



Nigeria © Hugues Robert

# CASE STUDY

---

## **North-east Nigeria**

---

Jon Edwards

---

April 2017

<b>3</b>	<b>Executive Summary</b>
<b>6</b>	<b>Introduction</b>
6	Methodology
<b>7</b>	<b>A brief history of the humanitarian crisis</b>
<b>14</b>	<b>Success despite delays</b>
15	How did we get here? Three times late
16	Late to recognise the humanitarian crisis (2015)
17	Late to see the dangers, late to sound the alarm, slow to act (end of 2015 to June 2016)
19	System slow to gear up and late to arrive
20	Better late than never
<b>21</b>	<b>Diagnosing the Emergency Gap</b>
21	Politics
24	Security
26	Disempowering leadership
28	Coordination crisis of confidence
31	Development handbrake
33	Inexperience – lost experience
34	Humanitarian or simply human
<b>36</b>	<b>Conclusions</b>
<b>39</b>	<b>Post script: the emergency continues</b>

# Executive Summary

This case study examines the humanitarian response to the conflict-related crisis in the north-east of Nigeria, focusing primarily on the period from 2015 to the end of 2016.

**The aim is test the central hypotheses of the Emergency Gap project:** that the current structure, conceptual underpinning and prevalent mindset of the international humanitarian system limits its capacity to be effective in response to conflict-related emergencies.

**This is not a Medecins Sans Frontieres operational evaluation or an in-depth context analysis of the crisis.**

As with many conflict-related crises, the emergency in north-east Nigeria has deep and complex roots in the history of the region. The conflict began in 2009 and quickly developed beyond the control of the authorities. It unfolded in the midst of pre-existing political, social and economic tensions, making an effective humanitarian response exceedingly difficult. Despite this complexity, what is clear is that the crisis has resulted in a sprawling humanitarian disaster that has killed over 25,000<sup>1</sup> people as a direct result of the violence, and continues to devastate many more lives through hunger, psychological trauma and lack of access to healthcare.

All 40 respondents interviewed during this research agreed that the humanitarian response in north-east Nigeria, in particular in Borno state, whilst saving lives, was late. Further examination of this claim reveals that **the system meant to provide emergency humanitarian relief (which includes MSF) was late in coming to the aid of the people of Borno not once or twice, but three times.** It was late to recognise the Internally Displaced People (IDP) crisis as a major humanitarian emergency in 2015; late to predict, confirm and respond to the nutritional emergency that followed in early 2016; and then, once this tragic reality was made public, late to mobilise an effective response.

## Late to recognise the humanitarian crisis (2015)

Refugees fleeing the conflict in Nigeria had been arriving in Niger, Cameroon and Chad in large numbers since late 2014.<sup>2</sup> Amidst a scale-up of the counter-insurgency campaign by Nigerian security forces in 2015, Maiduguri saw a huge influx of IDPs. It was clear that a significant crisis was unfolding<sup>3</sup> and yet the response from all actors was very small. This was for many reasons but the very high security constraints that limited freedom of movement and visibility of the evolving crisis was critical. The International Committee of the Red Cross (ICRC), MSF and Action Contre la Faim (ACF) began modest operations in Maiduguri. National and state emergency management agencies and the local Red Cross were able to provide some services (especially food) to the minority of IDPs in official camps. UNICEF and the International Organisation for Migration (IOM) were on the ground, but with very limited coverage. The humanitarian country team did not recognise the situation as a large-scale emergency, and no UN-led mobilisation occurred.

---

<sup>1</sup> <http://www.cfr.org/nigeria/nigeria-security-tracker/p29483>

<sup>2</sup> OCHA Niger situation report number 10.

<sup>3</sup> <http://www.irinnews.org/news/2014/11/28/North-East-nigeria-hundreds-thousands-have-fled>  
<http://reliefweb.int/report/nigeria/need-ramp-aid-response-nigerias-violence-torn-North-East>

## Late to see the dangers, late to sound the alarm, slow to act (end of 2015 to June 2016)

During the period from October 2015 to February 2016, no humanitarian actor left the state capital and little or no news reached the humanitarian community as to what was happening in Borno beyond Maiduguri. The deaths and suffering of the populations who had been cut off from humanitarian access —by both Boko Haram and the counter-insurgency tactics of security forces— was obvious to the Nigerian army from at least January 2016. **Despite a clear causal role in the plight of some of the IDP population, attempts were made by the army to feed and provide shelter and care for these populations. However, many still died.**

At best, **there was a clear failure on behalf of authorities to predict and/or adequately plan and provide for the probability that many thousands of IDPs would need urgent humanitarian care.**<sup>4</sup> Unofficial warnings of starvation and deaths began in January 2016. Only the smallest humanitarian responses followed. Not until April and May did official calls for help from the army result in a UN leadership visit to Bama and assessments in other towns. And even then, not until MSF visited Bama and issued a public statement widely broadcasting the depth of the unfolding tragedy, did the humanitarian system attempt an emergency scale-up.

Despite the very serious security constraints limiting access beyond Maiduguri in early 2016, it was in fact possible to gain access, albeit very limited, to some local government areas (LGAs) from around February. The exact fate of the population in these areas had been unknown for months, but the insurgency and counter-insurgency tactics they were living through were not a secret. **These circumstances raise the question of why humanitarian organisations, including MSF, took so long either to raise the alarm about the possible condition of the population, or, if they could not themselves gain independent access, to press for credible assurances of their treatment.** Or why it took until June 2016 to ultimately choose to use military-facilitated access as a last resort.

## System is slow to gear up and late to arrive (from June 2016)

Since June 2016, the scale of the crisis in Borno, together with improved access, has mobilised donors, UN leadership, NGOs and the Nigerian authorities to radically increase the humanitarian response. However, that **scale-up was still painfully slow.** At the beginning of 2017, some NGOs were still waiting for funding to arrive, the UN system claimed to be only a quarter of the way to 'cruising altitude', and the Nigerian government resources were yet to scale up to meet the needs.<sup>5</sup>

**The slow scale-up comes with a cost.** FEWSNET<sup>6</sup> reported that famine was likely to have occurred in Borno, killing an estimated 2,000 people in Bama LGA alone between January and September 2017. Other LGAs were similarly affected. Newly accessed areas like Gowza and Pulka reveal huge needs, including lack of access to healthcare, poor sanitation and ongoing insecurity.

---

<sup>4</sup> This critique is not meant to absolve Boko Haram from its fundamental responsibility for the crisis. This report, however, is limited to focusing on the broad performance of those actors taking on humanitarian responsibilities. This includes the Nigeria state authorities but, tragically, not Boko Haram.

<sup>5</sup> Despite a \$1 billion pledge by the Nigerian state for development and humanitarian activities in the north-east.

<sup>6</sup> [http://www.fews.net/sites/default/files/documents/reports/FEWS%20NET%20Borno%20%20Analysis\\_20161213release.pdf](http://www.fews.net/sites/default/files/documents/reports/FEWS%20NET%20Borno%20%20Analysis_20161213release.pdf)

## Contextual and systemic constraints

These three instances of delayed or slow response are clear, but were they a failure of the system? It is perhaps more true to say that the repeated delays in mobilising effective humanitarian responses to the conflict-related crisis in the north-east were, in large part, the result of deep contextual constraints.

**The political context in Nigeria and in Borno state was antithetical to the deployment of international humanitarian actors.** As noted by Nigeria's Emergency Coordination Centre chief Dr Ayoade in his report to the Oslo donor conference in February 2017, "the unfolding humanitarian crisis was largely overlooked prior to 2016." Even in early 2016, "denial endured in certain quarters even as conditions deteriorated on the ground." This politically motivated denial, at least during 2015 and early 2016, was also shared by much of the international donor community. **Donor states and the UN system did not want to recognise the situation in north-east Nigeria as a large-scale emergency.** There was little appetite to add another emergency to an already overwhelming humanitarian load, and clear reluctance to divert resources into a comparatively rich country like Nigeria.

**Security constraints were also very significant.** The conflict was very hot in 2015 and early 2016. Access was tightly controlled by the military and, even when access was possible, there were still serious security risks, including the possibility (there were many examples) of direct attack by Boko Haram. There had been no successful access negotiation with any element of Boko Haram and so access for independent humanitarians was very restricted, effectively impossible.

Notwithstanding these external context-specific constraints, **UN agencies, INGOs, donors and local humanitarian actors undermined their own capacity to deliver effective humanitarian relief.** Leadership of the UN system was underperforming, if not outright antagonistic to mobilising an emergency response. Too many actors struggled to change gear from development mode to emergency mode. Funding systems could not deliver adequate resources in an appropriate timeframe. Corruption of data and communication regarding ongoing and planned humanitarian activities undermined the coordination efforts. Global policy imperatives worked against efforts to clearly recognise the situation as an emergency requiring large-scale humanitarian relief. And a lack of relevant experience allowed warning signs to be missed and responses to be timid or ineffective.

These self-imposed limitations represent the content of the 'emergency gap' as it was manifest in north-east Nigeria. **Imagining solutions to these limitations is not to imagine a radical change to the history of the humanitarian tragedy** experienced by millions of northern Nigerians. After all, the security and political constraints would still have been formidable. However, **solutions to these problems are at least choices in the hands of humanitarian decision-makers** — so much else that limits humanitarian action is not.



# Introduction

This case study examines the humanitarian response to the conflict-related crisis in the north-east of Nigeria, focusing primarily on the period from 2015 to the end of 2016. As with all the Emergency Gap case studies the research approach has been to test the central hypotheses of the Emergency Gap project: that the current structure, conceptual underpinning and prevalent mindset of the international humanitarian system limits its capacity to be effective in response to conflict-related emergencies. The interviews conducted for this report sought perspectives on the nature of and reasons for any gaps in emergency response during 2015 and 2016, and attempted to isolate those issues which were peculiar to the context and those which were more structural and or cross-cutting in nature.

This report, therefore, is not an operational evaluation of MSF<sup>7</sup> or any other agency's activities in detail. Nor is it a research paper on the context of the crisis. Both these elements are touched on, but only insofar as required to illuminate the central questions: has there been an unreasonable gap in the emergency response to this crisis? And, how far can any gap be attributed to 'built-in' features of the international emergency humanitarian response system?

## Methodology

This report is the result of over 40 semi-structured interviews (largely face-to-face, and in-country) with key decision-makers in the humanitarian response in the north-east of Nigeria, covering the period 2015 and 2016. This primary source has been supplemented with a review of historical, analytical and operational documents relevant to this period.

The context analysis, sequence of events and interpretation given to the significance of the humanitarian choices detailed here reflect the perspectives of the individuals interviewed during the research. The conclusions then drawn from these perspectives are my own.

---

<sup>7</sup> Such an evaluation is being conducted by the CRASH research unit in Paris.

## A brief history of the humanitarian crisis

The crisis has resulted in a sprawling humanitarian disaster that has killed over 25,000 people as a direct result of the violence

Insurgency attacks continued, including burning schools in Maiduguri, executing kidnapped westerners and one case of attacking and killing health workers and foreign doctors

The outbreak of violence related to the conflict between followers of the Boko Haram sect and Nigerian authorities has deep and complex roots in the history of the region. The following brief history only touches on the surface of a bloody conflict that quickly developed beyond the control of the authorities, unfolding in the midst of pre-existing political, social and economic tensions, making effective humanitarian response exceedingly difficult. Despite this complexity, what is clear is that the crisis has resulted in a sprawling humanitarian disaster that has killed over 25,000<sup>8</sup> people as a direct result of the violence, and has devastated many more lives through hunger, psychological trauma and lack of access to healthcare.

