

Humanitarian Situation Overview in Hard-to-Reach Areas | Adamawa and Yobe

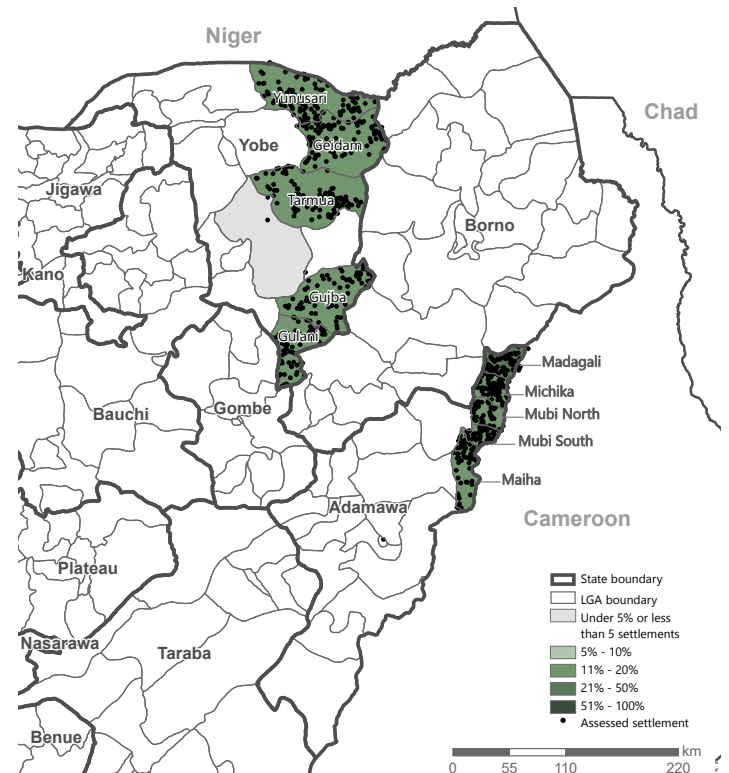
October - December 2022 | Northeast Nigeria

CONTEXT AND RATIONALE

The ongoing conflict in Northeast Nigeria continues to create a complex humanitarian crisis that limits people's access to basic infrastructure and services, especially in hard-to-reach (H2R) areas of Borno, Adamawa, and Yobe (BAY) States.¹ Since November 2018, REACH has been collecting data in Northeast Nigeria to analyse and share up-to-date information on multi-sectoral needs to effectively support the humanitarian response to the affected populations.

These H2R assessments aim to provide information on demographics, (inter) sectoral needs, access to services, displacement trends, and movement intentions to humanitarian service providers on about one million people living in H2R areas.² This report holds findings from settlements in five local government areas (LGAs) in Adamawa State (Madagali, Maiha, Michika, Mubi North, and Mubi South) and five LGAs in Yobe State (Geidam, Gujba, Gulani, Tarmua, and Yunusari). The data for the situation overview was collected during October and December 2022.³

Map 1: REACH assessment coverage in Adamawa and Yobe States from October to December 2022



KEY MESSAGES

- **Findings indicate that persisting conflict and insecurity concerns, exacerbated by the floods since May 2022, were key drivers for increased population movement in H2R areas of Northeast Nigeria.** In addition, during the reporting period, factors such as financial constraints, family members in other settlements, lack of access to information, and better quality of life (access to food, drinking water, and livelihood activities) also potentially contributed to a reported increased population movement within assessed settlements, in comparison to previous quarter.
- **KIs reported that looting and family separation were common protection concerns among all age groups within assessed settlements during the reporting period.** The increased insecurity in the region, potentially made worse by flooding, displacement, and high cost of living reported to have contributed to higher protection concerns.
- **Findings suggest that communities across assessed settlements continued to rely on harmful or unsustainable coping mechanisms to mitigate food and livelihood consumption gaps.** These included relying on casual labour, consuming wild foods, borrowing food for money, foraging, reducing the number of meals and leaving the settlements.
- **KIs reported that communities across H2R BAY states, particularly those in flood-affected areas like Madagali and Maiha, reportedly had severe water sanitation and hygiene (WASH) conditions.** Factors such as reliance on unimproved drinking water sources, poor environmental hygiene practices such as open defecation, and minimal use of soap for handwashing were potentially linked with cholera outbreaks and primary WASH concerns in H2R areas of Northeast Nigeria.
- **According to IDI respondents, factors such as unreliable modes of transportation, long distances to the regional hospitals with secondary healthcare and referral services, and limited access to and/or high cost of medicines often limited people's access to healthcare facilities in assessed settlements.** These barriers were further amplified by the rising inflation rate and financial constraints faced by people in assessed settlements.

