National Nutrition Policy, Sphere Standards and Internally Displaced Persons in Nigeria, 2011–2025: A Policy Assessment

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DOI: https://doi.org/10.68050/JAMS.2026.1009

Received: 08 November 2026; Accepted: 15 November 2026; Published: 19 November 2026

ABSTRACT

Insurgency in north-east Nigeria has displaced more than two million people since 2011, but it is unclear how far the national nutrition policy has helped deliver the Sphere minimum standards to displaced people. This article assesses the National Policy on Food and Nutrition (NPFN), the National Policy on Internally Displaced Persons (2021) and related frameworks against Sphere benchmarks for 2011–2025. It is a structured document review of 45 sources (policy and legal texts, SMART and surveillance reports, humanitarian situation reports and peer-reviewed studies), identified through web searches of policy portals, agency websites, ReliefWeb and publisher repositories, retained under stated inclusion and exclusion criteria, and compared with Sphere indicators for acute malnutrition, water, sanitation, shelter and food assistance using rule-based qualitative ratings. Displacement in Borno, Adamawa and Yobe rose from about 1.7 million in mid-2016 to 2.25 million in October 2025. In the state-level SMART series, global acute malnutrition (GAM) among the general population of Borno ranged from 10.2% to 13.8% in every year reported from 2012 to 2023, although two regional surveys in 2016–17 found 6.4% to 13.0%, and rapid mid-upper-arm-circumference screens in 2016 recorded 20% to nearly 60% in newly accessible towns; these figures come from different surveys, places and measures and are not directly comparable. The only treatment outcomes found for displaced children within the study period, from Borno in 2016, fell below Sphere's benchmarks (recovery 57.8% against a 75% cure floor). Only 63% of wards offered nutrition services in 2023, a 2016 audit of nine camps found only 5 of 15 Sphere standards met to some extent, and in July 2025 the World Food Programme announced an end to emergency food and nutrition aid for 1.3 million people. A 2025 situational analysis found that 55% of respondents cited an inadequate or absent budget as the main barrier to NPFN delivery and that the policy adapted poorly to displacement. The full text of the NPFN names displaced people once, sets one general emergency target (a 50% fall in malnutrition among victims of emergencies by 2025) and no displaced-specific or Sphere-aligned indicators. No source reported results separately for camps and host communities. Within 2011–2025, financing, coverage, camp conditions and policy integration fell short of Sphere; supplementary data for January–June 2026, outside the study period, show a 98% cure rate where UNICEF-supported treatment operated. Displaced-population targets, ring-fenced domestic financing, domestication of the Kampala Convention and nutrition continuity in camp closures are recommended.

Keywords: national nutrition policy; Sphere standards; internally displaced persons; acute malnutrition; humanitarian standards; Nigeria

1. INTRODUCTION

Internal displacement in north-east Nigeria has outlasted several policy cycles, and the nutrition of displaced people tests whether the state's frameworks work in an emergency. Since the insurgency escalated after 2011, families have fled Borno, Adamawa and Yobe for camps, host communities and informal settlements. In mid-2016 the International Organization for Migration (IOM) counted 1,404,483 displaced people in Borno, 159,445 in Adamawa and 112,671 in Yobe (ACAPS, 2016b). The IOM Displacement Tracking Matrix

recorded 2,026,602 displaced people between 1 and 20 October 2018 (IOM, 2018), and by October 2025 the three states held 2,252,348 displaced people alongside 2,129,325 returnees (*Nutrition SMART Survey Report*, 2025).

The wider picture is larger. IOM's 2025 counts for the north-east, north-west and north-central regions together reached close to 3.6 million (UNICEF, 2026a), although the same report's summary table gives 2.9 million, so national totals are best read as approximate. Insecurity was the main trigger of migration to the camps in Maiduguri, although scarcity of land and water also shaped decisions to move (Kamta et al., 2020). Displacement in Nigeria is therefore protracted, geographically widening and fed by more than one cause.

Malnutrition is one of its most lethal consequences. Undernutrition underlies an estimated 45% of child deaths worldwide (Black et al., 2013), and ten proven nutrition interventions delivered at 90% coverage could cut under-five deaths by about 15% (Bhutta et al., 2013). In Nigeria the risk is concentrated in conflict-affected areas. A 2016 emergency in Bama and Banki, in Borno State, was documented by Médecins Sans Frontières (MSF, 2016) and by the Famine Early Warning Systems Network (FEWS NET, 2016a), and by 2020 a study of under-five children in IDP camps in Abuja found stunting of 41.0%, wasting of 29.3% and underweight of 42.0% (Idowu et al., 2020).

