



NIGERIA'S DISPLACED WOMEN AND GIRLS: HUMANITARIAN COMMUNITY AT ODDS, BOKO HARAM'S SURVIVORS FORSAKEN

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Front cover: An IDP women and her children living in a host community in Maiduguri.
This page: IDPs living in a host community in Maiduguri.

INTRODUCTION

It has been two years since the world's deadliest terrorist organization – Boko Haram – abducted 271 girls from their high school in the town of Chibok – a tragedy that would shine much needed international attention on conflict in northeastern Nigeria. Sadly, the Chibok girls are only one part of a much larger story of violence against women and girls in the northeast. But the attention on this remote corner of the Sahel has not translated into sustained humanitarian assistance for all those that have been affected. Humanitarian stakeholders are under tremendous strain due to the enormity of the emergency, conflicts between aid agencies, limited resources, and an ineffective partner in the Nigerian state. As a result, the needs of all those whom the Chibok girls symbolize – thousands upon thousands who have suffered gender-based violence at Boko Haram's hands – are being unaddressed. Moreover, the lackluster humanitarian response is placing women and girls affected by Boko Haram at further risk of gender-based violence.

RECOMMENDATIONS

- ❑ The Nigerian government and the Nigerian Red Cross should work with international organizations to carry out a missing persons registration exercise and facilitate family tracing and reunification for those fleeing or rescued from Boko Haram.
- ❑ With the support of the Humanitarian Country Team (HCT), the Protection Sector Working Group (PSWG) and Gender-Based Violence (GBV) sub-working group must prioritize the establishment of a formal referral mechanism between Nigerian authorities and humanitarian organizations so that displaced women and girls can access GBV screening and services.
- ❑ Donors and humanitarians must significantly increase investments in GBV-specific prevention and response programs.
- ❑ The GBV Area of Responsibility should deploy personnel to train all sector working groups on the new Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and assist in developing an action plan to integrate gender considerations into their work.
- ❑ The United Nations Population Fund (UNFPA) must appoint a full-time coordinator to the GBV working group in Maiduguri.
- ❑ The PSWG should establish a Mental Health and Psychosocial sub-working group, and hold all organizations implementing psychosocial programming accountable to the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
- ❑ The Nigerian government and international donors should dramatically increase its food security assistance portfolio for internally displaced persons (IDPs) in the northeast.
- ❑ The Global Camp Coordination and Camp Management Cluster (CCCM) should deploy technical assistance to work with the National and State Emergency Management Agencies (NEMA and SEMA, respectively) on developing camp management standards and procedures that ensure timely and equitable delivery of food and non-food items.
- ❑ The Food Security Sector Working Group (FSWG) and the PSWG should work jointly to integrate protection into food security assessments and program planning.
- ❑ Donors should hold humanitarian agencies accountable for integrating protection in all food security programming.
- ❑ The UN Office for the Coordination Humanitarian Affairs (OCHA) secretariat should deploy a team to facilitate a retreat for the HCT to formulate joint strategies around advocacy and government engagement, fundraising, and information management and analysis.
- ❑ With support from the Inter-Sector Working Group, the HCT must develop a clear and robust stand-alone advocacy strategy targeting Nigerian authorities.
- ❑ Humanitarian organizations should engage with the diplomatic/donor community as an ally, and the diplomatic/donor community must continue to use its leverage to assist the humanitarian community in fulfilling its protection and assistance mandate, with the full cooperation of the Nigerian authorities.
- ❑ The IASC Principals must hold the HCT and sector working group leads accountable to the standards set forth in the IASC Reference Module for Cluster Coordination at Country Level for the sector working groups.

BACKGROUND

Northeast Nigeria has been the primary theater for the militant group Boko Haram's insurgency since 2009.¹ Violence has ebbed and flowed over the years as the insurgents evolved from a homegrown uprising against the police in three states to a more sophisticated and ruthless extremist Islamist group, which pledged allegiance to ISIS in 2015. The sheer brutality of Boko Haram, marked by mass abductions, indiscriminate killings, suicide bombings, sexual violence, and slavery, has earned it the unsavory designation as the world's deadliest terrorist group.² The toll is not certain, but reportedly 20,000 have been killed as a result of the insurgency.³ In 2014, Boko Haram intensified its attacks, resulting in a sudden growth in the number of internally displaced persons (IDPs) arriving in Maiduguri, the capital city of the northeastern state of Borno.