The most commonly agreed start date for the violence that began the current crisis is 2009. The north-east of Nigeria had been largely peaceful<sup>9</sup> for at least 15 years when violence broke out between followers of Mohammad Yusuf, collectively known as Jamā'atu Ahli is-Sunnah lid-Da'wati wal-Jihād, or 'Boko Haram', and the local security forces. Yusuf was then arrested and killed whilst in custody, violence spread and the group went underground.

In 2010, Boko Haram re-emerged under the leadership of Abubakar Shekau and pursued a campaign of attacks against security forces, and then in 2011 against a wider range of targets including government officials, religious leaders, police officers, imams, businessmen and students.<sup>10</sup> These increasingly indiscriminate attacks inspired a splinter group, Ansaru, to form who engaged in more targeted attacks, to reduce Muslim casualties.

In 2013, President Goodluck Jonathan declared a state of emergency across three states. Insurgency attacks continued, including burning schools in Maiduguri, executing kidnapped westerners and one case of attacking and killing health workers and foreign doctors.<sup>11</sup> These attacks left much of Borno and parts of Yobe and Adamawa under Boko Haram control. The authorities responded by establishing a new military division in Maiduguri and authorizing and arming a local militia (Civilian Joint Task Force, or CJTF), which claimed to have regained control of Maiduguri by the start of 2014.

---

<sup>8</sup> <http://www.cfr.org/nigeria/nigeria-security-tracker/p29483>

<sup>9</sup> Northern Nigeria: Background to Conflict Crisis Group Africa Report N°168, 20 December 2010, Page 20.

<sup>10</sup> <http://www.nigerianmonitor.com/the-history-of-boko-haram-heres-all-you-need-to-know>

<sup>11</sup> <http://allafrica.com/stories/201302100037.html> and <http://www.reuters.com/article/us-nigeria-violence-idUSBRE9170C120130208>

There was no access granted for humanitarian agencies to Boko Haram-controlled areas, no security guarantees given by the insurgents

Two events underline the power of Boko Haram in 2014, both for Nigerians and the international community. Firstly, in April 2014, Boko Haram abducted 276 schoolgirls from the town of Chibok. The incident captured the attention of the world's media and Michelle Obama joined a campaign to call for their release. Later, in October, the Boko Haram attack against Mubi in Adamawa<sup>12</sup> particularly focused the attention of southern Nigerians, as it resulted in the displacement of large numbers of Christians and the apparent rout of the local military units — seen for the first time on Nigerian television.<sup>13</sup> This defeat spurred renewed efforts by the security forces.

At this time, the extent of the violence, both from attacks by insurgents and the counter-insurgency operations of security forces, caused the first of the waves of large-scale internal displacements. Maiduguri received 432,785 people (mostly women and children).<sup>14</sup> However, there was no access granted for humanitarian agencies to Boko Haram-controlled areas, no security guarantees given by the insurgents and little or no visibility of the conditions in which people in these areas were living. MSF established a permanent<sup>15</sup> presence in Maiduguri from October 2014. UNICEF had opened an office and developed a relationship with the local Ministry of Health (MoH) in 2013, but during 2014 was not able to do outreach beyond Maiduguri.

At the beginning of 2015, Boko Haram's power was at its greatest, with control over 27 LGAs across Borno, Yobe, Adamawa and Bauchi. The insurgency was now linked with the global extremist jihadi movement as Abubakar Shekau had announced his affiliation with ISIS and the UN had recognised Boko Haram as a terrorist organisation. Politically, the insurgency was increasingly problematic for President Jonathan<sup>16</sup> who increased military operations of the Multinational Joint Task Force<sup>17</sup> in March, ahead of the election in May 2015. This effort was not successful and his successor, Muhammadu Buhari, a Muslim and former military

---

<sup>12</sup> <http://www.nairaland.com/1972231/boko-haram-attack-mubi-adamawa>  
<http://www.bbc.com/news/world-africa-29921047>

<sup>13</sup> According to respondents for this report.

<sup>14</sup> [https://nigeria.iom.int/sites/default/files/dtm\\_reports/01%20DTM%20Round%20II%20Report%20February%202015.pdf](https://nigeria.iom.int/sites/default/files/dtm_reports/01%20DTM%20Round%20II%20Report%20February%202015.pdf)

<sup>15</sup> Previously MSF France responded to measles and cholera outbreaks and in Borno in 2010 and 2014 respectively, so there was an intermittent temporary presence.

<sup>16</sup> Also following another significant defeat on 3 January 2015 at Baga, where Nigerian troops were routed and a massacre ensued.  
<http://www.bbc.com/news/world-africa-30987043>

<sup>17</sup> Multinational Joint Task Force is an anti-terrorist alliance of Nigeria, Chad, Niger and Cameroon, with a non-military representation from Benin, but with poor coordination between countries.



The result of the war's escalation was a huge displacement of people, an unknown number of deaths as a direct consequence of the conflict, and an increase in food insecurity and malnutrition

The IDPs in Maiduguri were mostly (around 90%) hosted within the local community and as a result were very difficult for humanitarians to identify and access

governor of Borno state, won, in part, on a promise to defeat the insurgency and so new resources were deployed to the military campaign from the middle of the year.<sup>18</sup>

The result of the war's escalation was a huge displacement of people, an unknown number of deaths<sup>19</sup> as a direct consequence of the conflict, and an increase in food insecurity<sup>20</sup> and malnutrition linked to the disruption of agricultural and other economic activity.<sup>21</sup> Amnesty International released a report<sup>22</sup> alleging widespread human rights abuses committed by Nigerian and allied forces, for the first time detailing the aggressive counter-insurgency methods of the Nigerian offensive, exacerbating the brutal impact of Boko Haram tactics experienced by the communities living under their control.<sup>23</sup>

In Maiduguri, the IDPs continued to arrive in huge numbers, with over one million of them doubling the size of the city and overwhelming the existing local and international capacity to ensure adequate service provision to meet the humanitarian needs.<sup>24</sup>

MSF continued operations in Maiduguri, but ongoing security constraints as well as difficult relationships, particularly with the Ministry of Health and UNICEF, hampered operations. MSF was refused permission to open medical activities outside a Ministry of Health structure. The ICRC had an international presence in Maiduguri, whereas UN agencies in Borno worked only through local staff. Amongst other INGOs, only ACF had a noticeable presence in the city. In November 2015, MSF opened a project in Yobe state responding to the IDP movements in Damaturu from southern Yobe and western Borno states.

---

<sup>18</sup> <https://jamestown.org/program/conflict-at-a-crossroads-can-nigeria-sustain-its-military-campaign-against-boko-haram>

<sup>19</sup> The US Council on Foreign Relations assesses that Boko Haram and state actors together have killed 28,000 people since 2011 in Nigeria alone, of which 5,000 are noted in their security trackers as having occurred in the period following the election in May 2015.

<sup>20</sup> [https://www.humanitarianresponse.info/en/system/files/documents/files/2016\\_06\\_27\\_borno\\_nutrition\\_emergency\\_framework.pdf](https://www.humanitarianresponse.info/en/system/files/documents/files/2016_06_27_borno_nutrition_emergency_framework.pdf)

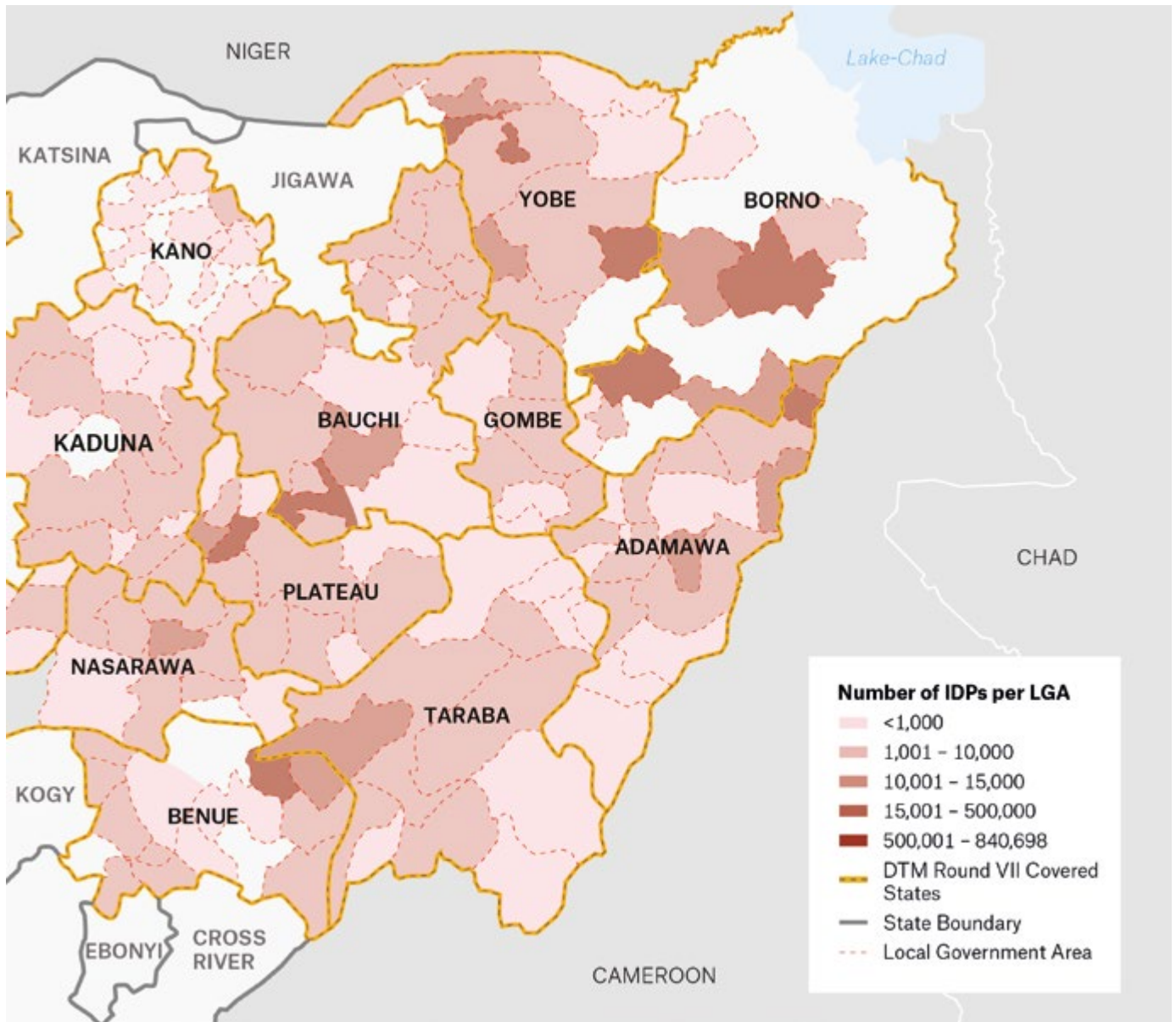
<sup>21</sup> [http://www.fews.net/sites/default/files/documents/reports/Nigeria\\_FSOU\\_2015\\_12\\_EN.pdf](http://www.fews.net/sites/default/files/documents/reports/Nigeria_FSOU_2015_12_EN.pdf)  
<http://www.fao.org/emergencies/resources/documents/resources-detail/en/c/429809>

<sup>22</sup> <https://www.amnesty.org/en/documents/afr44/1657/2015/en>

<sup>23</sup> <https://www.foreignpolicyjournal.com/2015/07/14/tactical-adjustments-for-boko-haram>

<sup>24</sup> Interviews with NEMA.