Two normative frameworks govern the response. The first is Nigeria's own National Policy on Food and Nutrition, which was revised in 2016 for the period to 2025 (Federal Ministry of Budget and National Planning, 2016). The second is the Sphere Handbook, which sets minimum standards for water, sanitation, food security and nutrition, shelter and health in humanitarian response (Sphere Association, 2018). Nigeria added a National Policy on Internally Displaced Persons in 2021 (Federal Government of Nigeria, 2021) and is a party to the African Union's Kampala Convention (African Union, 2009; R. Adeola, 2017).

Despite these instruments, the literature has not joined them up. Ekezie et al. (2019) audited nine camps against Sphere, Adeyemi et al. (2023) analysed Nigeria's nutrition enabling environment, and R. Adeola (2017) and A. Adeola (2022) studied the legal framework for displacement. To the authors' knowledge, no published study has tested the national nutrition policy against Sphere benchmarks for displaced people across the 2011–2025 period using survey, agency and policy evidence together.

This article fills that gap. It asks three questions:

1. What did the NPFN and related frameworks provide for displaced populations between 2011 and 2025?
2. How did the nutrition situation and living conditions of displaced people compare with Sphere benchmarks over that period?
3. Which barriers explain the gaps, and what should the revised policy change?

The article contributes a period-wide assessment, a rating of Nigeria's performance by Sphere area, and a set of recommendations for the revised policy. The next section sets out the conceptual framework; Section 3 describes the method; Section 4 reviews the policy landscape; Section 5 presents findings; Section 6 discusses them against Sphere; and Section 7 concludes.

2. LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Displacement, conflict and child undernutrition

Undernutrition remains one of the largest preventable causes of child death. Black et al. (2013) estimated that undernutrition, including fetal growth restriction, stunting, wasting, deficiencies of vitamin A and zinc, and suboptimal breastfeeding, caused 3.1 million child deaths a year, or 45% of all child deaths, and that at least 52 million children were wasted in 2011. Bhutta et al. (2013) calculated that ten nutrition interventions delivered at 90% coverage could cut deaths in children under five by about 15%, and put the extra annual cost of scaling those interventions up in 34 high-burden countries at Int$9.6 billion. The case for broad coverage is therefore strong. The question for humanitarian settings is whether the delivery systems that carry these interventions survive displacement.

The Nigerian evidence suggests that they are often under strain. In a cross-sectional survey of 317 mother–child pairs in internally displaced persons (IDP) camps in Abuja, Idowu et al. (2020) found stunting in 41%, wasting in 29.3% and underweight in 42% of under-five children; only 45.4% of children were exclusively breastfed, 28.8% had received complementary foods too early, and 43.9% had complete or up-to-date immunisation. In Borno, Chamla et al. (2019) reviewed the records of 396 children treated for severe acute malnutrition (SAM) in outpatient therapeutic programmes between June and November 2016. About 37% had pneumonia or diarrhoea, and children with co-morbidity faced a hazard of death roughly ten times higher (hazard ratio 10.2) than those without.

Why people move, and where, shapes the settings in which these risks arise. Among 204 displaced people interviewed in Bakassi camp in Maiduguri in 2019, all named insecurity as the main trigger for leaving home, while scarcity of water and fertile land also influenced the decision (Kamta et al., 2020).

The evidence on acute malnutrition is not uniform. Population-representative surveys in Borno and Yobe found less extreme prevalence than the rapid screens that preceded the 2016 emergency declaration. Leidman et al. (2017) reported GAM of 8.9% to 14.3% across regions in October–November 2016 and 6.4% to 8.6% in February–March 2017, with no region above the World Health Organization (WHO) emergency threshold of 15%. The same authors cautioned that, without a scale-up of multisectoral interventions to reduce malnutrition and illness, only a limited effect on mortality could be expected. Any assessment of displaced populations therefore has to separate rapid, non-representative screens from representative surveys and has to say which one a figure comes from.

2.2 The Sphere standards and their evidence base

The Sphere Handbook was first published in 2000 and revised in 2004, 2011 and 2018. It combines the Humanitarian Charter, the Protection Principles and the Core Humanitarian Standard (CHS) with minimum standards in four technical areas: water supply, sanitation and hygiene promotion; food security and nutrition; shelter and settlement; and health (Sphere Association, 2018). The CHS was launched in December 2014 by Groupe URD, the CHS Alliance and Sphere, replaced the earlier Sphere core standards, and sets out nine commitments on the quality of, and accountability for, humanitarian action (CHS Alliance et al., 2014).