Much criticism, both domestic and international, has been leveled at the Nigerian government for its perceived failure to deploy a more robust strategy to eliminate the scourge of Boko Haram. Muhammadu Buhari made the defeat of Boko Haram a central pillar of his successful campaign for the 2015 presidential elections. He assumed power in May 2015, and in December announced that Nigeria had technically defeated Boko Haram – a declaration found to be outlandish by many Nigeria watchers, as violence continues.⁴ Although the validity of this statement is arguable, the Nigerian Army (NA) did intensify its campaign against Boko Haram in 2015, “liberating” – in their words – areas that were under the militants’ control. This campaign resulted in further displacement in Borno, including into Maiduguri.

Multiple reports document the horrors that women and girls have experienced under Boko Haram.⁵ Further, a recent report documents the difficulties that abducted women and girls have reintegrating back into their families and communities, particularly for those labeled as “Boko Haram wives.”⁶ Yet there

The humanitarian crisis facing the aid community in the northeast is nothing short of daunting.

is a dearth of information on what and how humanitarian assistance is serving the very specific needs of these women and girls.

In February 2016, Refugees International (RI) conducted a mission to Nigeria to assess the needs of those displaced in Borno State, and how the humanitarian community can best serve women and girls. The RI team met with federal and state authorities, the UN, international non-governmental organizations (INGO) and community-based organizations, human rights defenders, local volunteers, members of the donor and diplomatic communities in Abuja and Maiduguri, and IDPs and host community members in Maiduguri.

THE HUMANITARIAN PANORAMA

The humanitarian crisis facing the aid community in the northeast is nothing short of daunting. According to the 2016 Humanitarian Needs Overview (HNO), 14.8 million people are affected in four states of the northeast.⁷ The UN estimates that of this number, seven million are in need, three million of whom are estimated to be entirely inaccessible. It is worthwhile to note, however, that precise numbers are difficult to attain due to the humanitarian access constraints. This is especially the case for Borno, where nearly 70 percent of the territory was inaccessible at the time of the HNO.⁸ Consequently, most humanitarians believe that the numbers of people in need are much higher.



Overall, there are an estimated 2.2 million displaced in the northeast, according to the International Organization for Migration's most recent displacement tracking exercise.⁹ This is a sharp increase from the much more modest figure of 261,000 in December 2014, as per the HNO.¹⁰ The vast majority of the displaced – 1.3 million – are in Maiduguri and its environs. Their arrival more than doubled the population of the city in a single year.¹¹ Only approximately eight percent of the IDPs are in government-run IDP camps or settlements. The Nigerian authorities only deliver humanitarian assistance to those in camps, which are managed

by the National and State Emergency Management Agencies (NEMA and SEMA, respectively). The remainder must fend for themselves, depending on the kindness of relatives and hosts among the local population – hosts that are increasingly exhausting their limited resources – as well as local faith-based institutions that have neither the resources nor the expertise to deliver humanitarian aid. A very small percentage of IDPs are being served by the small INGO community.

Access to food – both in and out of the camps – was the primary concern cited by IDPs with whom RI spoke. According to figures released in March 2016 by the UN Office for the Coordination of Humanitarian Affairs (OCHA), an estimated 2.5 million children are malnourished. Within the government-run camps, the number of displaced far outstrips the number of water, sanitation, and hygiene facilities that international standards call for in camp settings, forcing women and girls to wait for hours in lines, with many ultimately opting for open urination and defecation. One INGO working in the host communities in Maiduguri asserts that nearly every household is housing

IDPs, in some cases multiple families, and host families are now selling their assets to be able to feed displaced people under their care. Livelihood opportunities are grossly limited for those living both inside and outside of camps. Finally, several displacement sites have been targeted by Boko Haram suicide bombers, leading to restrictive policies involving basic human rights such as freedom of movement, which impact

both IDPs' protection and their ability to participate in income-generating activities.

Against this backdrop, at the time of RI's visit, there were only a handful of UN agencies, with very limited personnel, and less than ten international organizations operating in Maiduguri. At time of writing, the 2016 UN humanitarian appeal for Nigeria is dangerously underfunded.

As of April, only \$33.7 million of the \$248 million proposed for the UN humanitarian response plan—just 14 percent—has been met.¹²

“The scale and speed with which it became an unignorable emergency surprised us all.”

-INGO Representative, Abuja



PROTECTION: DISPLACED WOMEN & GIRLS

Boko Haram's survivors, in the shadow of humanitarian action

The humanitarian crisis in Borno State has led to infinite protection risks for women and girls. Boko Haram has abducted countless women and girls throughout its campaign in the northeast. No one is entirely certain how many women and girls have been abducted to date, in part because the Nigerian authorities have yet to respond to civil society's desperate calls for a survey in the northeast, by which families could register the data of their missing. Whatever the figure, it is surely dwarfed by the number that have been exposed to Boko Haram's brutality during its campaign to overrun and control territory, of which gender-based violence (GBV) has been a feature. Definitive counts of those who have been subjected to Boko Haram's rule in this manner are difficult to come by, but it is reasonable to believe that it figures in the thousands. As IDP numbers swell in Maiduguri, so do the number of women and girl survivors of Boko Haram's horrifying GBV tactics. As the NA clears Boko Haram from territory, it rescues people who had been trapped, the majority of them women

and girls, and takes many of them to displacement sites. In the month of March 2016 alone, troops had rescued 11,595 hostages from Boko Haram, according to NA Spokesman, Colonel Sanu Usman.¹³