METHODOLOGY

The assessment adopted the “Area of Knowledge” methodology to monitor the situation in H2R areas remotely. This involved collecting settlement-level data through key informants (KIs) and aggregating their responses at the LGA level to derive report findings. The data from KIs were collected through structured surveys and open-ended, in-depth interviews (IDIs). These KIs were selected based on the time frame of their contact with the settlement and detailed settlement knowledge. Hence, KIs were either (1) newly arrived internally displaced persons (IDPs) who had left a H2R settlement in the month before data collection or (2) individuals who had contact with someone living in a H2R settlement in the last month.

37 IDIs were conducted to contextualise further the data

collected from the 1,339 KI interviews. In this context, the IDIs focused on discussions on displacement dynamics and the severity of humanitarian needs. In addition, secondary resources, including other REACH assessments and assessments conducted by other humanitarian organisations, were referenced to triangulate the primary data collected from the structured KI interviews and the IDIs.

Overall, this situation overview presents results from the data collection held between October 12 and December 13, 2022, and between November 1 and December 13 for the IDI interviews, spanning five LGAs in Adamawa state (Madagali, Maiha, Michika, Mubi North, and Mubi South) and five LGAs in Yobe (Geidam, Gujba, Gulani, Tarmua, and Yunusari). However, findings are not statistically generalisable and should only be considered indicative of the situation in the assessed settlements.

Figure 1: Number of assessed settlements per LGA

State	LGA	# of assessed settlements
Adamawa	Madagali	74
	Maiha	73
	Michika	103
	Mubi North	53
	Mubi South	75
Yobe	Geidam	107
	Gujba	82
	Gulani	75
	Tarmua	102
	Yunusari	101

POPULATION MOVEMENT AND DISPLACEMENT

KIs in 42% of assessed settlements reported that less than half of the host population remained in the settlement during the reporting period. **Findings suggest that factors such as impacts of flooding, financial constraints, and access to information from family members/relatives in other settlements often limited people’s movement in assessed settlements.**

Specifically, KIs reported that factors such as access to their current livelihood activities (20%), financial constraints restricting movement (14%), and staying back for family (6%) were the main reasons for people choosing to remain in the assessed settlements. Whereas, according to IDI respondents, factors such as security concerns, lack of adequate food, clean drinking water due to impacts of flooding, and lack of desired livelihood activities were often attributed to people’s decision to leave the settlements.

KIs from 94% of assessed settlements in Adamawa and 48% in Yobe reported the presence of returnees as recently as

four weeks before data collection. Here, findings indicate that most people returned to the settlements mainly to harvest (26%) and to visit their family members (11%). In addition, findings suggest that while some of these returnees had temporarily relocated to these settlements because of flooding and protection concerns, others were open to relocating permanently. Correspondingly, **according to almost half of the IDI respondents, some returnees only intended to stay temporarily in these settlements because they wanted to be close to their families and relatives in the long term. At the same time, other respondents were willing to relocate permanently to their settlements of displacement if their primary concerns (such as access to food, clean drinking water, and access to healthcare) were comparatively more accessible.**

As for internally displaced persons (IDPs), KIs from 66% of assessed settlements in Adamawa and 36% of assessed settlements in Yobe reported the presence of IDPs within the settlements. Within these states, the LGAs with the highest proportion of assessed settlements where KIs reported the presence of IDPs were Mubi South (97%), Maiha (95%), Mubi North (85%), and Madagali (61%). Findings suggest that displacements in these LGAs, such as Madagali and Maiha, were potentially caused by persisting protection concerns such as violence by AOGs, kidnapping, and looting. In contrast, displacement in LGAs such as Mubi North, Mubi South, and some places of Maiha was due to the impact of flooding, as most IDI respondents from these settlements reported instances of flooded cultivation lands and restricted access to infrastructures and cholera outbreaks. Similar to these, according to UNHCR, in December 2022, more than 10,270 Cameroonians also sought refuge in Adamawa state, including 3,137 in Madagali, 3,433 in Michika, and 3,700 in Mubi, after fleeing from attacks by Non-State Armed Groups (NSAG)”, increasing the overall humanitarian needs within these assessed settlements.⁴

PROTECTION

Findings indicate that looting and family separation were common protection concerns among all age groups within assessed settlements the month before data collection. KIs from 88% of assessed settlements in Adamawa and 80% in Yobe reported incidents of property looting as the common concern among all groups, where armed groups stole most of the property from one or more households. The secondary data review suggests that the increased insecurity in the region, potentially exacerbated by displacement, high cost of living, and flooding, could be the reason for higher cases of looting and family separation. Similar to these, UNHCR's December Bulletin's operational update highlighted that "NSAGs had looted fuel, drugs, cooking oil, and other essential supplies meant for distribution to IDPs."⁵ Given the increased protection concern, many families in hard-to-reach areas were forced to flee their homes into crowded reception centers and camps in local government headquarters because AOGs were known to subject adolescent girls to forceful marriages.