The IDPs in Maiduguri were mostly (around 90%) hosted within the local community and as a result were very difficult for humanitarians to identify and access. Official camps provided shelter and some services to around 100,000 people. The local emergency response agencies, the National Emergency Response Agency and the State Emergency Response Agency, provided food and camp management services at this time, but did not extend support to the nearly one million people not located in official camps.<sup>25</sup> In Yobe, 130,000 IDPs were in sites in and near Damaturu, and Adamawa and Bauchi were hosting 136,000 and 70,000 people, respectively.<sup>26</sup>



Source: IOM DTM round VII report December 2015.  
**Note that the highest recorded numbers of IDPs in this report are found around Maiduguri, but that much of Borno is still inaccessible even for gathering basic data on IDP numbers.**

<sup>25</sup> Interviews with SEMA and NEMA and MSF.  
<sup>26</sup> [https://nigeria.iom.int/sites/default/files/dtm\\_reports/01%20DTM%20Round%20VII%20Report%20December%202015.pdf](https://nigeria.iom.int/sites/default/files/dtm_reports/01%20DTM%20Round%20VII%20Report%20December%202015.pdf)

At first, unofficial news from military sources indicated that there was a problem in ensuring adequate food and healthcare to IDPs

A Joint UN Multi-Sector Assessment was conducted between 11 and 14 April

MSF mobilised a team to visit Bama —travelling with military escort— where they confirmed the high levels of severe acute malnutrition (SAM) seen by the UN six weeks earlier

In early 2016, reports of the plight of populations cut off behind the lines of the military offensive began to emerge. At first, unofficial news<sup>27</sup> from military sources indicated that there was a problem in ensuring adequate food and healthcare to IDPs who had been concentrated in camps at LGA main towns. These reports did not result in any increased access for humanitarian agencies<sup>28</sup> or, as far as can be ascertained, increased supplies via other channels. As this problem deepened, and more IDPs died as a result of deprivation of food and healthcare, access began to open. The ICRC and UNICEF established small operations in Dikwa, Bama, and Monguno.

On 7 April 2016, a high level UN delegation visited Bama under armed escort and the regional humanitarian coordinator reported that around 30,000 people were suffering “conditions as acute as I have ever seen”.<sup>29</sup> A Joint UN Multi-Sector Assessment was conducted between 11 and 14 April, revising the number of children with severe acute malnutrition up from 56,000 to 244,000. However, despite the presence of UNICEF and a UN visit to Bama there was no immediate large scale-up of humanitarian relief.<sup>30</sup>

In May, the army officially called for assistance. A local NGO, Empower 54, joined a convoy of Borno state authorities to Bama on 13 June and returned to Maiduguri with 1,192 sick and malnourished people including 478 children<sup>31</sup>, many of whom were treated by MSF. Following this action, MSF mobilised a team to visit Bama —travelling with military escort— where they confirmed the high levels of severe acute malnutrition (SAM) seen by the UN six weeks earlier, and evidence of many deaths.

Following a press release and media push by MSF<sup>32</sup>, the humanitarian situation was given a higher profile than previously, apparently<sup>33</sup> inspiring more effective efforts by donor countries (US, UK, EU) to publicly and practically resource a surge in humanitarian action in the north-east, and in Borno in particular.

<sup>27</sup> Earliest report from respondents for this report was in January 2016.

<sup>28</sup> As reported by operational managers present in Maiduguri at this time, and later confirmed by NGO assessments of coverage in recently accessed LGAs (Bama, Monguno).

<sup>29</sup> [http://earlyrecovery.global/sites/default/files/ocha\\_press\\_release\\_nigeria\\_12\\_april\\_2016\\_0.pdf](http://earlyrecovery.global/sites/default/files/ocha_press_release_nigeria_12_april_2016_0.pdf)

<sup>30</sup> Whilst the April 2016 Joint Multi-Sector Assessment did detail a planned scale-up response by UN agencies, this scale-up was not in evidence by June 2016 when MSF accessed Bama.

<sup>31</sup> <https://www.empower54.org/61-infants-hospitalized-as-shettima-moves-478-malnourished-kids-from-bama-for-special-care>

<sup>32</sup> <http://www.doctorswithoutborders.org/article/nigeria-least-24000-displaced-people-dire-need-bama-borno-state>

<sup>33</sup> The MSF press release was a turning point that shocked donors according to the deputy humanitarian coordinator during this time, although the broad details of the crisis were already known according to NGOs and some donors interviewed for this report.

## The Ministry of Health declared a State of Nutrition Emergency in Borno State on 27 June 2016

MSF reported continuing barriers to swift scale-up coming from local authorities and there was still an unwillingness to welcome the full mobilisation of the UN-led humanitarian system

Since the end of 2016, the barriers to improved humanitarian action have been coming down

In June 2016, the government's National Emergency Management Agency (NEMA) reported 15 newly accessible areas in Borno State with 300,000 additional people in need of immediate food assistance. The Ministry of Health declared a State of Nutrition Emergency in Borno State on 27 June 2016. The malnutrition and food insecurity situation in these locations had been referred to as critical. Other urgent needs included shelter, non-food items, access to healthcare, water, sanitation and hygiene.

In July 2016, UNICEF together with the Nigerian government released the data collected in April detailing emergency levels of SAM and estimates of five deaths per hour among affected children.<sup>34</sup> This release indicated a new willingness by the local authorities to recognise the extent of the humanitarian emergency and call for help. However, the practical facilitation of that call was some months away.

From July to September, MSF reported continuing barriers to swift scale-up coming from local authorities and there was still an unwillingness to welcome the full mobilisation of the UN-led humanitarian system — resisting the announcement of an L3 emergency and the deployment of the cluster system.

In September, following a critical meeting between the UN deputy humanitarian coordinator and the vice-president, and then the release of a retrospective mortality survey by MSF Epicentre<sup>35</sup> focusing on camps in Maiduguri, the federal government of Nigeria established a new leadership model for the humanitarian response — the Inter-Ministerial Task Force (IMTF) — and its operational arm, the Emergency Coordination Centre.

Since the end of 2016, the barriers to improved humanitarian action have been coming down, even though the access and security issues remain difficult. The WFP has massively increased its food supply capacity<sup>36</sup>, a deputy humanitarian coordinator has been installed permanently in Maiduguri and over 20 INGOs are operational in the state (and many more pledging to work there), alongside UN agencies and local authorities.

---

<sup>34</sup> Nutritional Emergency in Borno Newly Accessible Areas - Response Framework, 28 June 2016.

<sup>35</sup> Not yet publically available.

<sup>36</sup> As at end August 2016, the WFP assisted 86,800 people with cash, 140,600 people with food, and 53,400 children aged 6 to 59 months with nutritious food. (Sitrep, August 2016) [http://documents.wfp.org/stellent/groups/Public/documents/ep/WFP287336.pdf?\\_ga=1.268597297.1351651688.1490574494](http://documents.wfp.org/stellent/groups/Public/documents/ep/WFP287336.pdf?_ga=1.268597297.1351651688.1490574494). In February 2017, across Borno and Yobe states, 1.07 million beneficiaries benefited from food distributions: 836,000 received in-kind food assistance, and close to 177,000 people were assisted with cash in areas with viable market conditions. Nutritious food was also distributed to 226,000 children aged 6 to 59 months and to over 1,000 pregnant and nursing women. (Sitrep, Feb 2017) [http://documents.wfp.org/stellent/groups/Public/documents/ep/WFP290509.pdf?\\_ga=1.237598784.1351651688.1490574494](http://documents.wfp.org/stellent/groups/Public/documents/ep/WFP290509.pdf?_ga=1.237598784.1351651688.1490574494)

The needs continue to exceed the supply of services with an estimated 700,000 people still cut off in the north of the state

At the time of writing, the UN appeal for north-east Nigeria has leapt from \$240m in 2016 to \$1.54bn for 2017 and a donor conference in Oslo has raised pledges of \$458m of this target. MSF has scaled up to over \$50m budgeted and yet The needs continue to exceed the supply of services with an estimated 700,000 people still cut off in the north of the state, and hundreds of thousands completely dependent on aid, living in camps in and around LGA headquarters, with little or no access to livelihoods.



## Success despite delays

The rural population is prone to malnutrition, due to poor harvests, limited access to markets and low resources

Since September 2016, access to food has significantly improved

It is important to note that the north-east of Nigeria is not a wealthy area, and its rural population is prone to malnutrition in the context of poor harvests, combined with limited access to markets and low resources. Prior to the Boko Haram-related troubles, food security was assessed as 'moderately insecure'<sup>37</sup> and there were known to be around 2-3% rates of severe acute malnutrition in some parts of the state, amongst rates of 10% of general acute malnutrition.<sup>38</sup>

Access to healthcare has also been limited by fee barriers and low levels of infrastructure, particularly in more remote areas.<sup>39</sup> Nevertheless, primary and some secondary healthcare was available at MoH facilities in all LGA capitals and these supplied a range of community health options, even if the health outcomes remained poor by national standards.<sup>40, 41</sup>

However, the violence has clearly exacerbated this poor baseline, even as the humanitarian intervention has attempted to mitigate its impact. It is impossible to get accurate figures on the effect to date of the humanitarian relief efforts. An analysis of the publicly available estimates<sup>42</sup> reveals a huge displaced population during 2015 and 2016 and only a tiny fraction of that population in receipt of official relief. Since September 2016, however, access to food at least has significantly improved. What can be said with confidence is that the overwhelming majority of humanitarian relief was delivered by the host community, which absorbed over a million people in Maiduguri during 2015 and 2016 with very little access to state or international assistance.

<sup>37</sup> [http://www.fews.net/sites/default/files/documents/reports/Nigeria\\_OL\\_2009\\_06.pdf](http://www.fews.net/sites/default/files/documents/reports/Nigeria_OL_2009_06.pdf)

<sup>38</sup> WHO 2006 Nutritional survey. WHZ WHO 2006 & MUAC WHO/UNICEF 2009.

[https://www.humanitarianresponse.info/en/system/files/NigerianNorthNutritionSurvey\\_Sep2012.pdf](https://www.humanitarianresponse.info/en/system/files/NigerianNorthNutritionSurvey_Sep2012.pdf)

Borno: 32.2% stunting and 9.9% severe stunting; 31.3% underweight and 7.9% severely underweight. Acute malnutrition (WFH) GAM: 10.6%, SAM: 2.7%, Acute malnutrition (MUAC) GAM: 9.5%, SAM: 3.4%.