Amnesty International, Human Rights Watch, International Alert, UNICEF, and several journalists have all reported on the horrors of life under Boko Haram and the very specific needs of women they have interviewed— medical, psychological, livelihood, and community reconciliation opportunities. Yet it is RI's assessment that there has been minimal effort to identify and/or address these women and girls' needs, much less target them as priority beneficiaries for any programming.

According to humanitarians with whom RI spoke, Nigerian authorities share little to no information on its process for vetting women and girls and releasing them. Some humanitarians, however, believe that it is quite simply because there is no formal process. Further, there is no process for identifying women and girls that have escaped and fled to Maiduguri without the assistance of the military. And there is no mechanism by which the military and humanitarians can coordinate to identify women and girls so they can benefit from much-needed services.

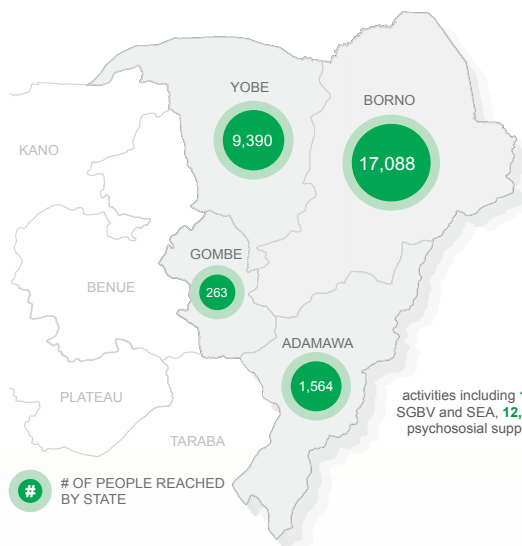
RI interviewed one 14-year-old¹⁴ who exemplified the protection risks this situation creates. She was abducted during an attack on her village of Baga and taken as a wife by a Boko Haram



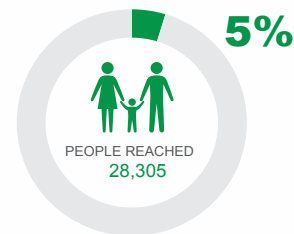
IDP women and children living in a host community in Maiduguri.

Zero GBV survivors received specialized care or integrated services.

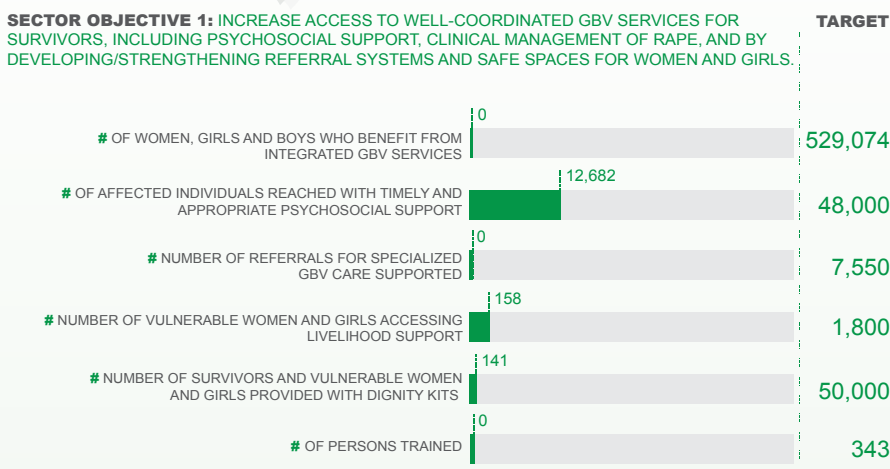
Source: January-February 2016 Protection Impact Snapshot, The Nigeria Protection Sector Working Group.²⁵



PEOPLE IN NEED **1.5M**
PEOPLE TARGETED **600K**



CURRENT SITUATION
28,305 individuals reached with SGBV activities including 15,104 persons reached through community sensitization on SGBV and SEA, 12,682 affected individuals reached with timely and appropriate psychosocial support, 141 individuals provided with dignity kits, 158 vulnerable women and girls accessing livelihood support.



