



# POLICY BRIEF

## Surviving Boko Haram: why children under five matter

Uyo Yenwong-Fai

There is a dearth of accurate health and mortality information coming out of those areas of Nigeria and Cameroon most affected by Boko Haram. This has led to gaps in understanding the full correlation between armed conflict and the health of children between birth and five years old. Efforts should be redoubled to understand and address the health and development needs of children under five in order to mitigate this humanitarian crisis and strive for better early childhood development outcomes.

## Key findings

- ▶ Malnutrition and exposure to physical and psychological illnesses as a result of the armed conflict have affected children under five in Nigeria and Cameroon.
- ▶ Insecurity, the inaccessibility of conflict-affected areas and insufficient information coordination have hampered efforts to fully understand the impact of the Boko Haram insurgency on children and respond effectively.
- ▶ Understanding the full effect of the conflict on this subset of children is crucial in mitigating a more severe humanitarian disaster and in warding off the damaging developmental outcomes linked to armed conflict.
- ▶ There is a broad disconnect between efforts to promote the health and development of children under five and those to counter terrorism in both countries, with some counter-terrorism practices sidelining or undermining child development.
- ▶ Creating a better understanding of under-five health in the affected areas in both countries involves conducting research to understand the nuances of the conflict's impact. It also involves deepening trilateral partnerships between community-based organisations, government and humanitarian donors, and continuing to close the security-development divide in responding to the threat.

## Recommendations

- ▶ Donors and the governments of Cameroon and Nigeria should fund studies that examine in detail the health, and the impact of the Boko Haram insurgency on the health, of children under five in the affected areas.
- ▶ The Nigerian and Cameroonian governments and developmental partners should allocate more money to addressing the full spectrum of the health-related impacts of the insurgency on children under five.
- ▶ Donors and humanitarian actors should involve and empower knowledgeable local actors to provide more insight into the numbers and health status of children under five among refugee and internally displaced populations in host communities to allow for a more effective response.
- ▶ Donors, humanitarian actors and the governments of Cameroon and Nigeria should use under-five health determinations from SMART assessments to help with developmental projections and planning.
- ▶ Nigeria and Cameroon's criminal justice systems should uphold the rights and developmental needs of children in the context of counter-terrorism operations. They should ensure that children have suitable holding facilities, are not subjected to extended detention or separation from their families, and that their nutritional and health needs are cared for when their families are being questioned.
- ▶ The security forces in Cameroon and Nigeria should continue to accompany health workers in Boko Haram-affected areas to allow for comprehensive assessments of under-five health and relevant interventions.
- ▶ Humanitarian actors working in north-east Nigeria and northern Cameroon should partner with local community non-governmental organisations to implement sensitisation campaigns on the importance of immunisations. They should also stress the need to register births and deaths as an important way to track under-five health, morbidity and mortality.

## Introduction

The health of children under the age of five is a broad indicator of a population's health and development trajectory. Studies have highlighted the impact of armed conflict on the development and health of children, revealing that armed conflict is linked to high under-five mortality rates.<sup>1</sup>

The reasons are simple but not always direct. People move to escape violence, leading to limited and irregular access to nutrition and healthcare, and increasing the likelihood of children contracting diseases. Children under five among refugee and displaced populations are thus more likely to die than any other age group.<sup>2</sup>

Since the terror group Boko Haram<sup>3</sup> began its rampage in north-eastern Nigeria 10 years ago, more than 30 000 people have been killed, nearly 2.7 million displaced and communities in the Lake Chad Basin have endured widespread violence, destruction and chaos.<sup>4</sup> In this context, reports indicate that a complex humanitarian crisis has emerged involving children under five in north-eastern Nigeria and Cameroon's Far North.<sup>5</sup>

Limited accurate health information and insufficiently coordinated information on mortality in areas affected by the Boko Haram insurgency have created gaps in understanding the relationship between armed violence and child health in the region.<sup>6</sup>

This has resulted in the risk that responses to children's needs in Boko Haram-affected areas could be ineffective, with dire consequences for their health and development prospects.

This policy brief explores why a more nuanced understanding of the Boko Haram insurgency's impact on the health of children under five should be developed, and how security and development actors can respond more effectively to the current crisis in this population group.

