 2016 – and only a fraction of this amount had been spent. Food security, the single highest priority identified in the appeal, was less than half funded. And less than one-fifth of a limited US\$23m education appeal was resourced. As a result, only 39% of the school-aged children targeted through the 2016 Humanitarian Response Plan – roughly 233,561 children – have been reached with education, in most cases with only minimal levels of provision. The protection work received just 11% of its target funding. No funding had been made available for livelihoods and early recovery (see Figure 2).

Given the severity and scale of the crisis, relatively few donors responded to the humanitarian appeal on any scale. As illustrated in Figure 3, the UK, the US and the European Commission accounted for almost two-thirds of consolidated humanitarian funding.

As this report was going to press, the Nigerian government and donors were finalising the needs assessment for the 2017 humanitarian appeal. Indicative estimates point to a donor financing requirement of around US\$1.2bn. Achieving this target will require an increased effort on the part of the small group of donors who now dominate funding. But it is critical that other major G7 and G20 donors also do more, along with smaller donors.

Increased humanitarian aid is just one part of the equation. The effectiveness of that aid will hinge on the effectiveness of coordination across UN agencies, and between those agencies and the Nigerian government. There are encouraging signs on both fronts. Both UN OCHA and UNICEF, alongside international donors such as ECHO, have played a critical role in communicating the scale of the crisis in Nigeria. Under President Buhari, the Nigerian government has strengthened coordination by appointing an inter-departmental humanitarian response unit led by a senior minister. An Emergency Coordination



Photo: Dan Stewart/Save the Children

**Halima\*, 16, was taken by the insurgents and married to one of them for around four years. Save the Children provided her with clothes, blankets, mats and soap, as well as emotional and psychosocial support to help her start to recover from her experiences.**

"I was captured when I was 13. I was already married and Ali had been born. They killed my father and husband, then tied my mother to a tree and eventually shot her. When they had killed everyone else, they told me to come with them. I resisted, so they threatened me with a gun. They tied me to a tree. They told me I would get married to one of them but I told them I never would after they had killed my family. They told me I had no choice. I was married two days later.

From when I was married, all the other men turned their backs on me as it is forbidden for them to look at another man's wife. They gave me food but I didn't speak to anyone apart from Ali the whole time. All I could think was that my family was dead and I had no one.

When my husband came, I made trouble. I wouldn't get him water or cook him food or acknowledge he was my husband. So he reported me to the others. They stood outside the house and shouted at me, and asked 'Why are you doing this?' I said 'You killed my loved ones. What do you expect? It would be better if you killed me too'.

Eventually I became pregnant. When I was eight months pregnant the news came that my husband had been killed in the fighting. Soon after, I heard war and I knew it was the military.

I think about my time with the insurgents a lot. When I see men approach, I get scared. In the future, I started to be at peace – but now I'm worried as I have run out of food. My basic problem is things like food. I hope to feed my family. I need a business or a job. I hope my children get an education and they are protected from ever seeing and experiencing the things that happened to me".

\*Name has been changed to protect their identity.

While the humanitarian emergency is the immediate priority, the crisis also presents an opportunity to put in place the foundations for a secure recovery. Health, education and livelihood systems cannot be rebuilt on the basis of short term humanitarian appeals. That is why both the Nigerian government and donors must supplement humanitarian support with long term development finance. The North East has suffered for too long as a result of unequal public spending. Sustained recovery will require more equitable patterns of budget spending. At the same time, donors could draw more effectively on multilateral financing.

Education provides an example. The North East's IDP population includes around 1 million children, some of whom were previously in school, but many of whom were not. Whatever their prior status, there is now an opportunity to get these children into school – and to extend opportunities to children in areas that are now more secure. The humanitarian recovery plan should include a provision for getting 200,000 IDP children into school over the next school year, whether in camps or through the introduction of double-shift systems in host communities. Furthermore, the humanitarian response should be linked to a strategy for getting an additional 1 million children into school over the next three years. The Education Cannot Wait fund could provide catalytic funding for 2017, with the Global Partnership for Education and the World Bank's IDA facility providing longer term technical and financial support.