Figure 2: Most commonly reported protection concerns perceived for women, girls, men and boys, by % of KIs

Groups/Age	Protection Concerns		
Women > 18	Domestic violence 21%	Looting 19%	Family separation 17%
Girls < 18	Early marriage 32%	Family separation 15%	Looting 10%
Men > 18	Looting 36%	Family separation 15%	Conflict related violence 11%
Boys < 18	Looting 25%	Forced labour 13%	Early marriage 12%

Correspondingly, KIs in 32% of assessed settlements reported that early marriage was the most commonly reported protection concern for girls below the age of 18. **In addition, findings from the 2022 Humanitarian Needs Overview (HNO) highlighted that women and children in Northeast Nigeria were highly vulnerable to the ongoing conflict's impacts and the increasing consequences of climate hazards.**⁶ This is potentially because women and girls have the disproportionate burden to provide their families with food, water, and other sustenance factors, for which they must travel long distances; this increases their exposure to sexual harassment, assault, and other protection concerns.

According to IDI respondents, kidnappings, insecurity, and violence by AOGs were persisting protection concerns during the reporting period. UNHCR highlighted that AOGs, and armed bandits reportedly attacked civilians, killed and abducted community members, especially in remote villages, and administered roadblocks on main supply routes.⁷ Given these persisting protection concerns, KIs reported that in 95% of assessed settlements people did not receive any humanitarian or government assistance in the last six months of data collection. Findings also suggest that humanitarian

aid workers were either targeted by AOGs or were unable to reach H2R areas because of roadblocks on the main supply routes to distribute.⁸ These protection concerns, especially in H2R areas, significantly limit people's access to humanitarian assistance and services in Northeast Nigeria.

FOOD SECURITY AND LIVELIHOOD

Food access and barriers

In the month before data collection, **KIs reported that in only 10% of assessed settlements in Adamawa and 26% of assessed settlements in Yobe, people were able to access enough food.** The most commonly reported main sources of food were cultivation (40%), purchased food (45%), and foraging (6%). Findings show that the primary food sources differed for the two states. In Adamawa, the most commonly reported food sources were cultivation (83%), whereas, in Yobe, the most commonly reported source was purchased food (77%). This is of significance as it implies that the compounded crisis has impacted these areas differently, even if it has resulted in an overall decrease in food access.

In Adamawa, overall, people could reportedly not access enough food within assessed settlements because of smaller harvests and the impacts of flooding within assessed settlements. In the context of smaller harvests, findings indicate that the LGAs with the highest proportion of assessed settlements where KIs reported limited access to food were Michika (72%) and Madagali (54%). Given the insecurity and protection concerns, IDI respondents reported that factors such as movement restrictions and frequent kidnapping of farmers by AOGs often limited people's access to cultivable lands and potentially contributed to smaller harvests during the reporting period.

KIs in one-third (33%) of assessed settlements reported that the impact of flooding on cultivation was another key factor that restricted people's access to food. Due to the impact of flooding, the LGAs with the highest proportion of assessed settlements with limited access to food in Adamawa were Mubi North (42%) and Mubi South (42%). Similar findings were shared by the World Food Programme's (WFP) Automated Disaster Analysis and Mapping, where over 363 hectares of cultivable land were flooded in Mubi, potentially impacting more than 60,000 people and restricting their access to food.⁹ Given the widespread impact of flooding, most of the IDI respondents reported that the floods between May and October 2022 had significantly reduced the quantity of cultivable crops, such as rice and maize, compared to last year's harvest season in September 2021.