fighter. After one year in captivity, she and two other girls seized an opportunity to escape. They walked to Maiduguri over the course of a week and made their way to a government-run camp. She explained to the camp guards that she had just escaped captivity, and after being screened with a metal detector, she was allowed in. During her short-lived time in the camp – three days – she did not benefit from any services. Three days later, she was taken to Giwa Military barracks on suspicion that she might be a Boko Haram sympathizer. During her time in prison, she received no medical assistance of any kind. She was never tested for pregnancy or sexually-transmitted infections (STIs), despite having been a “Boko Haram wife.” During the course of RI’s mission to Maiduguri, the governor ‘pardoned’ her alongside 274 other

When asking a group of women in a focus group what self-care they practice to alleviate their trauma, RI learned that women and girls are reportedly purchasing and drinking bottles of cough syrup to “go to sleep and forget.”

detainees. RI met with her four days after her release. She was now living in a government-run camp. Upon questioning, it became clear that no information was made available to her, and neither an authority nor a humanitarian actor had attempted to facilitate access to care of any sort. There was no formal system for referring women and girls in need to get the life-saving treatment they need.

In another case from a separate camp, one minor confided to another IDP that when she was in captivity, she had been taught to build explosives under duress. She expressed her anguish over the fact that she believed she was directly responsible for the death of fellow Nigerians. This was brought to the attention of a psychosocial volunteer, who in turn relayed it to her supervisor

at an international aid organization. The head of that office told RI that they decided to inform the United Nations Department for Safety and Security (UNDSS) officer, who promptly relayed it to their Nigerian Department of Safety and Security (DSS) peer. The former captive was promptly arrested. This not only demonstrates the absence of an appropriate referral mechanism for such cases, but also the urgent need for training for both international and national staff on how to protect the best interests of the survivor and liaise with authorities.

During RI's mission, only one humanitarian agency told the RI team that procedures were in place to identify and provide services to women and girls associated with Boko Haram, or for the women and girls that are brought to Maiduguri on a near-daily basis by the military. The one organization that did, affirmed that a select few do benefit from medical services, including pregnancy testing and testing and treatment for STIs.

In its 2015 annual report, the United Nations Refugee Agency states that the military referred to them IDPs released from Boko Haram strongholds. However, no authority or aid agency in Maiduguri with whom RI met could speak to a process of screening and referrals for women and girls to access life-saving services – an assessment which is seemingly shared by the three UN Special Rapporteurs who visited Maiduguri on behalf of the Office of the High Commission for Human Rights in January 2016. During their press conference in Abuja at the conclusion of their mission, they remarked, “a protection gap is evident, especially in service delivery and access to justice for women and girls victims of Boko Haram.”¹⁵

There is no meaningful integrated GBV-prevention and response programming in Maiduguri. The Protection Sector Working Group (PSWG) 2015 Protection Sector Achievements Factsheet lists the establishment of a working group and safe spaces, distribution of dignity kits, provision of psychosocial support, and various GBV trainings.¹⁶ To RI's knowledge, at the time of RI's visit, only one INGO – International Medical Corps (IMC) – had a holistic GBV prevention and response program that included sensitization, referrals for medical care, and psychosocial counseling, but the reach was limited to only seven host communities and three IDP camps. However, this short-term U.S. government-funded program is coming to a close, pending the acquisition of alternative funding sources. Several other organizations were doing psychosocial counseling for women and children, but they did not specifically fall under the rubric of GBV.¹⁷ According to the PSWG January – February 2016 Snapshot, only five percent of an estimated 1.5 million people in need of GBV programming were reached. Of this five

percent, the vast majority received psychosocial support and community sensitization. The snapshot also reveals that zero GBV survivors received specialized care or integrated services.

Gender-Based Violence, Continued

In all interviews and focus group discussions RI held with displaced women, GBV was raised as a feature of displacement. Women in the camps remarked that sexual violence is not uncommon, while community-based organizations remarked that it is “an open secret.” In fact, the risk of sexual violence was cited by four different interviewees as a reason why they feared life in a government-run camp or decided to abandon the camp to live in a host community.

However, life for a woman or girl in the host communities is not necessarily more secure. All of the displaced women living in host communities whom RI interviewed spoke of the risks of violence. IMC carried out a safety audit in the seven host communities where they implement programs, and the three top concerns women expressed, in order of priority,

were domestic violence, rape, and denial of resources. According to the women IMC serves, domestic violence has become a serious issue due to food insecurity. Women suffer beatings when they cannot provide food or when they ask for money to buy food. On the third month of IMC programming, volunteers were recording as many as twenty rapes per week in the seven communi-

ties. Women are also reporting that they are often denied resources to purchase medicines or food.