Yobe: 21.1% stunting and 7% severe stunting; 24.1% underweight and 5.9% severely underweight. Acute malnutrition (WFH) GAM: 10.2%, SAM: 2.2%, Acute malnutrition (MUAC) GAM: 8.6%, SAM: 2%.

<sup>39</sup> Most of the health indices for Borno state continue to be low compared to the national and even the north-east zonal averages. The immunisation coverage levels are amongst the lowest; there are few maternal care services and high maternal, child & infant mortality rates (NHDS, 2008); there is a low proportion of households with at least one insecticide-treated mosquito net to prevent malaria and, above all, there exists evidence suggesting a high level of underutilisation of health services. (Borno state SHDP 10-15).

<sup>40</sup> Borno State Government. Strategic Health Development Plan 2010-2015. Situation Analysis, chapter 2. <http://www.mamaye.org/sites/default/files/evidence/Borno%20SSHDP%2006.01.11.pdf>

<sup>41</sup> Joint UN Multi-Sector Assessment - Borno & Yobe states, Nigeria, Summary Report, April 2016, p 11.

<sup>42</sup> Including IOM, UNICEF, MSF, NEMA, and ICRC reports.



There is an almost total gap in primary and secondary healthcare access, huge mental health needs, poor water and sanitation standards, and ongoing shelter needs

Why has this gap been allowed to emerge? and what has been the nature of that humanitarian failure?

The system meant to provide emergency humanitarian relief was late in coming to the aid of the people of Borno not once or twice, but three times

Nevertheless, there remain huge gaps. In Maiduguri, there is still little access to the hundreds of thousands of IDPs in informal camps and among the host community and low understanding of their condition. Whilst food and nutritional support has significantly improved there is an almost total gap in primary and secondary healthcare access, huge mental health needs, poor water and sanitation standards, and ongoing shelter needs.

Outside of Maiduguri, the situation —as of March 2017— was far worse, with much of the east of the state having suffered a ‘scorched earth policy’<sup>43</sup> leaving little or no infrastructure, and no civilian authorities. The health needs in isolated LGA headquarters like Gowza and Damboa were widespread, with reported<sup>44</sup> preventable deaths from malaria, childbirth and pneumonia, even though nutrition levels were adequate.

All respondents for this report recognised this huge gap in meeting the emergency humanitarian needs of the IDP and host populations. The questions that remain are: why has this gap been allowed to emerge? and what has been the nature of that humanitarian failure?

### How did we get here? Three times late

The universal refrain from humanitarians who have worked in Borno is “we were late”.<sup>45</sup> Further examination of this claim reveals that the system meant to provide emergency humanitarian relief was late in coming to the aid of the people of Borno not once or twice, but three times. It was late to recognise the IDP crisis as a humanitarian emergency in 2015, late to predict, confirm and respond to the nutritional emergency that followed in early 2016, and then once this tragic reality was made public, the system was again late to scale-up an effective response.

---

<sup>43</sup> A tactic of destroying all logistical, agricultural and economic infrastructure to deny an enemy force the resources these bring, and/or to punish and terrorise the population of areas from which a force is retreating.

<sup>44</sup> By MSF teams.

<sup>45</sup> A view volunteered by respondents to this research (from UN agencies, INGOs and some MSF staff).

## Late to recognise the humanitarian crisis (2015)

It was clear that a significant crisis was unfolding and yet the response from all actors was very small

The UN system, in particular, was not strongly led. The security situation was still very tense at this time

During the years of the scale-up of the counter-insurgency, Maiduguri saw a huge influx of IDPs. Refugees had been arriving in Niger, Cameroon and Chad in large numbers since late 2014.<sup>46</sup> It was clear that a significant crisis was unfolding<sup>47, 48</sup> and yet the response from all actors was very small. The ICRC, MSF and ACF began operations in Maiduguri, NEMA and then SEMA (the state level emergency management agency) and the local Red Cross were able to provide some services (especially food) to the minority of IDPs in official camps. UNICEF and the IOM were on the ground but with very limited coverage.

During this period in Nigeria the UN system, in particular, was not strongly led. Its leadership was resisting calls in the Humanitarian Country Team (HCT) in Abuja to launch an emergency approach in Borno, instead insisting on existing efforts being sufficient.<sup>49</sup> UNICEF did attempt to raise its presence in Maiduguri but, as with their presence throughout the crisis until late 2016, they were unable to mount an effective emergency scale-up, preferring existing modalities working with the Ministry of Health and contractors with modest impact. OCHA was not yet fully mobilised in the north-east, the WFP was not in the country, and what further UN enablers present in Nigeria were all development actors<sup>50</sup> with little or no capacity, funding or apparent willingness to be in the north-east during this period of violence.<sup>51</sup> These concerns were not without foundation. The security situation was still very tense at this time. The attack by Islamic militants on the US diplomatic compound in Benghazi in 2012 added to the already high level of concern, following the direct attack by Boko Haram on the UN compound in Abuja, in 2011 which killed 23 people.<sup>52</sup>

---

<sup>46</sup> OCHA Niger situation report number 10.

<sup>47</sup> <http://www.msf.org/en/article/niger-insufficient-humanitarian-response-crisis-diffa>

<sup>48</sup> <http://www.irinnews.org/news/2014/11/28/North-East-nigeria-hundreds-thousands-have-fled>  
<http://reliefweb.int/report/nigeria/need-ramp-aid-response-nigerias-violence-torn-North-East>

<sup>49</sup> According to respondents for this report.

<sup>50</sup> 18 UN agencies were present in Nigeria by the end of 2014, eight of which could respond directly to emergencies within mandated areas. 2015 Humanitarian Needs Review. Humanitarian Country Team. (pp. 18-19)  
<http://reliefweb.int/sites/reliefweb.int/files/resources/HNO%20Nigeria%20-%20Final%20version%2015March%202015.pdf>

<sup>51</sup> Violence that had already targeted the UN with a bomb attack on the UN HQ in Abuja in 2013.

<sup>52</sup> <http://www.reuters.com/article/us-nigeria-bombing-claim-idUSTRE77S3Z020110829>

## Some NGOs claim that they were pushing for action through the HCT

Clearly, not many operational NGOs were in Borno or Yobe (only the ICRC, ACF and MSF were mentioned at this time) whilst more were in Adamawa, and Bauchi. Some donors claim to have been pushing NGOs to mobilise to Borno whilst some NGOs claim that they were pushing for action through the HCT<sup>53</sup>, but without leadership from the UN they were not confident about moving. For 18 months after the kidnapping of the Chibok girls, and well over a year after the number of IDPs in Maiduguri rose beyond 400,000, there remained very few UN agencies or INGOs operating in Borno despite the huge needs.<sup>54</sup>

### **Late to see the dangers, late to sound the alarm, slow to act (end of 2015 to June 2016)**

This period saw the post-Buhari election reboot of the military offensive operating a classic counter-insurgency strategy to starve the insurgents of food, fuel, parts and communications. This also left the populations in Boko Haram territory, already suffering from years of Boko Haram rule, similarly deprived. IDPs were flooding into Maiduguri and across the north-east, with the total number of IDPs peaking at over 2.39 million in October 2015.<sup>55</sup>

This situation continued for another five months with no humanitarian actors leaving the state capital and little or no news reaching humanitarian actors as to what was happening in Borno beyond Maiduguri.

## The battle against Boko Haram was creating hundreds of thousands of IDPs who could not reach Maiduguri

It is now clear that the now very effective battle against Boko Haram was creating hundreds of thousands of IDPs who could not reach Maiduguri, but who instead were detained or sought protection by the army or the CJTF in makeshift camps in LGA headquarters. At best there was a clear failure on behalf of authorities to predict and or adequately plan and provide for this probability. As a result, the conditions of those contained in these camps deteriorated rapidly. By January or February 2016, the military alerted humanitarian actors, via informal channels, of the plight of the IDPs trapped in the war zone.

---

<sup>53</sup> A joint letter from INGOs was sent in late 2014 to donors urging for more support, but it was rebuffed.

<sup>54</sup> The coverage in parts of Yobe and especially Adamawa was more extensive during 2015 due to lower security constraints. However, "The limited presence of humanitarian actors in the north-east is due not only to insecurity but also to a lack of donor funding. State level emergency management agencies (SEMA) exist but have far too few resources to coordinate effectively, let alone respond to increasing humanitarian needs. Coordination structures appropriate to needs and resources and adaptive to evolving context will need to be established at state level." 2015 Strategic Response Plan. Humanitarian Country Team. (p. 14).

<sup>55</sup> [https://nigeria.iom.int/sites/default/files/dtm\\_reports/01%20DTM%20Nigeria%20Round%20XIII%20Report%20December%202016.pdf](https://nigeria.iom.int/sites/default/files/dtm_reports/01%20DTM%20Nigeria%20Round%20XIII%20Report%20December%202016.pdf)

Early warnings were able to create adequate relief efforts. In the case of MSF at least, the credibility of this information was doubted

At this time, there were very few humanitarian actors in the field, perhaps only the ICRC, the Nigerian Red Cross, UNICEF, MSF, ACF and local authorities. However, these early warnings were able to create adequate relief efforts. In the case of MSF at least, the credibility of this information was doubted and there was no trusted intelligence channel to verify them, nor any way to gain access beyond military escort. Even the ICRC and Nigerian Red Cross who had slightly better access and information, did not feel able to share that information with other humanitarian actors or mobilise others during this time, again because of the lack of solid data as well as a perception of the risk that broader sharing of information might endanger the small operations they had managed to establish. This was despite the UN publishing in January 2016 their assessment that *"In Borno state in particular, some 50,000 people are critically food insecure and have now reached Phase 5, the highest level of food insecurity under the Cadre Harmonisé classification."*<sup>56</sup>

However, by April the appalling situation for the IDPs caused the military to make official overtures for assistance. In April 2016, they wrote to the UN OCHA to request assistance and the first visit to Bama was arranged with military escort for Vincent LeLei, the OCHA head, along with the regional humanitarian coordinator, Toby Lanzer. This visit found "shocking" devastation and they described the 30,000 people gathered there as "on the verge of starvation", and "the most in need of anywhere we [the UN] are working".<sup>57</sup>

Curiously, despite a press conference at the UN headquarters, extensive use of social media channels and a press release<sup>58</sup>, the message from Bama did not appear to mobilise the donor or INGO community. Nor was there a significant scale-up of UN operations on the ground.<sup>59</sup> No obvious change to the humanitarian response came until local initiative Empower54 and Borno state authorities went with the military to Bama and brought back 1,200 critically ill and malnourished people for treatment in Maiduguri. MSF then went, again with military escort, and conducted a nutritional screening.

---

<sup>56</sup> Lake Chad Basin Emergency: Humanitarian Needs and Response Overview 2016 (January 2016).

<sup>57</sup> Press Briefing by Regional Humanitarian Coordinator for the Sahel April 12 2016.

<sup>58</sup> [http://earlyrecovery.global/sites/default/files/ocha\\_press\\_release\\_nigeria\\_12\\_april\\_2016\\_0.pdf](http://earlyrecovery.global/sites/default/files/ocha_press_release_nigeria_12_april_2016_0.pdf)

<sup>59</sup> UNICEF SITREP April 2016. In the conflict-affected states, admission of children aged 6-59 months into the Community Management of Acute Malnutrition (CMAM) program in April 2016 was 32% higher than the number of children admitted in March 2016. In total, there were 11,691 children with severe acute malnutrition admitted into the therapeutic feeding program. IOM: IDPs registered: February 2016 (33,104), March 2016 (50,922), April 2016 (55,978) and May 2016 (45,461).