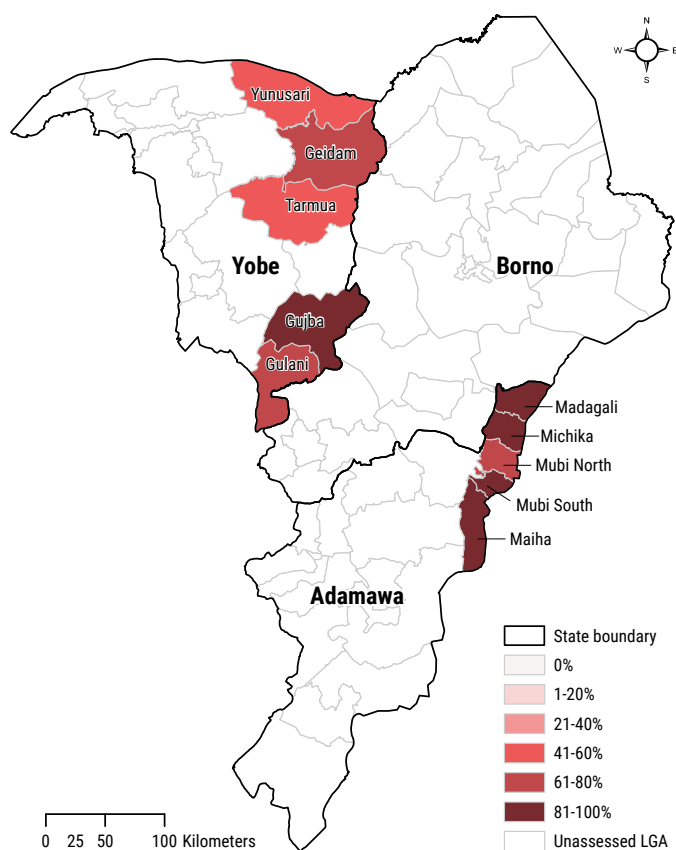
Based on the seasonal calendar for a typical year, the harvest is generally expected to last through the dry season (between October and January). However, because of the flooding and reduced quantity of the cultivable crops, it is probable that the harvest will not last for the entire duration of the dry season adding to food barriers within assessed settlements. In addition, some respondents also reported that financial

constraints added further challenges, as people in the settlements could not buy adequate fertilizers and herbicides for their partially flooded agricultural lands.

In Yobe, more than two-thirds (77%) of people in assessed settlements relied on purchased food. However, KIs in 27% of assessed settlements in Yobe reported that financial constraints were one of the main barriers to market access. According to the National Bureau of Statistics, food prices in Nigeria rose by 23.75% in December 2022, in comparison to 2021, which severely limited people's access to food.¹⁰

Factors such as financial constraints caused by the high food prices, restricted access to markets in assessed settlements due to protection issues, and destruction of roads and infrastructures exacerbated by flooding potentially could have led to limited access to food within assessed settlements of Yobe.

Map 2: Proportion of assessed settlements where KIs reported most people did not have access to enough food per LGA



Food coping mechanisms

In nearly one-third (29%) of the assessed settlements, KIs reported severe hunger for most people. Within a 30-day recollection period, KIs reported that most households had no access to food for a sum total of ten days. To address these shortcomings in food availability, households were reportedly resorting to a range of coping mechanisms.

The most commonly reported coping strategy employed was the reduction in the number of meals eaten (73%), the limiting of portion sizes at mealtimes (71%), the reliance on less expensive food (69%), adults choosing to forego food such that the children could eat (38%) and the skipping of an entire day without eating (25%).

As a coping mechanism, in nearly two-thirds (66%) of the assessed settlements, KIs reported that it is common for people to eat wild plants that are not usually part of their diet as a main meal. Similar findings were shared by FEWS NET in their Food Security Outlook Bulletin, where some households relied on wild food consumption to meet their basic food needs. However, given the general linkages between eating wild plants and heightened health risks¹¹, relying on wild foods is not a healthy and sustainable form of coping. Correspondingly, KIs reported that in nearly half (48%) of the assessed settlements, some people who consumed wild food fell sick in assessed settlements.

Livelihood activities and barriers

Traditionally, the region's main livelihood practices are subsistence farming and livestock rearing. However, **because of persisting protection concerns and flooding, findings indicate that some people in the assessed settlements were not able to engage in their usual livelihood activities and relied on casual labour as a coping strategy.**

KIs in 33% of assessed settlements in Adamawa and 16% of assessed settlements in Yobe reported that most people in the settlement could not engage in their usual livelihood activity. Within these assessed settlements where most people could not engage in livelihood activities, the most reported reasons were insecurity (73%), flooding (38%), health problems (38%), and movement restrictions (31%). As a coping mechanism, findings indicate that people in the assessed settlements generally relied on borrowing food for money, foraging, asking for help from friends and family, and leaving the settlement. However, relying on casual labour was the main coping strategy used by people in H2R areas.