Further, medical interventions designed specifically for survivors of sexual violence across the board are limited due to an unanticipated reason: the global displacement crisis. The pressures on the global humanitarian system are reverberating in northeast Nigeria: the agency mandated with procuring Inter-Agency Reproductive Health kits, the United Nations Population Fund (UNFPA), has been unable to secure a shipment of Kit 5, the medical kit designed to treat STIs. UNFPA's suppliers in Denmark, China, and the Netherlands informed the country office that they were unable to fulfill the purchase order due to the overwhelming global demand; their supplies are exhausted. Kits are currently under production and should be made available to UNFPA Nigeria at the end of April 2016.

RI is also concerned that traditional humanitarian psychosocial support programming may not be of the caliber that the context warrants. The trauma endured by the Boko Haram-affected

“I saw a girl of 11 live through an attempted rape. That is when I decided to abandon the camp. I feared for my children.”

-Displaced woman, Maiduguri

populations cannot be underestimated. Community based organizations told RI that apart from the suffering resulting from abduction, sexual violence, the loss of partners and children, the violence of war, and loss of all assets, Nigerian women in the northeast are also facing a profound gender identity crisis. It is not the woman's traditional role to "bury one's husband" or to be the head of a household, and the rapidly shifting role is compounding the trauma they have endured and imperiling their resilience capabilities.

According to service providers and some IDP women who chose to speak about their mental health, women feel helpless, fear men, feel they have lost all self-worth, and are hopeless when facing the uncertainty of the future. When asking a group of women in a focus group what self-care they practice to alleviate their trauma, RI learned that women and girls are reportedly purchasing and drinking bottles of cough syrup to "go to sleep and forget." Upon further investigation, RI learned that this is not a pre-existing coping mechanism amongst women and girls. In fact, demand for cough syrup in camps has increased such that supplies have become scarcer, driving the price up from 60 Naira per bottle to 150-200 Naira. Meanwhile, multiple international and local aid workers expressed concern that some current UN and INGO psychosocial support interventions may not be staffed adequately, contrary to what their own literature

might otherwise indicate. Aid workers highlighted that several women's safe spaces – tents – erected by one UN agency are often empty. IDP women from several sites confirmed to RI that they are unaware of trauma support programming and that the tents are going unused.

The fact that GBV programming does not figure among core humanitarian programming is a failure to global commitments to both prioritize women and girls, and place GBV prevention and response programming in its much-deserved category of a "lifesaving" activity. On the contrary, one senior UNFPA staff member told RI that a request to access UN Central Emergency Response Funds (CERF) to hold a GBV referrals pathway workshop was denied on the basis that "CERF funds can only be used for life-saving activities."

However, there is some small progress. At the time of writing, RI learned that the United Kingdom Department for International Development (DfID) has granted £9 million to an INGO consortium for protection interventions, including holistic GBV prevention and response programming in three northeastern states. Further, a GBV Area of Responsibility (AoR) Regional Emergency GBV Advisor (REGA) has been deployed to support the process of establishing a referral pathway for women to access services. However, RI believes that for meaningful



IDPs living outside the camps receive little to no assistance and struggle to find basic necessities such as food, shelter, and clothing. This girl is melting a bit of plastic to try and repair a hole in her sandal.



Conditions for IDPs in a host community in Maiduguri.



Cooking cauldrons in a government-run IDP camp in Maiduguri.

progress to be achieved, the following must still be done:

- The Nigerian government and the Nigerian Red Cross should work with international organizations to carry out a missing persons registration exercise and facilitate family tracing and reunification for those fleeing or rescued from Boko Haram.
- With the support of the HCT, the PSWG and GBV sub-working group must prioritize the establishment of a formal referral mechanism between Nigerian authorities and humanitarian organizations so that displaced women and girls can access GBV screening and services.
- Donors and humanitarians must significantly increase investments in GBV-specific prevention and response programs.
- The GBV Area of Responsibility should deploy personnel to train all sector working groups on the new IASC¹⁸ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and assist in developing an action plan to integrate gender considerations into their work.
- UNFPA must appoint a full-time coordinator to the GBV working group in Maiduguri.
- The PSWG should establish a Mental Health and Psychosocial sub-working group, and hold all organizations implementing psychosocial programming accountable to the IASC Guidelines on Mental Health and Psychosocial Support¹⁹ in Emergency Settings.

Survival Sex

The RI team found survival sex to be prevalent amongst IDPs in Maiduguri. Displaced women interviewed by RI felt that some had no choice but to turn to this negative coping strategy, fueled by their and their children's food insecurity.

The number one priority displaced women communicated to the RI team, time and again, was food security – both inside and outside the camps. In each and every interview with IDPs, the interviewee, on average, had eaten only once a day. Some had gone a full twenty-four hours or more with no food. On at least one occasion, RI deemed it best to interrupt an interview because the IDPs were visibly weak and disoriented.