For this assessment the commonly applied indicators are as follows. For the treatment of SAM, the cure rate should exceed 75%, the death rate should be below 10%, the default rate below 15%, and coverage above 90% in camps (above 70% in urban and 50% in rural settings) (Sphere Association, 2018, p. 178). The handbook also sets 15 litres of water per person per day, no more than 20 people per toilet and 3.5 m² of covered living space per person, and gives a planning figure of 2,100 kcal per person per day for food assistance (Sphere Association, 2018, p. 231).

These are minimum standards, and their evidence base is uneven. Frison et al. (2018) reviewed the studies behind the 2011 indicators for water, sanitation and hygiene, food security and nutrition, and health action. In the food security and nutrition area, only 7 of 63 indicators were supported by the studies reviewed. That does not make the indicators wrong, but it means they are best read as agreed professional thresholds, and the clinical ones rest on WHO guidance. WHO's 2013 guideline on severe acute malnutrition was superseded in 2023 by a broader guideline on the prevention and management of wasting and nutritional oedema (WHO, 2013, 2023).

2.3 Legal and policy frameworks in Nigeria

The Guiding Principles on Internal Displacement identify the rights and guarantees relevant to the protection of displaced people (Deng, 1998). Africa's binding counterpart, the Kampala Convention, was adopted on 23 October 2009 and entered into force on 6 December 2012 (African Union, 2009). R. Adeola (2017) recorded that twenty-five African states, Nigeria among them, had ratified it by April 2016, and critiqued Nigeria's implementation of it in the context of Boko Haram-induced displacement. A. Adeola (2022) later examined the national legal frameworks for displaced people, including the 1999 Constitution, the Kampala Convention as a supplementary source of law, and the 2021 National Policy on IDPs. In 2025 Nigeria's Deputy Speaker told a

United Nations online event that ratification alone was not enough, and that a domestication bill had passed the House of Representatives and was awaiting the Senate (Emmason, 2025).

On the nutrition side, Adeyemi et al. (2023) combined a content analysis of 48 policies and strategies from several sectors with interviews to describe the nutrition enabling environment in Nigeria from 2008 to 2019. They concluded that the factors that created and sustained momentum were in better shape than those needed to turn momentum into better nutrition outcomes. A 2024 preliminary assessment of the National Policy on Food and Nutrition (NPFN) found that about a third of its targets were roughly on track, and the policy was due for full review in 2025 (Ajieroh et al., 2025).

None of these studies asked how the nutrition policy performed for displaced people. The only camp audit against Sphere found in this review, by Ekezie et al. (2019), set out to determine the health-related resources available in nine camps in seven states in September–October 2016 and whether they met international standards, not to assess the national nutrition policy. That is the gap this article addresses.

2.4 Conceptual framework

The assessment treats a national nutrition policy as one link in a chain that runs from normative text to service delivery to outcomes for displaced people. Three questions follow the chain. The first is *normative adequacy*: do the national instruments name displaced people, set targets for them, and align with Sphere? The second is *service performance*: where services reached displaced people, did they meet Sphere's indicators for treatment, food assistance, water, sanitation and shelter? The third is *enabling conditions*: do financing, staffing, access, data and legal backing allow the first two to hold over time?

The framework has one practical consequence. Much of what reached displaced people in the north-east was paid for and delivered by humanitarian agencies rather than by the state, so a strong result on service performance does not by itself show that the national policy worked. Treating the three questions separately lets the assessment say where outcomes were achieved, who achieved them, and what stood behind them. Findings in Section 5 are organised by the Sphere areas, and Section 6 returns to the three questions.

3. METHODOLOGY

3.1 Design

This is a structured document review and policy assessment. It compares what national and international instruments provided for displaced people in north-east Nigeria with what survey, surveillance and programme evidence shows was delivered, using Sphere indicators as the benchmark. It is not a systematic review in the formal sense, and no primary data were collected. The assessment window is 2011 to 2025, which spans the third (2011) and fourth (2018) editions of the Sphere Handbook and the life of the 2016–2025 NPFN. Documents published in 2026 are used only where they report 2025 data. Treatment, funding and sanitation figures for January–June 2026 fall outside the window; they are reported separately as supplementary evidence (Section 5.7) and are not used to rate any Sphere area in Table 4 or to support the conclusions about the study period. Evidence is labelled by the population it describes (people in IDP camps; displaced people outside camps or in hard-to-reach areas; host communities and general state populations; returnees), because the sources describe different groups that are not interchangeable (Section 5.6).