Why did humanitarian actors, including MSF, take so long to publicly raise the alarm and why did they not press authorities for public assurances that the population would receive adequate humanitarian care?

Very high levels of SAM<sup>60</sup> were confirmed, but also a recent graveyard filled with over 1,200 graves, including 480 for children, was discovered, pointing to a longer history of starvation and disease. A press release was swiftly issued which caused significant coverage, but also generated accusations of inaccuracy from the state government and threats to expel MSF.

Despite the very serious security constraints limiting access beyond Maiduguri at this time, it was possible to access, albeit in a very limited way, some LGAs from around February 2016. Information on the plight of the IDPs in LGAs was circulating from this time. The exact fate of the population in these areas had been unknown for months but the tactics of the insurgency and counter-insurgency they were living through were not a secret. These circumstances raise the questions of why did humanitarian actors, including MSF, take so long to publicly raise the alarm about the possible condition of the population and why did they not press authorities for public assurances that the population would receive adequate humanitarian care, even if independent access was not possible. And also, why it took until June 2016 to ultimately choose to use military-facilitated access as a last resort to access the population in danger? The answers to these questions are security and politics, constraints that have hampered the response throughout.

### **System slow to gear up and late to arrive**

Since June 2016, the scale of the crisis in Borno, together with improved access, has mobilised donors, UN leadership, NGOs and the Nigerian authorities to radically increase the humanitarian response. However, that scale-up has been painfully slow. At the beginning of 2017, some NGOs were still waiting for funding to arrive, the UN system claimed to be only a quarter of the way to “cruising altitude”<sup>61</sup>, and the Nigerian government resources had yet to scale up to meet the needs.

The IOM’s displacement tracking matrix notes that the number of IDPs in Maiduguri in August 2016 was 614,724. In January 2017, it was still over 440,000, but with IDPs across the state known to have increased from 1.4 million to 1.5 million over the same period. FEWSNET reported famine to have “likely occurred” in the Bama LGA with an estimated

---

<sup>60</sup> As high as 19% in a rapid screening of children under 5 years.

<sup>61</sup> Deputy Humanitarian Coordinator’s phrase.

2,000 deaths occurring in just that LGA up until September, and they note there may have been similar conditions in other parts of Borno.

During this period the UN humanitarian appeal was revised up from a starting low of \$250m<sup>62</sup> to only \$280m in June, \$485m in September, until in January 2017 a more dramatic figure of \$1.5bn was set.

INGOs only began reaching people in need in most cases around September 2016. Funding was only just coming online 4 or 5 months later

INGOs with capacity to scale up, including ICRC, Mercy Corps, Save the Children, Oxfam, the Norwegian Refugee Council (NRC) and others, were beginning to arrive but only began reaching people in need in most cases around September 2016.<sup>63</sup> Donors (including USAID and ECHO) had been pushing for INGO mobilisation but funding bureaucracy did not allow for a quick expansion of operations, with one of the largest INGOs claiming that funding was only just coming online 4 or 5 months later. All actors reported significant delays and even blatant obstruction by local authorities – even following the public acknowledgement of the scale of the crisis in the media.

### Better late than never

State authorities have demonstrated a radical shift in both attitude and commitment to the humanitarian response

Since October 2016, federal and state authorities have demonstrated a radical shift in both attitude and commitment to the humanitarian response following the establishment of the Inter Ministerial Task Force and its operational arm, the Emergency Coordination Centre, in September 2016. The authorities' rhetoric turned from a narrative of denial to one of emergency, and condemned UN and INGO agencies for not doing enough<sup>64</sup> quickly enough, and even their own local efforts as being inadequate.

This welcome change in attitude is clearly a critical enabler for a more expansive and effective humanitarian response which must now fill the significant gap in emergency response resulting from the three late responses identified above.

In attempting to diagnose the causes of these three late reactions to the humanitarian crisis in north-east Nigeria, and especially in Borno state, it is this local political context which is, along with the security considerations, the most important to examine.

---

<sup>62</sup> Of which only 12%, or around \$26 million, was funded by April 2016.

<sup>63</sup> OCHA 3W mapping is incomplete (MSF is absent for example) and there is no indication of the scope of operations of those organisations claiming ongoing activities.

<sup>64</sup> <http://www.premiumtimesng.com/news/headlines/220082-boko-haram-borno-governor-lambasts-unicf-126-nonperforming-ngos.html>  
<http://thenationonlineng.net/8-5-million-people-need-help-borno-adamawa-yobe>



# Diagnosing the Emergency Gap

The humanitarian situation was less prominent internally and downplayed externally

The international community was also reluctant to press for an emergency response in north-east Nigeria

## Politics

As noted by ECC Chief Dr Ayoade's report to the Oslo donor conference in Feb 2017, "the unfolding humanitarian crisis was largely overlooked prior to 2016" and even in early 2016, "denial endured in certain quarters even as conditions deteriorated on the ground." The motivations for this denial are not discussed but they were, in large part, political.

The Boko Haram crisis has always been an embarrassment to Nigeria, both at a local and national level. Politicians everywhere abhor an obvious governance crisis. In Nigeria, the inability to manage the security of the country was a key feature of the 2015 presidential election<sup>65</sup>, sparking an election postponement, then increased military efforts, both before and after the election. These military reboots were designed to win both the battle on the ground and political approval for the president. The humanitarian situation was less prominent internally and downplayed externally, even as this increased military activity threatened to exacerbate that situation. Consequently, government policy has been to bolster the narrative of military victory with plans to relocate IDPs back to their LGAs — even in the face of continued instability and a huge gap in available essential services.

The negative political environment for humanitarian action was not only a result of national sensitivities and political agendas. The international community was also reluctant to press for an emergency response in north-east Nigeria. Respondents for this case study identified unwillingness amongst the donor community to add Nigeria —the richest country in Africa— to a heavy list of humanitarian priorities, especially when doing so may risk the displeasure of the Nigerian government. As early as 2014, INGOs wrote to embassies to urge them to facilitate an emergency response. The main effect of this effort was the consequent admonishment of INGOs by the Nigerian Ministry of Foreign Affairs, which called NGO representatives in to advise them not to spread alarmist information.<sup>66</sup>

Throughout the response, tense working relations between governmental authorities and humanitarian actors has limited the capacity for those actors to publicly communicate, and even privately lobby for policy change. Even MSF, despite prominent press statements, found this environment difficult and have modified public communications or chosen to remain silent in the interests of ongoing operations.

---

<sup>65</sup> <http://www.ibtimes.com/nigeria-election-2015-how-muhammadu-buhari-won-presidency-1865464>

<sup>66</sup> According to respondents for this report.

## Political relations with Nigeria are more complex than with failed states

Political relations with Nigeria are more complex than with failed states and/or economically weak states more commonly the site for humanitarian interventions (e.g. South Sudan, CAR, Sierra Leone). Donor governments engaged with Nigeria have, on the one hand, significant economic ties, and on the other, long-term concerns about the need for Nigeria to manage its huge population growth. The population explosion underway could double the already 200 million population figure within 20 years. Such a growth presents a serious threat to regional prosperity and stability, by complicating the development agenda across the country, and adding to the already significant migration flows that top political agendas across Europe. This broader context empowers the Nigerian authorities, who are unusually strong partners of their development and economic supporters. This limits the incentive for donor governments to push against Nigerian sovereignty in terms of the humanitarian response in the north-east.

## There is a strong desire on behalf of the State administration to manage the negative perceptions that could come with greater levels of external intervention

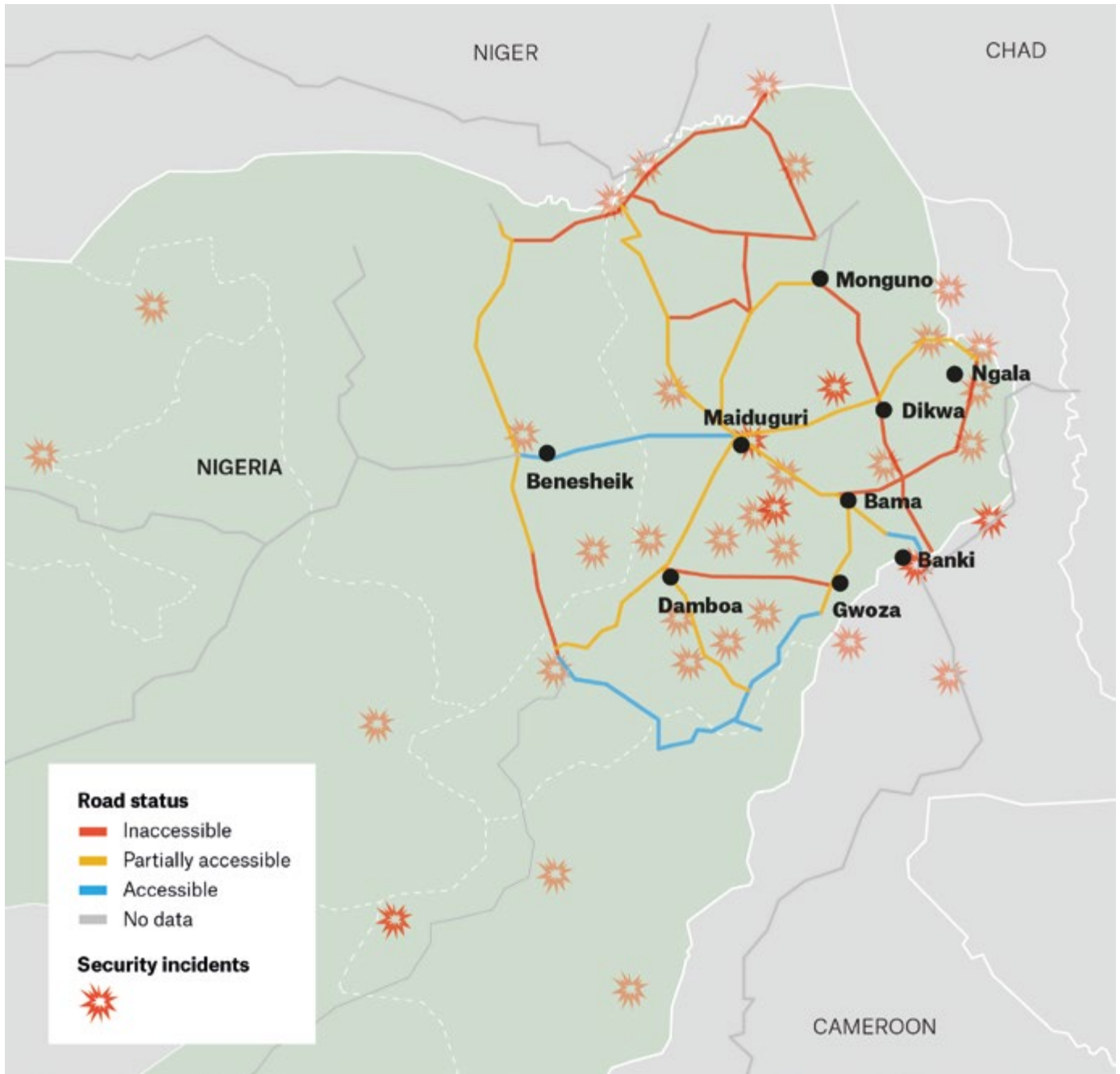
Locally, political dynamics have been intertwined with the conflict from the outset.<sup>67</sup> In the context of a state of emergency and widespread denial of the scale of the crisis, those few independent humanitarian actors attempting to operate in Borno were hampered by obstructive bureaucratic decision-making that was clearly unwilling to adapt to an emergency context. This unwillingness was in no small part politically motivated. The motivations are openly communicated. There is a strong desire on behalf of the State administration to manage the negative perceptions that could come with greater levels of external intervention. There has been blame shifting from Federal to State and back again<sup>68</sup>, and local military desire to claim victory over the insurgent forces. All of which adds to the obvious desire to hasten a return to normalcy, especially in Maiduguri, and so prosecute a policy ambition for the early relocation of IDPs.