In contrast to most displacement contexts, food is not distributed on a monthly basis and prepared by the displaced in the government-run camps. Rather, locals are hired to cook communal meals in colossal cauldrons that serve hundreds, or even thousands, of IDPs at a time. In one camp, there were only three cooking points for a camp population of roughly 6,000 IDPs. This inevitably leads to a system where IDPs must wait hours to be served, and food often runs out. RI learned that on at least one occasion, food went uncooked for a number of days, due to an absence of firewood; reportedly, the association responsible for delivering firewood to the

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camps went on strike to protest that they had not been paid. Finally, timely and uninterrupted food aid to the camps has also fallen victim to both atrociously poor camp management and squabbling between NEMA and SEMA over their respective responsibilities. If, for example, food provided by NEMA does not arrive to the IDPs, NEMA abdicates responsibility, stating that distribution is ultimately SEMA's responsibility. While true, both agencies co-manage the displacement camps. The failure to meet eye-to-eye on respective responsibilities led to a significant delay in the renewal of their Memorandum of Understanding at the beginning of 2016, which led to significantly reduced food assistance to the camps at one point. Further, food aid has not been spared of corruption, which is endemic to Nigeria.²⁰ Repeated allegations of graft prompted Borno state's governor to establish a committee to investigate the diversion of food assistance, and in September 2015, he ordered state security, police, and military intelligence personnel to monitor the distribution of these food stuffs and report back to him.²¹

“Managing the plight of IDPs in Nigeria has become a money-making venture for Nigeria.”

-Representative of a Community-Based Organization, Abuja

RI spoke to some IDPs who had left government-run camps who cited the lack of access to regular food as one reason for their decision. Meanwhile, those IDPs living in informal faith-based camps have no regular access to food either. They largely depend on the benevolence of individual congregation members. Local authorities have just now reported for the first time that IDPs have been arrested for breaking into homes to steal food, remarking with interest that only food is stolen.²² Meanwhile, IDPs' possibilities of benefiting from international food aid are minimal. While there are a few international food insecurity interventions in the northeast, their reach is still minimal. In February 2016 alone, food aid reached a total of 82,977 individuals – only 6.3 percent of the total reported IDP population in Maiduguri.²³

RI found that the nexus between food insecurity and sexual exploitation in this setting is irrefutable. Both IDPs and civil society organizations told RI that the situation is so dire that some female IDPs jump camp barriers at night to prostitute themselves for food, or money for food. Among those not residing in camps, some find themselves forced to go into prostitution, as their searches for other livelihood opportunities have not proved fruitful. The search for day labor carries GBV risks in itself; RI learned of one girl whom a man approached, offering housework. She accompanied him to his home where ostensibly she was to meet his wife and start helping. Upon arrival, there was no one in the home and the man raped her. Local women's organizations told RI that women have little choice, faced with their children's hunger.

To begin to address the issue of food insecurity, the following steps should be taken:

- The Nigerian government and international donors should dramatically increase its food security assistance portfolio for IDPs in the northeast.
- The Global CCCM should deploy technical assistance to work with NEMA and SEMA on developing camp management standards and procedures that ensure timely and equitable delivery of food and non-food items.
- The FSWG and the PSWG should work jointly to integrate protection into food security assessments and program planning.
- Donors should hold humanitarian agencies accountable for integrating protection into all food security programming.

HUMANITARIAN POLITICS HINDER THE RESPONSE

The scale of the crisis cannot be overstated. It is partly understandable that the humanitarian community has not been able to provide coverage to people in need, particularly given the low funding made available for Nigeria.

However, the lack of funding isn't the sole reason for the inadequate response. It is also the result of deep struggles amongst Nigeria's humanitarian stakeholders. Historically, the donor, UN, and INGO presence in Nigeria has been made up of development actors with large portfolios. They have traditionally worked in close collaboration with the government's relevant line ministries. When the crisis escalated, these actors did not have skilled emergency response personnel on the ground. As the crisis grew, the UN Development Programme Resident Coordinator (RC) was appointed Humanitarian Coordinator

(HC), and a Humanitarian Country Team (HCT) was established in January 2015. OCHA and humanitarian INGOs deployed staff experienced in complex emergencies and the centrality of protection in humanitarian action. Some UN agencies also deployed additional staff to assist with the response. However, all of those whom RI spoke to believed that there were not enough experienced and permanent humanitarian actors on the ground to deal with the severity of the crisis.