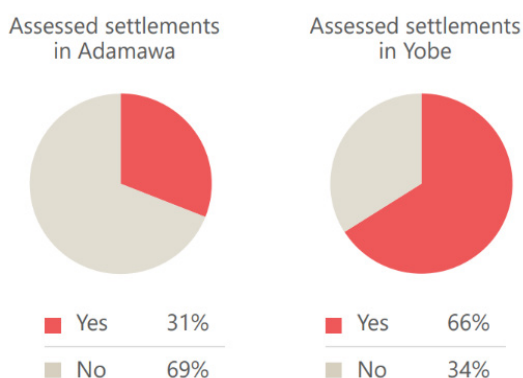
KIs in more than two-thirds (84%) of assessed settlements reported that community members in the settlement were engaging in casual labour, in the month before data collection. Similar findings were also reported by the IDI respondents where factors such as lack of access to markets, kidnapping of farmers by AOGs, restricted access to farmlands due to flooding and security concerns, often restricted people's access to food and usual livelihood activities, which in turn potentially increased people's reliance on casual labour. However, casual labour as a coping mechanism can be an unsustainable and corrosive alternative for sustaining livelihoods. Moreover, as workers in the informal economy, casual labourers are generally more vulnerable to exploitation and abuse, predominantly because they are subjected to long work hours with minimal pay and have no access to job security, and health benefits.¹²

SHELTER AND NFI

KIs in around one-third (32%) of assessed settlements reported that people in the settlements were living in their original homes, i.e., mud houses and in 44% of assessed settlements, people were living in makeshift shelters. Correspondingly, **IDI respondents reported that most of the host communities in the settlements lived in mud houses, whereas IDPs predominantly lived in temporary makeshift shelters.** An OCHA report highlighted that makeshift structures are unsustainable and unsuitable forms of shelter, as they do not offer any privacy or any form of protection from either armed groups or harsh weather for people living in these shelter types.¹³

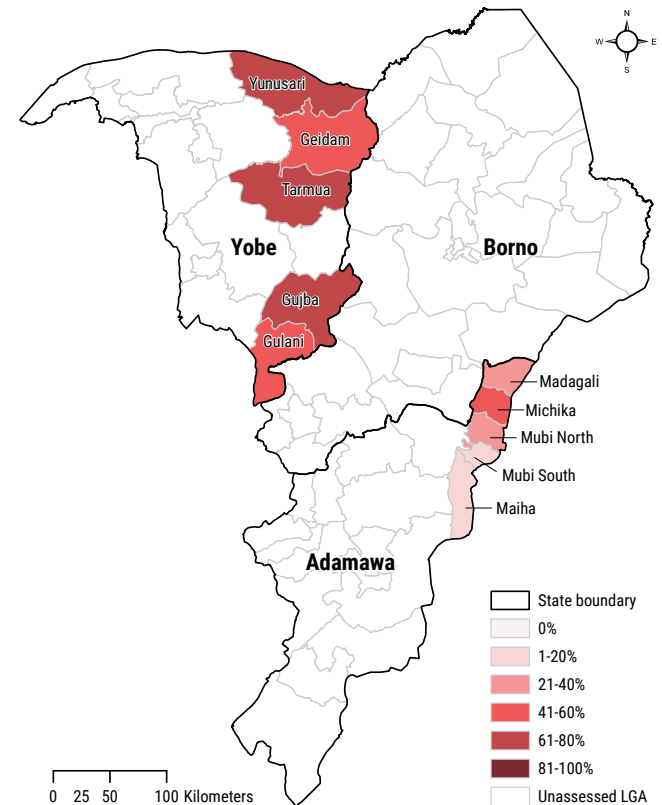
Most IDI respondents reported that people in the assessed settlements could not access adequate shelter. According to IDI interviews, the top reported factors for the lack of adequate shelters in the assessed settlements were that floods had destroyed existing shelters and that financial constraints restricted people from upgrading their current mud shelters to block buildings. Furthermore, during the reporting period, KIs in 66% of assessed settlements in Yobe and 31% in Adamawa reported that because of flooding and its impact, people had to leave their homes and sleep elsewhere in the settlement. **While more than half of the IDI respondents reported that people in the assessed settlements did not have to sleep in the open due to the lack of shelter, it was common for at least 5-8 people to share a room in a mud shelter.** In addition, other common issues with living conditions that households faced were being unable to cook and store food properly (57%), unable to store water properly (56%), unable to perform personal hygiene adequately (44%), and having to sleep on the floor or outside (37%).

Figure 3: Proportion of assessed settlements where KIs reported people left their homes to sleep somewhere else



In the month before data collection, KIs reported that the main NFIs available in assessed settlements were sleeping mats (81%), clothes (45%), blankets (26%), and soaps (26%). However, despite some access to NFIs, given the prevalence of people living in makeshift shelters without adequate space

Map 3: Proportion of assessed settlements where KIs reported flooding made people to leave their shelter



to live, practice personal hygiene, and store food and water, findings suggest that access to essential resources is often inadequate in H2R areas.