---

<sup>67</sup> Interviews with Maiduguri locals demonstrated that perspectives on the origin and ongoing dynamics of the conflict can vary wildly from the accepted international perception of violent jihadi insurgency, including the perception that collusion of politically aligned and funded youths prosecuting violence as part of local political vendettas was the origin of the crisis.

<sup>68</sup> <http://nema.gov.ng/north-east-humanitarian-challenges-matters-arising>

Finally, it is relevant to mention the positioning of the military offensive as part of the global war on terror. The alliance of the Shekau Boko Haram faction with the Islamic State organisation confirmed that aspect of the conflict in March 2015.<sup>69</sup> The prominence of this global agenda for the military advisors in Nigeria (including French, British and American) is unlikely to have eased the already obvious tension between counter-insurgency operations and humanitarian action.



MAP Source: UN OCHA. Access Map north-east Nigeria, January 2017.

<sup>69</sup> <http://www.bbc.com/news/world-africa-31784538>

## Security

The north-east of Nigeria continues to be a very dangerous place for humanitarians to operate. Boko Haram, in its various guises, are infamous for the level of violence with which they subdue local populations and terrorise those outside of their direct control. The military and paramilitary response to this violence has been unsurprisingly forceful. The space for effective humanitarian action in this conflict has, as a result, been severely restricted.

### Effective contact with Boko Haram was not possible for humanitarian actors

Since the declaration of the State of Emergency in 2013—and even since its expiration in late 2014—the majority of Borno was effectively under martial law. Those areas not controlled by Boko Haram were controlled by the Nigerian army. All movement was therefore under strict control. For much of 2015, areas outside of Maiduguri were genuinely inaccessible for independent humanitarian actors. Effective contact with Boko Haram was not possible for humanitarian actors, and the military ruled out access in their areas of operation.

In Maiduguri, the story is less clear. After the reopening of the airport in August 2015 access was possible. Attacks still occurred—and were still happening during the research for this report—but access was negotiable, even if residual risks remained. However, the overwhelming majority of the IDPs in Maiduguri were not living in camps but spread through the community. Boko Haram infiltration of the town was always a reality and this resulted in a dangerous, changing urban context that was very difficult to assess in terms of risk, whilst also challenging to assess in terms of effective access to vulnerable populations. Those in organised camps were mostly found on the margins of the city, which was particularly vulnerable to attack by suicide bombers as well as raiding parties. Movements by humanitarians were therefore limited to daylight and yet still brought significant risk.

### Opinion is divided as to the feasibility of earlier action from a security point of view

As the army declared areas liberated from late 2015<sup>70</sup>, the question of independent humanitarian access beyond Maiduguri becomes relevant. This period from the end of 2015 until June 2016 is the window of concern in terms of whether humanitarian response outside of Maiduguri should and could have been mounted earlier. Opinion is divided as to the feasibility of earlier action from a security point of view. However, the experience of the local Red Cross, UNICEF,

---

<sup>70</sup> Although in the south and west as early as February 2015.

Empower54, then later MSF and ACF, shows that it was possible to push the boundaries of access set by military authorities. However, consensus of those present attest to the very limited, and still high risk, nature of any operations outside of Maiduguri at this time.

UNICEF was able to get local staff to Dikwa, Monguno and Bama, and validation staff in February 2016. The Nigerian Red Cross travelled without military escort, but with military approval and using incognito local staff, to Dikwa by April, after having tried and failed to get a team to Bama. Military escorts allowed the UN high-level delegation to access Bama in early April, Empower54 to do so in May, and then MSF in June.

**Boko Haram were targeting military convoys and anyone travelling with them risked attack**

Whilst access was possible it was still risky. Boko Haram were targeting military convoys and anyone travelling with them risked attack. The use of military escorts was no guarantee of safety during transit and came with the longer-term threat of the loss of any perception of neutrality by armed groups, heightening risks for operations across the affected areas. The use of military escorts as a means of last resort comes as a recognition that the principle of humanity, focusing on the lives at risk today, trumps that of neutrality that promotes a longer-term access in the future. Wrestling with this dilemma of using military escorts as the only way to access populations delayed, and in some cases prevented, relief operations during this period.

**A humanitarian convoy including MSF staff was attacked on 28 July, injuring three humanitarians**

Even where the compromise was made it was not a guarantee of access. A humanitarian convoy including MSF staff was attacked on 28 July, injuring three humanitarians<sup>71</sup> and leading to the suspension of road movements by MSF from Maiduguri (even though MSF teams continued to access Banki from Cameroon using escorts). In contrast to other contexts<sup>72</sup>, UNDSS appeared to be more willing to allow UN agencies to accept these risks than NGO leadership was. NGOs were even critical of the UN for taking such risks.<sup>73</sup> In the context of very high security mandating military protection, the roles of risk taker and risk avoider were, for some time at least, reversed.

---

<sup>71</sup> [https://www.unicef.org/media/media\\_92039.html](https://www.unicef.org/media/media_92039.html). An MSF employee was also injured in this attack

<sup>72</sup> See, for example, the Yemen Case Study in the Emergency Gap series.

<sup>73</sup> According to respondents for this report.

Some agencies<sup>74</sup>, however, did find alternative means to travel in sufficient safety, through negotiating travel times with local military commanders who did not escort the humanitarians but did ensure recent patrolling of the route to mitigate the possibility of armed group activity during the convoy's journey. UN HAS helicopter flights became available from mid-2016 and this allowed access to LGAs previously cut off, including Gowza, Polka and Ngala. Although, again the use of helicopters both underlines the risk of road transport and comes with its own vulnerabilities — a military helicopter came under ground fire during the research for this report.

In Yobe state, MSF demonstrated that accessing IDPs outside of Damaturu was possible despite security concerns. However, there was no willingness (in early 2016) to go further along the road to Benisheik.

"Access negotiations take time and should have happened a lot earlier"

It clearly was possible to mobilise some humanitarian access outside of Maiduguri earlier. The risks were significant —perhaps too great for most— but in the opinion of one INGO respondent "access negotiations take time and should have happened a lot earlier" reflecting that the civil military engagements did positively influence the security levels on some road routes. Their view was that had these negotiations begun earlier, then earlier access could have been achieved. Perhaps only two or three months earlier and perhaps only by small teams — but given the context of the nutritional crisis at that time, this would have been a crucial difference for thousands of IDPs. Balancing this sanguine assessment is the sobering view of another INGO manager, who noted that a discourse that promotes "the idea of self-sacrifice of humanitarian workers" is to be avoided. Instead, the reflection must start from the other side "whether in fact our teams are taking too many risks".

### **Disempowering leadership**

Until 2016, the UN's leadership was not fit for purpose

As the UN system has consolidated its multiple roles as funder, coordinator and implementer<sup>75</sup> during humanitarian responses, effective leadership has become ever more critical to effective performance. However, according to multiple respondents —including UN employees— until 2016, the UN's leadership was not fit for purpose.

---

<sup>74</sup> At least one NGO in some limited cases.

<sup>75</sup> Even if implementation is overwhelmingly done via contractors and partner agencies.



There was no consistent humanitarian coordinator and those that were in place between 2014 and 2016 were not emergency experienced. Fill-in humanitarian coordinators were required to juggle longstanding development relationships with the Nigerian authorities, whilst being simultaneously responsible for pushing those same authorities to accept emergency humanitarian modalities. Unsurprisingly, this was not a great success.

## Division between INGOs and UN agencies on this point deepened a distrust that soured relations

The humanitarian country team has been described as dysfunctional at the Abuja level, with key actors sometimes not present, or, more damningly, openly resisting calls for a move to an emergency mode for response in the north-east (including the UN declaring an L3 emergency) in order to preserve existing relationships with Nigerian authorities. Division between INGOs and UN agencies on this point deepened a distrust that soured relations, which even lasted through the later implementation of relief activities in Borno. A key UN agency blocked access by INGO responders to areas where they were working in Borno, claiming that their coverage of needs in that location was adequate. This rivalry continued as the UN agency then partnered with local authorities to have the NGO removed from premises where they were delivering health services. Complaints were made to UN headquarters.

## INGOs did not mobilise during this early stage. Even those few already present in north-east Nigeria, including MSF, did not have the area high on their operational agendas

This leadership gap was a key contributor to the lateness to recognise and act on the emergency of the IDP crisis in 2014-15. But it was not confined to the UN agencies. Donors too were reluctant to push for action early in 2014 and 2015. The political uncertainty during and following the election period of 2015 had, in the eyes of some respondents, a chilling effect on the willingness of donors to assert leadership in the face of local discomfort with a “humanitarian emergency” discourse. INGOs also did not mobilise during this early stage of the crisis. Huge development responsibilities, lack of experienced staff, little or no emergency funding all militated against independent deployment. However, even those few already present in north-east Nigeria, including MSF, did not have the area high on their operational agendas. The operations continued to be run from Abuja, with small teams and with very limited ability to monitor beyond the modest operations allowed by the state authorities.

## Coordination crisis of confidence

As the context in 2016 finally did bring more humanitarian resources to Borno, coordination of those resources became more important. NGOs present in Maiduguri in early 2016 reported huge needs, leading to a scattered response characterised in their own words as “running all over town”, “we were like headless chickens — everyone was”. The need to scale up was urgent and as that scale-up developed so did the need to coordinate. This somewhat desperate approach could not continue. Of course, emergency coordination is never straightforward, and in this case was especially difficult because of tensions between State and UN coordinating actors, poor quality data, and low levels of confidence in the system.

Almost all respondents<sup>76</sup> bemoaned the lack of effective coordination at national and state level. At Abuja, the Humanitarian Country Team was divided. Even as late as mid-2016 the issue of whether an L3 emergency should be declared was controversial.

---

<sup>76</sup> One local NGO was the exception to this broad view.

### Level 3 Emergency

An L3 Emergency is declared by the UN Emergency Relief Coordinator when *“it is clear that the capacity to lead, coordinate and deliver humanitarian assistance and protection on the ground does not match the scale, complexity and urgency of the crisis.”*

UN regional humanitarian coordinator Toby Lanzer was adamant that L3 was not appropriate and that instead the Nigerian authorities’ approach of using a working group-run, ministry-led coordination effort could be as effective as the cluster system.