Many of these humanitarians soon became frustrated with what they perceived to be the reluctance of the HCT members to prioritize protection issues in their discussions with Nigerian authorities. Some protection issues were considered politically sensitive by some HCT members, including issues of humanitarian access, militarization of camps, forced returns, sexual

violence, freedom of movement for the displaced, reintegration of abductees, and the efficiency and efficacy of those Nigerian authorities mandated with the response. The vast majority of humanitarian actors with whom RI spoke expressed sheer

exasperation with the HCT and its leadership for failing to adopt a formal position on these matters and communicate them to Nigerian authorities. In their opinion, certain members of the HCT feared challenging the Nigerian authorities and therefore possibly endangering their development programming. In the view of some of the humanitarians to whom RI spoke, the HCT failed to exercise its role as custodian of principled humanitarian action in Nigeria.

On the other hand, some members of the HCT, mostly UN agencies, suggested that operating in Nigeria is a formidable challenge that must be approached with caution. Some members of the international community feared that if they said something that could be perceived by the Nigerian government as criticism or an insinuation that Nigeria could not handle the humanitarian crisis, then they risked being alienated by the government. As a result, they are neither forceful nor vocal in pushing forward a protection agenda. Some humanitarians whom RI spoke to reproached what they perceived to be the naiveté of aid workers who clamor for the humanitarian community to demand protection outcomes from Nigerian authorities in its management of the conflict and its humanitarian consequences in the northeast. They believed that the crisis is politicized and an approach that is anything but extremely diplomatic would provoke more losses than gains.

Relations amongst members of the humanitarian community have degenerated such that each levels accusations at the other, and this continues to fragment the community's common mission. Several INGOs accused one high-profile UN agency, for example, of keeping a close hold on all its information and not sharing what precisely it was doing, while some UN agencies accused the INGOs of refusing to participate in sector

“Nigeria is our biggest failure.”

-Senior United Nations humanitarian official, New York

“There is no info-sharing taking place. No order to anything. Who runs the camps? No one knows who makes decisions, no one understands influence dynamics. Operationally-speaking, people don’t even know where to go [to intervene].”

-INGO Representative, Abuja

“We are doing jungle-style aid; in and out.”

-Representative of a Community-Based Organization, Abuja

working group meetings, resulting in a lack of coordination. At the same time, some INGOs communicated to RI that they no longer saw any point in engaging in working group meetings, as nothing was resolved and the work of the groups was increasingly conflated with the institutional agenda of the UN agency leading the respective groups.

Both positions have their merit when viewed through the complex lens of operating in Nigeria. First, the federal government has placed its focus almost squarely on the security dimension of the crisis, and some authorities at the national level consistently underplay the humanitarian dimension. Some authorities clearly feel a sense of responsibility for the IDPs in the official camps, but seemingly discount the needs of the other 92 percent of the displaced in Maiduguri. With no official interventions outside of the government camps, humanitarians are unclear as to whether they have authorization to program there and who, if any, should be their governmental counterparts.

Second, some Nigerian authorities have been obstructionist to the humanitarian agenda. NEMA for example, boycotted the workshop at which the Humanitarian Response Plan (HRP) was being developed in late 2015, stating that the humanitarian community was undermining the Nigerian government’s attempt to provide sustainable solutions. OCHA’s reply that humanitarian assistance was a priority for the moment did not sway them. Further, Nigerian authorities have criticized OCHA bulletins for listing humanitarian needs, on one occasion demanding that a monthly bulletin be retracted. Yet, as the

“You have to be ready to pick up the ball when they drop it on you at any time.”

-INGO Representative in Maiduguri on the Nigerian government’s way of working

“The INGOs are functioning in parallel. They want to do their own analysis, their own assessments.”

-United Nations representative, Abuja

NA and authorities move newly-displaced into Maiduguri and relocate IDPs from one camp to another, different humanitarian actors are called upon without prior warning with requests for immediate food assistance to supplement a shortage, which creates tremendous frustrations for international humanitarian interlocutors. One agency told RI “the absence of planning and last-minute requests [from Nigerian authorities] have now become abusive.”

Third, in an attempt to get a handle on the humanitarian situation, the federal and state governments are frequently establishing new “high-powered committees,” offices and desks, or developing new strategies. A humanitarian agency trying to navigate the power structure is left confused as to what office serves as its interlocutor for any given issue. This becomes even more complicated when one also considers the need to deal with the local authority level, the Local Government Administrations, whose chiefs are often displaced themselves and play a leadership role over their constituencies in both the camps and the host communities.

Finally, the humanitarian community’s frontline responders – INGOs – are not seen as legitimate partners by some state authorities in Borno. Both UN and INGO actors noted that the government sees INGOs as irrelevant, likely because they don’t bring the financial might of the UN agencies to the country. This prejudice against INGOs was confirmed when a senior elected state official told the RI team that the state’s legitimate partners are the UN agencies, not the INGOs, who – in his

words – “extract information and disappear,” and only come to profiteer.