Other more innovative financing opportunities present themselves, including the recovery of funds stolen through corrupt practices and their deployment for the humanitarian response in the North East. Large sums of illicit finance from Nigeria are laundered through banks and the property markets in the UK. Four years ago when James Ibori, a former governor of Nigeria's oil-rich Delta state, pleaded guilty to £50m in fraud and money laundering, the presiding judge described the theft as "financial criminality on an eye watering scale." Last year, another former oil minister was arrested in London on charges, which she denied, of fraud following investigations by the National Crime Agency. While it is difficult to establish the amount of funds recovered as a result of such investigations, authorities in the UK put the overall amount at around £1.2bn – and accounts for a significant amount of this figure.

Criminal assets stolen from Nigeria and seized in the UK can now be returned to Nigeria. Under a Memorandum of Understanding agreed in September 2016, the two countries agreed on measures to prevent these assets being returned to criminal accomplices. As part of the agreement, the Nigerian government also pledged to use any returned funds for projects that will benefit the poorest members of society. It is difficult to think of any project more deserving of support against this criterion

Centre has also brought together the key UN agencies, NGOs and government ministries to estimate financing needs and plan a joined-up response, both at the federal and state levels.



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than the humanitarian effort in North East Nigeria. As a matter of urgency, the UK and Nigeria could seek to expedite, with immediate effect, the transfer of criminally obtained funds held in London to a specially created joint UN-Government of Nigeria project fund geared towards relief and recovery in North East Nigeria. Similar principles could be applied in Nigeria itself, where President Buhari has made anti-corruption and the recovery of stolen assets an early hallmark of his presidency.

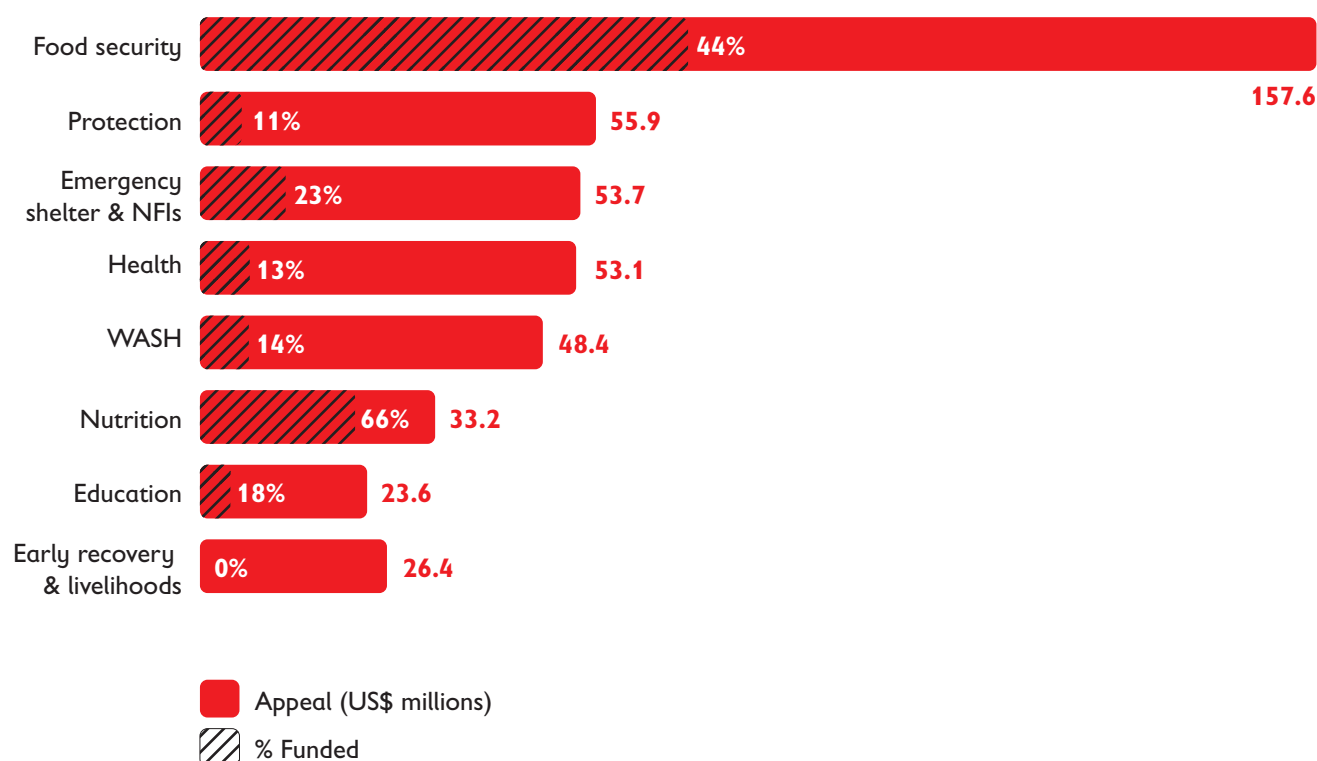
The UK should play a full and constructive role in returning stolen assets. These assets have in many cases been channelled through UK jurisdictions with poor disclosure requirements, and have been laundered through UK banks.