It outlines the methodology used in this study before briefly discussing what is known, as well as the gaps in knowledge, about the nature of the insurgency's impact on the health of children under five in Nigeria and Cameroon. The issue of advancing child development while countering terrorism is explored and policy recommendations offered.

## Methodology

Primary data was gathered from interviews conducted between February and April 2018 with non-governmental organisations (NGOs) involved in responding to the crisis. The 15 respondents were either directly identified or selected through chain-referral sampling for their specialisation in child health or experience in humanitarian interventions in north-east Nigeria and Cameroon's Far North. Many of the respondents were in the field at the time of the interviews. Semi-structured questionnaires were used to conduct interviews.

A range of secondary resources relating to child health and humanitarian issues in Nigerian and Cameroon were also consulted.

## Humanitarian context

The origins, dynamics and devastation caused by Boko Haram have been widely documented. The group's activities in Nigeria and Cameroon include murdering, injuring, abducting and raping civilians and state actors. They also include the widespread destruction of property and infrastructure through attacks and looting. Although Borno State has been at the epicentre of Boko Haram's violent presence in Nigeria, Adamawa and Yobe states in the north-east have also frequently been attacked. In Cameroon, Mayo-Sava, Mayo-Tsanaga and Logone-et-Chari in the Far North province are the most affected areas.

People move to escape violence, leading to limited and irregular access to healthcare

At least 1.7 million people are currently displaced in the three main affected states in Nigeria, with 39% of the displaced living in camps and 61% in host communities.<sup>7</sup> At the height of the Boko Haram humanitarian crisis in 2017, at least a third of the 700 health facilities in Borno State had been completely destroyed, and of those remaining, a third were not functional.<sup>8</sup> Humanitarian workers have also been killed.<sup>9</sup>

Over 320 000 Cameroonians in areas bordering Nigeria have fled their homes due to Boko Haram violence.<sup>10</sup> About 60% of these internally displaced people live in host communities where poverty is rife.<sup>11</sup>

More than 59 000 refugees who fled violence in Nigeria reside in Minawao refugee camp in Mayo-Tsanaga in Cameroon's Far North, while around 31 700 unregistered refugees live outside the camp.<sup>12</sup>

Nine out of 121 health facilities in the area have reportedly been closed. As a result, an estimated 350 000 people, including pregnant women and children under five, are unable to access healthcare services.<sup>13</sup>

Military operations by both the Cameroonian and Nigerian forces along their common border have perpetuated further displacement in the Far North and the north-east respectively.

Increased interruptions in cultivation caused by people fleeing their farms have diminished crop production in areas where the harsh effects of climate change already restrict the nourishment children need.<sup>14</sup>

### **Impact on children under five**

The state of insecurity caused by Boko Haram has resulted in four overarching factors that impede the health and development of children under five.

First, the death of or separation from family members, or a family's displacement from their home, decreases the likelihood of a child being adequately cared for. Second, the closure of health facilities and fleeing of health workers have interrupted access to health services that may have been able to prevent or treat childhood diseases.

Third, the halting of economic enterprises decreases families' ability to provide for their children.<sup>15</sup> Finally, children have sustained physical injuries as a direct result of Boko Haram attacks; however, because this is not well documented, the number of children affected is unknown.

### **Exposure to physical and psychological disease and illness**

As the Boko Haram insurgency and related insecurity continues across these two countries, displacement and the interruption of health services in affected areas increase the risk that children under five will be exposed to and perhaps die from a range of diseases such as polio, diarrhoea, measles, malaria, pneumonia and cholera.<sup>16</sup>

In Nigeria, insecurity has hindered access to vaccinations for at least 100 000 children under the age of five.<sup>17</sup> One study found that vaccination coverage had been reduced by 24.8% and that each additional attack limited vaccination coverage by a further 6.5%.<sup>18</sup>

Some effects are already evident. Despite Nigeria being declared polio-free by the World Health Organization in 2015, limited access to vaccinations led to a polio outbreak in 2016.<sup>19</sup> Although soldiers have been taught to administer vaccines in some highly insecure areas (such as Kala/Balge, Marte and Abadam), their help is limited without comprehensive health training.<sup>20</sup>

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>59 000

THE NUMBER OF REFUGEES  
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In Cameroon, access to vaccines for children under five is impeded by shortages of staff and medicine, as well as the closure of clinics in the affected regions.<sup>21</sup> One respondent explained that the few health workers who provided services in villages that didn't have hospitals had left because of the crisis.<sup>22</sup>

With improvements in the security situation in areas such as Amchide and Limani, healthcare personnel have been able to return. However, in those areas of the Mayo-Tsanaga district that are still being attacked, healthcare personnel find it hard to gain access to the population.<sup>23</sup>

Quantifying the impact of limited healthcare is difficult because not all children without access to healthcare will fall sick. In addition, the health and morbidity details of children under five in Boko Haram captivity are excluded from critical health assessments in both Nigeria and Cameroon due to limited knowledge.