WATER SANITATION AND HYGIENE (WASH)

KIs reported that the main sources of drinking water for people in assessed settlements were unimproved water sources (60%), surface water (27%), and improved sources of water (7%) in the month before data collection. According to most IDI respondents, communal taps constructed by humanitarian organisations were commonly used as drinking water sources in these assessed settlements.

More than half of the IDI respondents reported that people in the settlement could not access clean and safe drinking water. Aligned with this, **KIs in 36% of the assessed settlements reported that it took between 30 minutes to one hour for most people in the assessed settlements to reach, access, and return with water.** Findings indicate that the main problems with collecting water within assessed settlements were reported as structural damage to existing water sources (53%), insufficient water (52%), and security concerns (19%).¹⁴ Furthermore, based on the IDI respondents, other factors, such as long waiting times, inaccessible water sources, and lack of access to water sources due to either flooding in the rainy season or water scarcity during the dry season, were also common reasons for restricted access to water in assessed settlements.

Figure 4: Main types of water sources by % of assessed settlements per state

	Adamawa	Yobe
Improved water (boreholes, piped water)	5%	9%
Surface water (river, dam, canal, irrigation)	53%	6%
Unimproved water (unprotected well, natural springs)	32%	82%

Latrine usage

KIs reported that in 67% of assessed settlements, less than half of the people used latrines. In those assessed settlements where most people did not use latrines, the most reported reasons were insufficient access to existing latrines and lack of money and resources to construct them in the settlements.

Without accessible and functioning latrines, KIs reported that in 36% of assessed settlements, open defecation was the main sanitation facility used by community members, followed by pit latrines without slabs (26%) and open holes (15%). However, according to some IDI respondents, it was common for some men in the assessed settlements to defecate openly or use open pits because of longstanding practices.

Overall, these findings indicate that poor sanitation and hygiene situation within assessed settlements, in combination with lack of access to clean drinking water and sanitation, potentially contributed to increased cases of cholera, especially when H2R areas in BAY states are already dealing with the impact of flooding and cholera outbreaks in the region.¹⁵

Handwashing materials

KIs reported that people in only 7% of assessed settlements used soap and water for handwashing. Correspondingly, almost half of the IDI respondents reported that most people in the settlement did not regularly wash their hands with soap, majorly because of financial constraints, as soap is expensive to buy. However, respondents also reported that some people in the settlement felt that washing their hands with soap regularly was unnecessary.

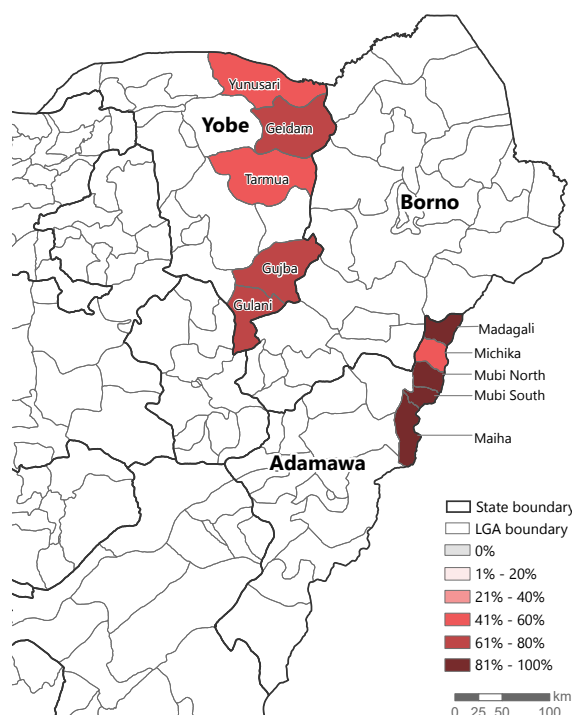
Instead of soap, KIs reported that people mainly relied on water and sand for handwashing. For instance, KIs in 77% and 64% of assessed settlements reported people using only water for handwashing in Adamawa and Yobe, respectively. In contrast, KIs in 8% of assessed settlements in Adamawa and 14% in Yobe reported people using sand for handwashing.