## Policy recommendations

The crisis in North East Nigeria has already inflicted immense suffering on the people of the region – and children are bearing the brunt. Far worse could be in store. Both the international humanitarian community and the Government of Nigeria must learn from the mistakes of the past year and ensure that 2017 becomes a year of recovery. Five priorities stand out:

1. The Humanitarian Response Plan for 2017 should reflect the level of need to be addressed – and it should be fully funded. Early estimates are that around US\$1.2bn will be required for 2017. Shortfalls from that level will inevitably cost lives and compromise prospects for recovery. It is therefore imperative that all major G7 and G20 donors scale up their humanitarian support. Moreover, there is an urgent need for financial pledges to be converted into early spending on the ground.
2. Maternal and child nutrition and health is a first order priority. Around 400,000 children are in urgent need of nutritional support – and 75,000 lives are at immediate risk. 400,000 breastfeeding mothers and pregnant women are also in need. It is imperative that the international community, national and local government, and NGOs act now to expand nutritional screening, increase support for emergency stabilisation units, and introduce large scale supplementary feeding programmes. Cash transfer programmes for breastfeeding mothers are also vital.
3. Humanitarian aid must reach those in greatest need. As the Nigerian army continues its advance into insurgent strongholds, it is almost inevitable that more humanitarian suffering will be revealed. International governments and donors should use their influence to support the Nigerian government in providing safe, demilitarised and unhindered access to communities in

**Figure 2. The 2016 Humanitarian Response Plan, broken down by sector. The 2016 Appeal required US\$484 million but is currently only 38% funded.**



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need. Humanitarian assistance must be demonstrably independent of military actions and objectives and all actors must respect the right of civilians to access humanitarian aid.

4. Donors and government should link the humanitarian effort to longer term strategies for recovery. The only secure foundation for escaping recurrent humanitarian emergency is the recovery of agricultural production and restoration of livelihoods. For IDPs returning to the lands and communities across the North East, provision must be made for the seeds and other agricultural inputs needed to ensure a successful 2017 harvest.
5. Education should be put at the heart of the recovery strategy. Education figures prominently in the symbolism and the substance of the conflict in the North East. Insurgents opposed to 'western education' are able to call up recruits denied a chance for any education in a region where opportunities for schooling are heavily skewed against girls. The 2017 humanitarian funding for education should be viewed as the catalyst for a concerted drive aimed at expanding learning opportunities for 1 million children over the next three years. To that end, the Nigerian government should seek support from the Education Cannot Wait Fund and the Global Partnership for Education.
6. Corruption-for-humanitarian-investment swaps. The UK government should expedite the transfer of funds seized in London, as a result of anti-corruption, fraud and money-laundering operations, to Nigeria. It is unacceptable to delay the return of funds stolen from Nigeria, some of which have been sitting in UK government accounts for several years. The economic slowdown in Nigeria and the humanitarian crisis in the North-East add to the urgency. Once received, the Government of Nigeria should make good on their pledge to use returned funds to support the poorest of society and help fund the humanitarian response in North-East Nigeria. Both governments should consider a specially created joint UN-Government of Nigeria humanitarian relief fund as a recipient. Other OECD countries and the Nigerian government itself should apply the same principle.