The reverberations of these battles are felt deeply in the field amongst humanitarians and the IDPs. For example, during the period of RI’s visit, humanitarian actors awoke one morning to text messages from a state official, informing them that IDPs had been transferred from a Maiduguri to a new camp – Dalori Camp II – a surprise given that humanitarians were negotiating with authorities to be allowed to first set up tents and water and sanitation facilities in that camp. IDPs were transferred to a new site with no water provision, next to the very village that had suffered Boko Haram attacks earlier in the month, killing at least eighty.²⁴

Despite the complicated context that is Nigeria, the diplomatic community can exercise leverage with the government. The RI team was impressed with the engagement of the diplomatic community in its attempts to help the humanitarian community resolve problems with Nigerian authorities. In fact, a northeast ambassadors group made up of diplomats was established to discuss problems and solutions, and is largely attributed with exercising leverage to bring NEMA back to the HRP process. The diplomatic and donor community, however, did lament that the humanitarian community did not take advantage of its good offices more often. In fact, RI was provided with multiple examples of how humanitarian agencies did not provide timely information requested by donors that they believed would aid their diplomatic efforts.

This situation could partially explain why IDPs are so underserved, and humanitarian actors in such disarray. INGOs feel abandoned by the HCT in their quest to provide meaningful, life-saving assistance and protection, while the HCT is confounded as to how and with whom to negotiate. Such was the frustration of the INGOs that they refused to participate in a UN-led needs assessment, and conducted their own assessment in parallel. Last, but not least, at the time of RI’s mission, humanitarian actors had all but given up on information sharing and were having to decide where to implement programs with little or no guidance.

The struggles amongst all humanitarian stakeholders have led the million plus IDPs in Maiduguri, as well as IDPs elsewhere in the northeast, to fend for themselves, with women and children the most-affected. Abysmal funding levels, the politicization of protection issues, and Nigeria’s lukewarm response to assuming its responsibilities are some legitimate factors for this travesty. However, this does not exonerate the international community for a woefully inadequate coordination system, not staffing and resourcing the emergency appropriately – particularly GBV expertise, and not pressuring the Nigerian authorities into honest negotiations on how to tackle humanitarian needs. The rest of 2016 provides an opportunity to reverse course. A new RC/HC has been deployed, coordination is reportedly being

moved to Maiduguri, donors have committed to increased funding, the Office of Nigeria’s Vice-President has recently requested support from the EU and the U.S. to review NEMA’s institutional capacity and support enhancing its capacity, and the IASC Emergency Directors Group is deploying yet again. It is the moment to place protection – with both programming and advocacy – front and center.

To further improve the coordination of the humanitarian response, the following steps must be taken.

- The OCHA secretariat should deploy a team to facilitate a retreat for the HCT to formulate joint strategies around advocacy and government engagement, fundraising, and information management and analysis.
- With support from the Inter-Sector Working Group, the HCT must develop a clear and robust stand-alone advocacy strategy targeting Nigerian authorities.
- Humanitarian organizations should engage with the diplomatic/donor community as an ally, and the diplomatic/donor community must continue to use its good offices to assist the humanitarian community in fulfilling its protection and assistance mandate, with the full cooperation of the Nigerian authorities.
- The UN secretariats must hold the HCT accountable to the standards set forth in the IASC Reference Module for Cluster Coordination at Country Level for the sector working groups.

Francisca Vigaud-Walsh traveled to Nigeria in February 2016 to assess the needs of displaced women and girls.

ENDNOTES

1 The official name for this militant group was initially Jam at Ahl as-Sunnah lid-da wa wal-Jih d (JAS.) Since pledging allegiance to ISIS, they changed their name to Islamic State’s West Africa Province. However, they are commonly known as Boko Haram, which is often translated as ‘western education is a sin.’

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<http://time.com/4161175/buhari-nigeria-technically-won-war-boko-haram/>.

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IDPs living in a host community in Maiduguri.

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10 OCHA 2016 Humanitarian Needs Overview.

11 According to the DTM Round VIII February 2016 report, there are 825,000 IDPs in Maiduguri Metropolitan Council, and Jere Local Government Authority in which Maiduguri sits, has 489,000, making for a total of 1.3 million. However, many warn that the IDP population could be much higher.

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14 In line with the WHO Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies, informed parental consent was secured, and the interview was done in the company of a parent.

15 “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,” *Office of the United Nations High Commissioner for Human Rights (OHCHR)*, January 22, 2016, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16983&LangID=E#sthash.52TZ5Fdd.dpuf>.

16 On file.

17 The full set of protection actors and interventions at the time of RI’s mission can be found here: <http://reliefweb.int/sites/reliefweb.int/files/resources/PSWG%20Actors.pdf>. Note that the accuracy of this information is subject to the reporting of protection actors who have registered projects in the online OCHA Projects System.

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