Findings suggest that persisting WASH and health concerns

in Northeast Nigeria, exacerbated by the floods, have also led to a notable increase in cholera cases and other preventable diseases, such as diarrhoea, in the BAY states.¹⁶ According to the Health Sector bulletin, “in December 2022, 2,326 and 231 cases of cholera were registered in Yobe and Adamawa, respectively.”¹⁷

Overall, factors such as inadequate WASH facilities across all LGAs, including practices such as open defecation, pit latrines, and minimal use of soap for handwashing, are known to be linked with cholera outbreaks and primary WASH concerns in H2R areas of Northeast Nigeria during the reporting period.¹⁸

Map 4: Proportion of assessed settlements where KIs reported people did not have access to latrines



HEALTH

According to the Northeast Nigeria Health Sector bulletin from December 2022, approximately 5.8 million people across the BAY states need healthcare, of which 2.19 million people were IDPs.¹⁹ However, **findings indicate that the existing health facilities within the BAY states have been struggling to provide necessary healthcare to people in need.** Similar to these, KIs from 69% of assessed settlements in Adamawa and 48% of assessed settlements in Yobe reported that people did not have access to healthcare services. In line with this, the Health Sector bulletin highlights 52.9% fully functioning, 24.5% non-functioning, 15.7% partially functioning, and 6.9% fully damaged health facilities across the BAY states.²⁰

In those settlements that had access, most IDI respondents reported that at least primary healthcare services (such as first aid, outpatient surgical procedures, x-rays, and ultrasounds) were generally accessible to all groups in the settlements,

including IDPs. But **respondents highlighted that these healthcare facilities were often limited by unreliable modes of transportation, long distances to the regional hospitals with secondary healthcare and referral services, and limited access to or high cost of medicines.** These barriers were further exacerbated by the rising inflation rates and financial constraints faced by people in assessed settlements.²¹

Beyond this, **during the reporting period, findings also suggested that insecurity and WASH concerns led to further health-related challenges in assessed settlements.** Similarly, the Health Sector bulletin from November 2022 highlighted that unpredictable security and protection concerns in inaccessible areas hindered the movements of health workers, medicines, and other medical supplies, further restricting people's access to healthcare in the H2R regions.²² In addition, findings also indicate that skilled healthcare workers were often reluctant to work in H2R areas because of ongoing armed conflict.²³ Overall, findings suggest that access and delivery of health services were affected by the breakdown of health facilities infrastructure, especially when the H2R areas are already dealing with severe WASH concerns and outbreaks of water-borne diseases.²⁴

EDUCATION

KIs reported that in two-thirds (67%) of all assessed settlements, children had access to education services within walking distance (30 mins on foot or less). In addition, most IDI respondents reported that children in assessed settlements regularly (4-5 days a week) attended education facilities that were either formal or informal. However, these respondents also noted that no specific population groups were excluded from educational facilities and, whenever available, male and female students had equal access to education during the reporting period. Within assessed settlements where children reportedly had access to education (67%), KIs reported that less than half (44%) of the assessed settlements had access to formal education. In comparison, children in 82% of the assessed settlements had access to informal education.

During the reporting period, informal education was reportedly the most common form of education services within assessed settlements. However, in Nigeria, informal education often refers to religious studies like Quranic education in Madrasas; informal education is generally not recognised because the curriculum lacks core subjects such as mathematics and needs a lesson plan or grading system.²⁵

However, **factors such as lack of infrastructure and required education facilities, destruction of existing facilities by conflict or flooding, and security concerns were reported as barriers to accessing education in assessed settlements.** Access to formal education was particularly low in Yobe, where children in only 14% of the assessed settlements had access. In addition, according to the Education in Emergencies Working Group Nigeria (EIEWGN), communities in some parts of Yobe continue to suffer from violent attacks by insurgents that lead to the

Figure 4: Types of education service available in settlements where KIs reported people had access to education*



*(KIs reported that some assessed settlements had access to both formal and informal education)

destruction of education facilities and displacement, including teachers and families, that restrict continuous and sustainable education for students.²⁶ In addition, the violent attacks increase protection and security concerns among remaining community members, potentially leading to parents not allowing their children to attend schools.²⁷

Furthermore, according to UNICEF, factors such as economic barriers and socio-cultural norms and practices also contributed to education deprivation in Northern Nigeria.²⁸ IDI respondents substantiated this claim by highlighting that some households within assessed settlements did not allow their children to go to school, either because they could not afford the costs related to education (i.e., school fees, uniforms, and books) or because they needed them to work to contribute to the household income. Overall, findings indicate that children in assessed settlements have limited access to education because of factors such as lack of infrastructures and resources, protection concerns, and financial constraints contributing to low literacy rates in H2R areas.