Detractors note the structural difference with the L3 declaration which simultaneously empowers the leadership (especially the humanitarian coordinator roles), releases CERF funding, sends a clear message to donors about the priority of the crisis, and mobilises ‘A team’ staff to ensure effectiveness. Critically, for a conflict context where the state is a belligerent, government-led relief efforts fail the neutrality test.

The eventual declaration of an ‘internal L3’ emergency certainly did mobilise critical experienced human resources as well as

additional financial resources, which all respondents have noted as having a positive impact. However, the difference has been that the cluster system is only partially used, non-UN agencies are not formally brought under the leadership of the humanitarian coordinator, and the message to donors in terms of the need for funds is diluted.

A declaration of an L3 emergency was clearly resisted by Nigerian authorities, as well as by some established UN agencies unwilling to see a shift in existing operational modalities.

A former deputy humanitarian coordinator for Nigeria dismissed the idea that an L3 was possible, noting that: *“The angry reaction of NEMA and other federal government bodies to the internal L3 —as a UN attempt to undermine Nigeria and present Nigeria as a failing state— is clear evidence that the political reaction to an external L3 would have been to the detriment of the humanitarian response.”<sup>77</sup>*

This question of feasibility is an important one to explore. The delay and ultimate failure to declare an L3 (and the positive impact of an internal L3 declaration) certainly has had an impact on the quality of the humanitarian response.

## The utilisation of local state ministry-led working group coordination failed to achieve minimum levels of actor mapping and an accurate understanding of actor activities

In the absence of an L3 declaration, the utilisation of local state ministry-led working group coordination failed to achieve minimum levels of actor mapping and an accurate understanding of actor activities, and so failed to avoid duplication, or worse, coverage gaps. This was the situation in late 2016, and some respondents noted that whilst improvements were happening, the data was still poor.

Across the northern border in Diffa (Niger), at least some level of confidence in some working group coordination at local level was in evidence, despite ongoing problems with flag-planting and over-claiming of coverage by some actors.

---

<sup>77</sup> Interview for this research.

There was little reported confidence in the coordination efforts. Large humanitarian stakeholders, including the different MSF sections, the Nigerian Red Cross and the ICRC were either totally absent or often absent

In Maiduguri, however, there was little reported confidence in the coordination efforts. Rebuilding confidence in the coordination is important because at the time of writing a vicious cycle of distrust and disinterest in the coordination was reported by implementing actors. Large humanitarian stakeholders, including the different MSF sections, the Nigerian Red Cross and the ICRC were either totally absent or often absent. At least part of the reason for this boycott was the perception that it was 'a waste of time', and that the data was 'not credible'. Consequently, coordinators are left to piece together a picture with some accurate data from some actors, others who are overstating activities and ambitions, and others (including some of the biggest players) who are absent and not sharing data at all. Of course, this problem is exacerbated when the government insists on leading the coordination, and in so doing forces those actors who follow humanitarian principles more strictly, such as the ICRC and MSF, to abstain for reasons of maintaining neutrality and independence.

Unfortunately, like in Diffa<sup>78</sup>, there are also reported cases of lead agencies (who partner as working group leads with local line ministries) using their influence to exclude other actors or otherwise assert their control over that sectoral activity. This was mentioned as happening at least in the nutrition and health working groups during the second half of 2016.

Flag-planting and other competitive practices were apparent despite the universal recognition that the needs both inside Maiduguri and beyond have been 'overwhelming'

This willingness to block humanitarian actors from delivering services via bureaucratic obfuscation on behalf of local authorities, and flag-planting and other competitive practices were apparent despite the universal recognition that the needs both inside Maiduguri and beyond have been 'overwhelming'.<sup>79</sup> The motivation of staff to change their mindset from being local development bureaucrats reporting on internal performance targets to emergency actors working collaboratively to have maximum effective impact was clearly not universal.

---

<sup>78</sup> See Emergency Gap Case Study on Niger, MSF Spain, December 2016.

<sup>79</sup> An adjective used by multiple respondents.

## Changing gear from development work to emergency humanitarian work was very difficult for many humanitarian actors

### Development handbrake

In another reflection of the dynamic seen in Diffa, the challenge of changing gear from development work to emergency humanitarian work was very difficult—even impossible—for many humanitarian actors. However, unlike its northern neighbour Niger, Nigeria has not declared a large-scale humanitarian emergency<sup>80</sup> since the Biafran war. However, as a huge country with a large population living in relative poverty, development programmes have been long established and have grown very large. Amongst the UN agencies, UNICEF is exemplary in the scope and depth of its development programme—the second largest in the world. INGOs too run huge operations. Save the Children, for example, has a budget that reportedly exceeds \$50m<sup>81</sup> and over 300 staff in their HQ. These programmes are delivered by long-serving staff, including managers, they are deeply embedded with Nigerian government ministries and include few or no experienced emergency staff or emergency-specific modalities. This meant that in the north-east there was precious little capacity to recognise, mobilise and be effective in the emergency response from 2015 on. Moreover, this problem of inertia was compounded by active attempts by field and management staff to resist attempts to overcome it and instead maintain the status quo.

UNICEF has had a high profile in the response to the crisis in north-east Nigeria and presents the most prominent example of a large agency that—in the views of all respondents for this report—experienced huge challenges when attempting to morph into an emergency responder. Challenges it largely failed to overcome.

The anecdotal report card is mixed, however, with key respondents noting that UNICEF did use its large Nigerian network and close links with the government to access Borno state earlier than most and to reach cut-off areas sooner than most, or perhaps anyone. Unfortunately, UNICEF simultaneously struggled to ensure staff could implement in an emergency mode that prioritised high quality and reach over existing low-impact modalities (e.g. the use of local community health extension workers and intermittent mobile clinics to fulfil health coverage responsibilities), and that welcomed collaboration, flexibility and cooperation with other actors.

---

<sup>80</sup> At least not one that has been openly recognised as such and managed as such with international assistance.

<sup>81</sup> HCT members reported.

# Expecting a development organisation with long-term development staff to be high-performing emergency humanitarians is unfair

Expecting a development organisation with long-term development staff —essentially local civil servants— to be high-performing emergency humanitarians is unfair. But this is the model that is partly relied upon to deliver through the UN system and most large multi-mandate INGOs, at least until L3 or other specialist staff are fully deployed.

## COMMUNICATIONS

### Transparency, Truth and Humanitarian Action

The Nigerian context has exposed the impact of communication on the development of a humanitarian response and ultimately the effectiveness in terms of saving lives and alleviating the suffering.

Three key perspectives on communication motives and practice illustrate the tensions and impacts.

### Communication for Policy

When MSF issued a press release on 22 June 2016 about starvation in Bama, it had a huge impact on donors, the government of Nigeria and other NGOs. The UN's informal feedback was reported to be "we said the same thing two months ago and no one cared!" This is both true and perplexing.<sup>82</sup>

However, the context of the UN communication is noteworthy. Issued in April, just a few weeks before the World Humanitarian Summit, the UN communication, whilst noting the malnutrition in Bama, quickly focused on policy issues. Toby Lanzer said, "When faced with such suffering, we tend to focus on an emergency response, and in the case of Bama it is right to do so, but rarely has the need for development been greater in a crisis setting such as that of Borno." He also said, "Some UN development agencies stand ready to support communities under the leadership of the authorities," and "Relief is not the answer. Relief and development really must go hand in hand."

The result was a mixed message, and without a commensurate UN scale-up, emergency HCT meeting or L3 declaration, the message had little impact.

### Communication for Fundraising

The bilateral communication by other UN agencies (WFP, UNICEF) earlier in 2016 about the scale of the nutritional crisis also should have mobilised emergency response but did not. Respondents for this report note that previous experience of UN communications based on guesswork and data linked to fundraising objectives have undermined the credibility of the organisation's communication in the eyes of humanitarian operational managers. And, like the boy who cried 'wolf!' one too many times, the dire predictions (even in the Humanitarian Response Plan of January 2016) which turned out to be true, were largely ignored by the government, donors and NGOs. This does not absolve NGOs and the government for not cross-checking or having their own surveillance or early warning, but does in part explain this critical gap.

This is a structural problem. A system which does not carry any meaningful emergency funding contingencies<sup>83</sup>, but instead relies on funding appeals driven partly by communication initiatives, will necessarily carry with it the suspicion that data and analysis is influenced by fundraising objectives.

<sup>82</sup> Also a video of emaciated children cradled by soldiers filmed during Empower54's visit seems to have had little impact — at least outside of Nigeria. It was not released until after the MSF press release.

<sup>83</sup> The subsequent CERF injection was widely noted to be very small — barely adequate to get started.



## Communication for Profile

INGOs are not immune to the influence of funding on communication. Many respondents complained of the “fake news” of INGO activity in the emergency response.<sup>84</sup> The truth is hard to discern even when on the ground. UN coordinators complain of NGOs focusing activities in areas of easy access where logos can be displayed. Over 130 NGOs appear to be claiming some level of response to the crisis, and OCHA 3W maps make it look like a complete circus. However, in February 2017, only 22 were recognised by the UN deputy humanitarian coordinator in Maiduguri as being operational and most of those only in Maiduguri.

This lack of transparency in communication filters down to the coordination level as we have seen, leading to a corruption of data at an operational level, but also a funding level, and in terms of general public awareness of the competence of global emergency response.

## Narrative

Perhaps history will judge most harshly the apparent unwillingness of INGOs (including MSF) to challenge the dominant characterisation of the humanitarian crisis as a Boko Haram-caused tragedy. Privately, all non-Nigerian observers of the crisis recognise<sup>85</sup> that the actions of all armed actors in the conflict have been causal in the misery and death of the affected population. The impact of the counter-insurgency tactics on the civilian population have been an open secret for at least two years.

Whilst diplomatic communication is critical in maintaining operational space, the capacity for independent humanitarian voices to temper the impacts of such tactical choices is, some claim<sup>86</sup>, still possible, but largely hasn't been used.

Organisations with the capacity to bring in experienced emergency leadership and key staff did so, but still found this experience problem limiting

## Inexperience — lost experience

This problem of a humanitarian motivation deficit —or having the wrong mindset— is a function of experience. Organisations both local and international rely heavily on local staff largely drawn from the bureaucratic class of Nigeria. These staff are not trained humanitarians (one INGO training found that 75% of staff could not name one Humanitarian Principle let alone recognise SPHERE standards) and cannot be expected to act as such. Organisations with the capacity to bring in experienced emergency leadership and key staff did so, but still found this experience problem limiting. In one of the most charitable analyses of the UNICEF performance in 2015 and early 2016, the leadership was described as having pushed to gain access to remote LGAs early to get some level of service to IDPs, but the modality of that service failed to deliver the required quality because of the kind of staff asked to implement that service. Perhaps most importantly, they failed to notice red flags more experienced humanitarian staff would surely (and eventually did) find alarming — for example the rapidly filling graveyard at Bama.