Finally, given the stigma related to mental health, the limited coordination of related information and the difficulties in accessing displaced populations and children in heavily affected areas, the psychological impact of this violent conflict on children under five is only partially known in Nigeria and Cameroon.<sup>24</sup>

Reports have shown that many children, some as young as five, who have been rescued from captivity are unaware of their names and are unable to speak.<sup>25</sup>

## Malnutrition

Disrupted economic activities, the displacement of families and the limited availability of health services and facilities contribute to the prevalence of malnutrition among children under five in areas affected by the Boko Haram insurgency.

In 2018 the United Nations Children's Fund said at least 900 000 children were suffering from severe acute malnutrition in north-east Nigeria.<sup>26</sup> The exact rate of malnutrition is, however, unknown due to the inaccessibility of parts of Borno State.<sup>27</sup>

Food insecurity is exacerbated by government restrictions on movement, market closures and forced evacuations as part of security operations in areas liberated from Boko Haram.<sup>28</sup>

Malnutrition had always been rife in the Far North, the poorest of Cameroon's 10 regions, even before Boko Haram-related insecurity.<sup>29</sup> However between 2015 and 2017 the number of children suffering from malnutrition in this area tripled. This was exacerbated by the absence of health services, the loss of economic livelihoods and displacement.<sup>30</sup>

According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), chronic malnutrition currently affects 40% of children in Cameroon's Far North.<sup>31</sup> Respondents confirmed the prevalence of malnutrition among children in Mora, Mayo-Sava district.<sup>32</sup> The absence of a central database on the impact of malnutrition in either country impedes a complete assessment of the situation.

Respondents noted that nutrition in some internally displaced people's camps and in host communities outside camps don't always meet the unique health needs of children under five or of pregnant and lactating women.<sup>33</sup>

Food insecurity is exacerbated by government restrictions on movement as part of security operations

They also noted the difficulty in assessing the extent of malnutrition among these categories of people due to differences in their living conditions – depending on whether they are in internally displaced people's camps with some humanitarian interventions or living in host communities with fewer interventions.<sup>34</sup>

The influx of refugees into Cameroon's Far North has worsened an already difficult situation.<sup>35</sup> Although a range of development actors have intervened in the Minawao refugee camp, mitigating a more serious crisis, additional resources are required to continue to address the health needs of children in this camp.<sup>36</sup>

The plight of children being held captive by Boko Haram is also generally unknown, although reports about children rescued from captivity suggest that they have been exposed to malnutrition, disease, mental health issues and more.<sup>37</sup>

## Advancing development for under-fives while countering terrorism

Children under five are part of the collateral damage wreaked by Boko Haram in Cameroon and Nigeria. Examining the extent of this damage is important for several reasons. Not least of these is the need to mitigate the impact of armed conflict on socioeconomic development and security.<sup>38</sup>

Malnutrition and morbidity have a potential ripple effect on child health and development outcomes. This includes the possibility of early mortality, disability, mental health problems and poor performance at school.<sup>39</sup>

These in turn narrow the opportunities to overcome poverty by decreasing the likelihood that children will attend and complete school, thereby limiting their employment prospects and opportunities. For Nigeria and Cameroon, these could have a severe impact on the future workforce, as well as pathways for development.

Socioeconomic underdevelopment as a driver of the radicalisation-to-terrorism process is well documented.<sup>40</sup> Lack of economic opportunities, socioeconomic inequality and corruption can make people susceptible to radicalisation and recruitment.