COMMUNICATION

According to the Global System for Mobile Communications Association (GSMA), Northeast Nigeria has mobile phone coverage along all major routes, towns, and villages, including the H2R areas.²⁹ Correspondingly, KIs also reported that people had access to radio signals in 99% of the assessed settlements in Adamawa and 80% of assessed payments in Yobe. In contrast, access to mobile coverage was reported in 75% and 36% of the assessed settlements in Adamawa and Yobe, respectively. However, according to IDI respondents, **factors such as people not owning mobile phones or not having the money for phone credit often limited people's access to information in assessed settlements.**

Within assessed settlements, the primary source of news and information for most people were phone calls from families, relatives, or neighbours living in other settlements, information broadcasted on the radios, or in-person conversations with newly displaced persons and/or residents. **However, at the time of data collection, less than half of the IDI respondents reported receiving information on available humanitarian assistance in the month prior.**

The main reported reason people in the settlement could not access information on available humanitarian resources were no phone credit (46% of assessed settlements in Adamawa) and no lack of proper mobile networks (66% of assessed settlements in Yobe). **Despite access to widespread coverage for radios and mobile phone signals, KIs reported that most people (73%) in assessed settlements continued to rely on in-person communication as the primary source of information, limiting people's access to timely information within assessed settlements.**

CONCLUSION

Food security, limited access to healthcare, and poor WASH conditions were likely the most prominent challenges to communities living in assessed settlements in Northeast Nigeria. During the reporting period, findings indicate that flooding and insecurity continued limiting communities' ability to practice traditional livelihood activities, like subsistence farming and livestock rearing, potentially leading to limited access to food, increased consumption gaps, and nutrition deficits within assessed settlements. In addition, factors such as limited access to markets for purchasing food caused by financial constraints and high food prices were also reported as barriers to accessing enough food.

In addition, findings indicate that populations living in H2R areas continue to face severe WASH concerns that potentially lead to outbreaks of water-borne diseases, especially when health service providers in Northeast Nigeria are already struggling to provide sustainable primary care health facilities to communities.

Needs are projected to potentially worsen in the subsequent quarter as communities in Northeast Nigeria are forced to deal with insecurity and after-effects of flooding at a time when Nigeria continues to deal with record-high food prices and inflation rates. Looting and family separations are likely to remain the main protection concerns in H2R areas. This will likely trigger increased use of unsustainable and corrosive coping strategies, including reliance on casual labour and wild food consumption. Therefore, continued monitoring of these areas is essential to inform the humanitarian response in the region.

ENDNOTES

1. REACH. [hard-to-reach reports](#)
2. Office for the Coordination of Humanitarian Affairs (OCHA): [Humanitarian Needs Overview – Nigeria 2022](#)
3. Unless otherwise stated, the recall period of the data is one month.
4. UNHCR. [North-East Nigeria Operational Update, December 2022 - Nigeria | ReliefWeb](#)
5. Ibid.
6. HNO. [Nigeria Humanitarian Needs Overview 2022 \(February 2022\) - Nigeria | ReliefWeb](#)
7. UNHCR. [North-East Nigeria Operational Update, November 2022 - Nigeria | ReliefWeb](#)
8. HNO. [Nigeria Humanitarian Needs Overview 2022 \(February 2022\) - Nigeria | ReliefWeb](#)

9. WFP. [Nigeria Food Security Cluster](#).
10. National Bureau of Statistics, Nigeria. [Nigeria Food Inflation](#).
11. FAO. [Climate change and food security: risks and responses \(fao.org\)](#)
12. OECD. [Building inclusive labour markets: Active labour market policies for the most vulnerable groups \(oecd.org\)](#)
13. OCHA. [Nigeria | Situation Reports \(unocha.org\)](#)
14. KIs were able to select multiple answers for this question.
15. IRC. [Deadly flooding in Nigeria leads to major cholera outbreak; IRC scaling up flood and health response | International Rescue Committee \(IRC\)](#)
16. Northeast Nigeria Humanitarian Response. [Northeast Nigeria Humanitarian Response: Health Sector Bulletin - December 2022 - Nigeria | ReliefWeb](#)
17. Ibid.
18. Northeast Nigeria Humanitarian Response. [Northeast Nigeria Humanitarian Response: Health Sector Bulletin - November 2022 - Nigeria | ReliefWeb](#)
19. Ibid.
20. Ibid.
21. Ibid.
22. Northeast Nigeria Humanitarian Response. [Northeast Nigeria Humanitarian Response: Health Sector Bulletin - November 2022 - Nigeria | ReliefWeb](#)
23. Northeast Nigeria Humanitarian Response. [Northeast Nigeria Humanitarian Response: Health Sector Bulletin - December 2022 - Nigeria | ReliefWeb](#)
24. Ibid.
25. Ibid.
26. Education in Emergencies Working Group. [Humanitarian Action for Children-UNICEF](#)
27. Ibid.
28. UNICEF. [Education | UNICEF Nigeria](#)
29. Global System for Mobile Communication Association (GSMA). [GSMA-Spotlight-on-Nigeria-Report.pdf](#)

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).