**Figure 3. Contributions to the Humanitarian Response Plan projects (US\$185.8 million) and projects not listed in the Response Plan (US\$ 162.9 million) by Donor.<sup>xi</sup>**

Country/group	Contribution (US\$million)
United States	103.0
United Kingdom	93.3
European Commission	52.4
Central Emergency Response Fund	24.2
Germany	15.4
Switzerland	9.2
Sweden	7.5
Allocation of unearmarked funds by UN agencies	7.3
Japan	6.5
Canada	6.0
Netherlands	6.0
Private	4.3
Belgium	3.8
Ireland	2.9
Italy	2.3
France	1.8
Norway	1.1
Others	1.9

# BRIEFING

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7. Child focused aid. With more than half of IDPs under the age of 18, children must be the top priority. The response must focus on, among others, alleviating severe malnutrition, protecting children at risk, long-term food security, and education. It is critically important that children, including former child soldiers and those who are survivors of gender based violence, are supported in re-integrating into their communities and provided with the support they need, including psychosocial support.

## **SAVE THE CHILDREN'S RESPONSE IN NORTH EAST NIGERIA**

In Borno, Save the Children is currently operating in the Local Government Authorities of Maiduguri Municipality, Biu, Jere, Mafa and Konduga.

Save the Children is on the ground responding to the urgent needs of displaced children and families. We are providing life-saving food and treatment for severe malnutrition, installing latrines and water pumps to help people stay healthy, training foster carers and providing case workers to ensure vulnerable children and those without their parents have the care and support they need to start recovering from their traumatic experiences. We have an early childhood care and development centre where young children go to keep up their education, and child friendly spaces where displaced children can play with support from our trained teams amid the heartbreak and chaos.

We have teams of volunteers who visit communities throughout the region to look for children who may be malnourished. They refer suspected cases to our seven outpatient therapeutic feeding sites. We have screened over 40,000 children and provided more than 12,000 children with life-saving treatment for severe malnutrition, followed up by feeding, counselling and support to ensure they have the best chance of a full recovery. When we find displaced children who are severely malnourished, with complications such as respiratory infections, we refer them straight to our stabilisation centre where they can receive the inpatient care, treatment and medicines they need.

We currently provide food assistance to 7,500 families, with plans to reach another 5,000. The support is provided in the form of electronic vouchers which are handled through a mobile platform. We link our food assistance with our nutrition programming to ensure pregnant women and new mothers receive any support they may need and malnourished children get treatment.



# BRIEFING

- i UN: Somalia famine killed nearly 260,000 people, half of them children – reports UN <http://www.un.org/apps/news/story.asp?NewsID=44811#.WDwf0GILtcs>
- ii UNICEF: Calculated from 75,000 total cited in UNICEF press release 29 September 2016: [https://www.unicef.org/nigeria/media\\_10671.html](https://www.unicef.org/nigeria/media_10671.html)
- iii Save the Children's monthly malnutrition screening of approximately 10 communities in Borno, North East Nigeria, showed that up to 50% of children were acutely malnourished in some communities. In October 2016, 27,373 children were screened. 6 out of the 10 communities exceeded the WHO threshold on severe acute malnutrition of 2%, and all exceeded the threshold on GAM (combined rates of severe and moderate) of 15%.
- iv "Kwashiorkor – Clinical form of acute malnutrition resulting from protein-energy deficiency characterized by oedema (swelling). Children with kwashiorkor typically have bilateral pitting oedema, reduced fat and muscle tissue, skin lesions (dermatosis) and frequent skin infections, and appear apathetic and lethargic". "Marasmus – Clinical form of acute malnutrition characterized by severe weight loss or wasting. Marasmic children are extremely thin and typically have grossly reduced fat and muscle and thin flaccid skin, and are irritable." [https://www.unicef.org/lac/Nutrition\\_Glossary\\_\(3\).pdf](https://www.unicef.org/lac/Nutrition_Glossary_(3).pdf)
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- xiii OCHA, 2016 <http://www.unocha.org/nigeria/about-ocha-nigeria/about-crisis>
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- xvi ACAPS Impact of insurgency: North East Nigeria Scenarios (to July 2017) <https://www.acaps.org/country/nigeria/special-reports>
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