### Verifying health information on children under five in terrorism-affected areas is difficult

Research has shown that greater socioeconomic empowerment through investment in the educational and employment sectors can bolster resilience to terrorism.<sup>41</sup>

Given that terrorism (like other forms of violence and conflict) can reverse good child health and socioeconomic development while socioeconomic improvements can contribute to terrorism prevention, it is important to understand the impact of terrorism on child health and development in Cameroon and Nigeria, as well as the mechanisms required to mitigate these impacts.

However, as discussed above, knowledge gaps in under-five mortality rates – an indicator of the developmental potential of a country – in areas affected by Boko Haram complicate this issue. These gaps are caused by several factors.

First, high insecurity affects the collection of data. Second, verifying health information on children under five in terrorism-affected areas is difficult because statistical information is collected and publicised at irregular intervals and isn't sufficiently disaggregated by geographical region to reflect permutations.

Third, knowledge of under-five mortality rates in Nigeria and Cameroon is not informed by Standardised Monitoring and Assessment of Relief and Transitions (SMART) assessments collected on children by humanitarian workers.<sup>42</sup>



MALNUTRITION AND MORBIDITY HAVE A POTENTIAL RIPPLE EFFECT ON CHILD HEALTH AND DEVELOPMENT OUTCOMES

There's also a broad disconnect between efforts to promote the health and development of children under five and efforts to respond to terrorism in both countries.

Although Nigeria and Cameroon each have a range of policies and programmes to advance child health, welfare and development, these are not consistently implemented in practice in Boko Haram-affected areas.

## Cameroon and Nigeria's child health and development policies are not reflected as priorities in the counter-terrorism context

In Nigeria, for instance, Adamawa, Borno and Yobe states are yet to domesticate the 2003 Child Rights Act, which, among other issues, is aimed at promoting child survival and development, including in the context of war.<sup>43</sup> Cameroon on the other hand doesn't have specific national legislation on the rights of the child, but is in the process of adopting the child protection code into law.

Importantly, as with many other countries, Cameroon and Nigeria's child health and development policies are not reflected as clear priorities in the counter-terrorism context. Neither Nigeria nor Cameroon's counter-terrorism policy frameworks recognise children's developmental needs in the context of counter-terrorism.<sup>44</sup>

Instead, some counter-terrorism practices have exacerbated conditions for children. Nigeria for instance has reportedly kept children under the age of five in detention centres along with their family members who are suspected of being involved with Boko Haram. There are reports that some small children have died in the Giwa barracks detention centre.<sup>45</sup>

In Cameroon, children both under and above five were accused of supporting Boko Haram in a Koranic school they were at in Guirvidig. They were arrested and held for an extended period of time in a children's detention centre.<sup>46</sup>

Nigeria and Cameroon have had a delayed response to the impact of the protracted conflict on child health and development; widespread recognition of the growing nutritional deficiencies of children aged five and below in affected areas has been slow to develop.<sup>47</sup>

Finally, although local community-based organisations (CBOs) and volunteers are well positioned to understand the impact of Boko Haram on the health of displaced children living in host communities, limited resources inhibit them.

UNICEF, the World Bank and others provide training to local actors and volunteers to enable their child-related interventions. However the number of trainers remain insufficient. Local community actors in Cameroon and Nigeria indicated that in some cases, donors and international organisations preferred to work directly in local communities or to bring in NGOs from larger towns or cities to work in affected communities without the collaboration of local NGOs.<sup>48</sup>



SOME COUNTER-TERRORISM PRACTICES HAVE EXACERBATED CONDITIONS FOR CHILDREN

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This is despite the fact that NGOs from urban centres may be unaware of local dynamics and the potential benefits of the knowledge CBOs have about the impact of the crisis and the trust CBOs are likely to have from those affected.<sup>49</sup>

Matching needs with aid in these countries requires a better understanding of the insurgency's varied health-related effects on children, as well as pregnant or lactating mothers, in different circumstances like internally displaced people or refugees in camps or host communities.