<sup>84</sup> An observation substantiated in the SAVE project research which concluded: “While some humanitarian organisations remain operational in active conflict, they often overstate their impact. Incentives to demonstrate presence to donors and the general public can obscure the reality that their footprint on the ground is limited. The perverse result is that aid organisations often inadvertently make the humanitarian situation appear less dire than it is, undermining their advocacy on behalf of the people they seek to serve.” <http://www.saveresearch.net/presence-and-coverage>

<sup>85</sup> At least those responding to this research.

<sup>86</sup> The debate is ongoing within MSF.

Organisations with emergency experience can afford to be reflective on how the signs of trouble beyond Maiduguri were not predicted earlier

MSF struggled in some parts of their response to get the intervention right first time, which some internal reflection has linked to the inexperience of exploratory teams

There has been an apparent unwillingness to prioritise the humanitarian imperative ahead of organisational (or national/political) goals

Even organisations with emergency experience can afford to be reflective on how the signs of trouble beyond Maiduguri were not predicted earlier, and then even discounted when first they appeared. Again, experience in terms of historical appreciation of the humanitarian consequences of aggressive counter-insurgency campaigns (Angola, Sri Lanka) should perhaps have spurred more efforts to investigate the condition of, and demand access to, cut-off populations. This has been a self-criticism made by some MSF managers<sup>87</sup>, although significant disagreement exists as to how much can and should be expected of staff in such circumstances. Despite this, it is agreed that there were human resources constraints, especially as the lead MSF section in Borno did not have a large pool of English-speaking African coordinators to draw upon. Nor can it be assumed that NGOs with an emergency reputation are necessarily able to quickly deploy teams with relevant experience. Again MSF struggled in some parts of their response to get the intervention right first time, which some internal reflection has linked to the inexperience of exploratory teams working under time and resource pressures.<sup>88</sup>

### Humanitarian or simply human

Common to all actors' varying levels of underperformance is the apparent unwillingness to prioritise the humanitarian imperative ahead of organisational (or national/political) goals. This phenomenon appears in the aforementioned squabbling at coordination meetings and the willingness to flag-plant to claim geographical coverage in the name of the organisation, rather than submit to a shared effort or stand aside for a better placed actor. The phenomenon infuses the politics of the donor community and the compliance of the UN agencies and some NGOs in not wanting to disrupt their relationships and funding. Local authorities too have been implicated in deprioritising humanitarian objectives, as accusations of corruption and petty politics have been circulated in the local press.<sup>89</sup>

---

<sup>87</sup> For example, querying the time it took to link the experience with IDPs in Niger and Cameroon with the possibility of a major crisis in Borno.

<sup>88</sup> MSF internal interview.

<sup>89</sup> For example <https://iwpr.net/global-voices/nigeria-when-aid-goes-missing>

Even the MSF movement struggled to effectively coordinate within itself to mount a collective scale-up

Even the MSF movement struggled to effectively coordinate within itself to mount a collective scale-up. Delays in coordinating exploratory missions in Borno were quickly overcome. However, in Maiduguri, despite very large unmet needs, the lack of coordinated representation to the authorities led the lead MSF section to resist entry by other MSF sections for fear that it would destabilise the already tense relations and so threaten the current large MSF operations in the city. This delayed access for at least a month, by which time (August 2016) the huge needs in Maiduguri were obviously beyond the capacity of one MSF section to meet.

Petty internal or inter-agency disputes and rivalries should not complicate the already high-stakes dilemmas field staff face

Perhaps this very human failing —to focus on the internal and proximate vs the external and long-term— is to be expected, but not to recognise it is to collude in its continuance. Emergency humanitarian response is fraught with difficult decisions that must be made under time pressure and often with questionable data or intelligence. Mistakes are inevitable. However, at a minimum, humanitarian actors must be vigilant, as well as transparent and accountable, to ensure that petty internal or inter-agency disputes and rivalries do not complicate the already high-stakes dilemmas operational field staff commonly face.

## Conclusions

What remains is to judge where this failure is 'built-in' as part of the current broad modality of intervention

Much of the emergency gap in Nigeria has been specific to the context

Some limiting features stand out as structural and avoidable

Emergency response requires a mindset, and a skill set which decision-makers in this crisis have noted as being too rare

That there has been a gap in the emergency response to the humanitarian crisis in north-east Nigeria is not in doubt. It is not even so surprising, given the context in which that crisis occurred. The explanations for this gap, the late response and problems of scale-up have all been freely admitted by the actors themselves. What remains is to judge where this failure is 'built-in' as part of the current broad modality of intervention. Clarity on this point will of course suggest areas for longer-term reform. As important for this context is to ensure that any systemic problems that can be fixed are fixed, so that the efficacy of the humanitarian response can continue to improve.

In fact, much of the emergency gap in Nigeria has been specific to the context, the political nature of the crisis, the inability to gain access to populations via either side of the conflict, and the competition for humanitarian resources which meant that a response in 'rich', and politically difficult, Nigeria was never going to be prioritised.

The hypothesis of the Emergency Gap project is that the current structure, conceptual underpinning and prevalent mindset of the international humanitarian system limits its capacity to be effective in response to conflict-related emergencies. Even if these issues were to be much improved, effective humanitarian response in Borno would still have been very challenging. Nevertheless, some limiting features stand out as structural and avoidable. It is perhaps all the more important to recognise constraints that can be overcome when faced, when so many simply can't be.

Firstly, the response has been undermined by development-focused actors that assert their capacity to become emergency actors in extremis, but fail to do so through lack of experience and/or competing organisational motivations. Local actors are similarly ineffective without the relevant experience.<sup>90</sup> Emergency response requires a mindset, and a skill set which decision-makers in this crisis have noted as being too rare. Development of these capabilities and outlooks requires investment in training, specific recruitment, clarity of purpose and internal political backing. These foundational elements have been lacking.

---

<sup>90</sup> Whilst no thorough exploration of local NGO perspectives was possible for this report, the impact of local actors (outside of the local community level assistance) was noted to be modest and inexperienced. One local NGO did suggest that the majority of local NGOs were low profile and focused on development programmes relating to livelihoods.

Even more emergency-specialised organisations like MSF struggle to mobilise the kind of experienced leadership needed

A sector beset with competition for funds, for prominence and for influence is not best placed to operationalise the humanitarian imperative

The experience in Borno state should give pause to those who think that development work and humanitarian relief can be folded into one another easily

Even more emergency-specialised organisations like MSF struggle to mobilise the kind of experienced leadership needed to be effective early, to anticipate likely challenges, to innovate and adapt to gain access, and to manage complex external (as well as internal) political relationships that are critical to operational success.

This dearth in relevant experience leaves emergency response across the system under-resourced to push back against access issues, political agendas (e.g. to declare a premature end to the emergency, return of IDPs or refoulement of refugees), to recognise early warning signs and to collaborate effectively once mobilised.

Secondly, a sector beset with competition for funds, for prominence and for influence is not best placed to operationalise the humanitarian imperative. Coordination and collaboration within sectors, with government and even within organisations like MSF, must improve if better outcomes are to be realised in north-east Nigeria. Improved transparency in effectiveness, coverage, and collaboration—in some cases linked to more formal accountability measures—could plausibly improve the kind of obstructive behaviour and culture sometimes seen in the Nigerian context. The cost of allowing it to continue is paid by the vulnerable populations who experience the loss in quality of care that follows from this dysfunction.

Thirdly, the population in north-east Nigeria has suffered the impact of a top-down policy imperative favouring development goals over immediate humanitarian needs that has driven operational choices and political positioning. To assert that the UN agency priorities must immediately include development goals, as the regional humanitarian coordinator did, is a radical position to take in the context of such huge immediate needs. These political positions do influence the response, they strengthen the local political narratives which promote development over humanitarian response for their own reasons, and they shape the proposals made by INGOs to donors which then include development elements rebadged as humanitarian activities. There is a live and important debate in the sector as to when and how the development/humanitarian articulation must begin during an emergency. The experience in Borno state should give pause to those who think that development work and humanitarian relief can be folded into one another without significant cost to populations struggling with existential threats today.

The lack of significant reserve funding available to UN agencies, and INGOs for emergency humanitarian purposes, exacerbates much of the negative dynamics in the system

Finally, the lack of significant reserve funding available to UN agencies, and INGOs for emergency humanitarian purposes, exacerbates much of the negative dynamics in the system seen in the course of this humanitarian crisis response. Were more actors able to access untied surge funding for emergency response—as did the ICRC, MSF, and indeed the WFP in the second half of 2016—then this would reduce funding-related delays, and reduce donor or HQ temptation to influence programming through funding bureaucracy. This in turn would alleviate some of the competitive pressures that lead to flag-planting and corruption of data, and so in part improve the quality of coordination mechanisms and thus the effectiveness of the collective response.

Imagining such changes in the context of Nigeria would not radically change the history of the humanitarian tragedy experienced by millions of northern Nigerians. After all, the security and political constraints would still have been formidable. However, these kinds of changes are at least choices in the hands of humanitarian decision-makers, whereas so much else that limits bringing relief to vulnerable populations is not.



## Post script: the emergency continues

To ensure that civilians remain protected even as military operations continue remains the highest priority

Refoulement of those who have sought refuge in Niger, Chad and Cameroon is inappropriate

Whilst the change in the political climate in Nigeria has greatly increased the capacity for the humanitarian system to mount an effective response, the emergency continues and many needs remain unmet. Now that the context is more conducive to effective response, the imperative to ensure that the failures of the past are not repeated is even more pressing.

The ongoing task to ensure that civilians remain protected even as military operations continue remains the highest priority. The UN estimates that 700,000 people still remain cut off in those LGAs in the north of Borno where the military continue to deny access. Whilst negotiations for access must doggedly continue, so too must the efforts to extract public assurances, including evidence, that cut-off populations will not suffer the same fate as those in Bama, Dikwa and Banki, who survived the brutal deprivations of Boko Haram only to languish, and in too many cases die, in the care of the security forces.

Early returns of IDPs to LGAs present another threat to the population. Returning half a million people to towns without infrastructure and to regions without full security and freedom of movement would be, in the words of a senior UN official, "a humanitarian catastrophe". Similarly, refoulement of those who have sought refuge in Niger, Chad and Cameroon is inappropriate, given the harsh conditions and ongoing security concerns at camp sites at LGA headquarters.

Nigeria has the capacity to steer the north-east out of emergency and into recovery, but the temptation to move too soon threatens more than just a loss of resources and wasted time if it fails. The origins of the crisis are bound up in the neglect and frustration of the large younger generation that have fuelled the nihilistic violence and its backlash. A failed recovery will only continue this history of hopelessness and violence. Hunger and death will again be the result.

The Emergency Gap Series and Case Studies are a collection of reflection pieces produced by the MSF Operational Centre Barcelona Athens (OCBA) in the context of the wider Emergency Gap project, which responds to operational concerns over the declining emergency response capacity of the humanitarian sector at large. The analysis is informed by OCBA's operational experience and discussions with key external experts.

The project is further motivated by the current paradigmatic push to relegate emergency response to the status of exception, with the consequent lack of investment in adequate emergency response capacity so necessary in the face of the number of acute conflicts and escalation of violence across the globe. Thus, the Emergency Gap work aims to diagnose the drivers of such loss of emergency focus in current humanitarian action, and to analyse the enablers and disablers for the provision of effective humanitarian response in the context of acute armed conflict.

For more information go to  
<https://arhp.msf.es/emergencygap>