## Recommendations

The following recommendations are intended to guide efforts to close the disconnect between security and development needs and inform future responses to the impact of the Boko Haram conflict (and similar situations) on children under five:

- Donors and the governments of Cameroon and Nigeria should fund studies that examine in detail the health, and impact of the Boko Haram insurgency on the health, of children under five in the affected areas. The recently launched Nigerian Medical Research Foundation should lead efforts to deepen this understanding in Nigeria. Resources should be allocated to widely disseminate the findings.
- The Nigerian and Cameroonian governments and development partners should allocate more money to addressing the full spectrum of health-related impacts of the insurgency on this age group, as evidenced by the research. This includes improving the healthcare of refugee and internally displaced children, boosting healthcare infrastructure and increasing human resources in affected areas.
- Actors in the criminal justice systems of Nigeria and Cameroon should uphold the rights and developmental needs of children in the context of counter-terrorism operations. They should ensure that children have suitable holding facilities, are not subjected to extended detention or separation from their families, and that their nutritional and health needs are cared for when their families are being questioned. facilities, are not subjected to extended detention or separation from their families, and that their nutritional and health needs are cared for when their families are being questioned.

- Donors, humanitarian actors and the governments of Cameroon and Nigeria should use under-five health determinations from SMART assessments to help with developmental projections and planning in Boko Haram-affected areas.
- Donors and humanitarian actors should involve and empower knowledgeable local actors to provide more insight into the numbers and health status of children under five among refugee and internally displaced populations in host communities to allow for a more effective response.
- The security forces in Cameroon and Nigeria should continue to accompany health workers in affected Boko Haram areas to allow for comprehensive assessments of the humanitarian situation of under-five health and relevant interventions.
- Humanitarian actors working in north-east Nigeria and northern Cameroon should partner with local community non-governmental organisations to implement sensitisation campaigns on the importance of immunisations. They should also stress the need to register births and deaths as an important way to track under-five health, morbidity and mortality.

## Conclusion

The need to prevent the Boko Haram conflict from retarding or reversing developmental progress relating to children under five in parts of Cameroon and Nigeria calls for the advancement of targeted developmental initiatives. These should be based on robust, disaggregated data on this age group, and should be part of a range of responses to the situation.

Although there is some knowledge of the impact of the Boko Haram crisis in Nigeria and Cameroon on the health of children under five, significant gaps remain as insecurity in and inaccessibility to affected areas continue to plague efforts to fully understand the impact of the insurgency on children.

The response framework to this group of the affected population has also been disjointed, keeping child development goals far removed from national security goals and prioritising security over development.

Creating a better understanding of under-five health will entail investing in research to thoroughly understand the conflict's impact on all children in the affected areas.



It will also require deepening trilateral partnerships between CBOs, government and humanitarian donors in responding to the developmental effects of insecurity in both countries.

Actors responding to the crisis should be led by this new understanding to advance the health of children under five and limit the conflict's harmful effects on the next generation in these two countries.

## Notes

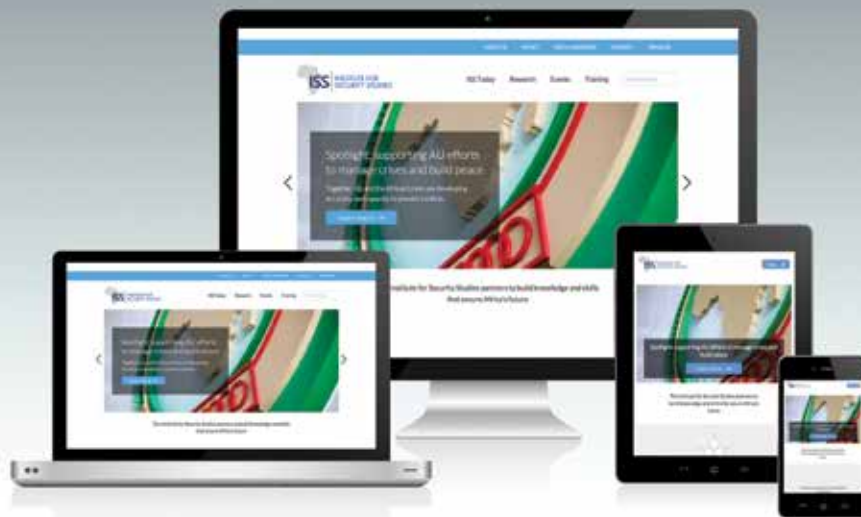
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### About the author

Uyo Yenwong-Fai joined the Transnational Threats and International Crime Programme as researcher in 2012. Her work focuses on counter-terrorism and countering violent extremism. She has worked on the involvement of youth, women and children in violent extremism and reintegration in Africa, among other issues. She holds a Master's Degree in International Relations from the University of Pretoria in South Africa.

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