3.2 Sources and selection

Sources were identified through web searches of policy portals, ministry and agency websites, ReliefWeb, and publisher and repository records. Search terms combined Nigeria, the north-east states (Borno, Adamawa and Yobe), internally displaced persons, nutrition policy, acute malnutrition, SMART surveys, Sphere standards and camp closures. Five kinds of source were retained: (a) national policy and legal texts and analyses of them; (b) international standards, conventions and clinical guidelines; (c) nutrition surveys and surveillance reports; (d) humanitarian situation reports and agency or non-governmental briefings; and (e) peer-reviewed studies of the nutrition or living conditions of displaced people in Nigeria and of the evidence behind Sphere. A small

number of news reports were kept for events that no other source recorded, such as the announcement ending food aid and the status of the domestication bill. A source was excluded when its author, date, publisher or publication details could not be confirmed (see the criteria below).

Search strategy. The search was a structured web search and not a protocol-driven search of bibliographic databases. It followed no registered protocol, and the number of records screened was not logged, so no flow diagram is presented and the 45 sources should be read as the set retained, not as an exhaustive census (Section 7.3). Policy and agency documents were located on the websites of the issuing bodies and on ReliefWeb; peer-reviewed studies were located through publisher and repository records using the same search terms.

Inclusion and exclusion criteria. A source was retained when it (i) concerned Nigeria, with priority to Borno, Adamawa and Yobe; (ii) reported data, policy content or events for 2011–2025, or supplied the normative or clinical benchmark against which these were assessed (for example the 1998 Guiding Principles, the 2009 Kampala Convention and the 2013 *Lancet* nutrition series, which are background sources outside the window); (iii) belonged to one of the five source types above; and (iv) had bibliographic details that could be verified. A source was excluded when it failed any of these tests. News items were retained only for events that no other source recorded and, in one case (Akor, 2024), for survey figures reported by the news item.

The final set has 45 sources: 11 peer-reviewed articles; 9 standards, guidelines, legal and policy texts, including one academic book; 21 survey, surveillance, agency and non-governmental reports; and 4 news items. Every source is cited in the text and listed in the references. Table 1 shows the composition of the set and how each type was used and weighted.

Table 1

Composition of the 45 sources and their treatment in the appraisal

Source type	n	Used for	Treatment in the appraisal
Peer-reviewed articles	11	Treatment outcomes and camp conditions in Borno and Abuja; nutrition enabling environment; legal analysis; evidence base of Sphere	Highest weight. Design, setting and sample recorded for each study
Standards, guidelines, legal and policy texts (including one academic book)	9	Benchmarks (Sphere, CHS, WHO) and normative content (Kampala Convention, Guiding Principles, national policies)	Used as benchmarks. NPFN content taken from the full text; other national policy content from secondary descriptions where the full text was not examined (Section 3.3)
Survey, surveillance, agency and non-governmental reports	21	Displacement counts, prevalence, treatment, funding, camp closures	Weighted by method: representative surveys over rapid screens; agency programme figures read as humanitarian-system performance, not national policy performance
News items	4	Events with no other record (WFP announcement, domestication bill) and one set of survey figures (Akor, 2024)	Lowest weight. Flagged in Table A1; not used alone for a Sphere rating
Total	**45**		

Note. CHS = Core Humanitarian Standard; WFP = World Food Programme.

Appraisal of sources. Each source was appraised on four points: who issued it and whether it was peer reviewed or a primary report; what was measured and how (for example representative survey, rapid screen, record review or programme report); which population and place it describes; and its date. These details were recorded for every statistic used and are set out in the evidence register (Appendix A, Table A1). No quality-scoring instrument was applied, and appraisal was qualitative.

3.3 Verification

Each source's bibliographic details (authors, date, volume, pages, DOI or web address) were checked against the publisher, repository or issuing organisation's own page. Each figure used in the article was traced to the page that states it. Where a source was internally inconsistent, the inconsistency is reported rather than resolved. For example, UNICEF's 2025 year-end situation report gives 2.9 million displaced people in its summary table and close to 3.6 million in its text (UNICEF, 2026a). The date of one news report (Emmason, 2025) is approximate because the page shows no exact date. The full text of the 2016 NPFN was examined, and statements about its content cite its section numbers. The National Policy on IDPs was identified through repository records and secondary descriptions, and its full text should be checked before the findings are cited as statements about its content.

3.4 Analysis

The comparison with Sphere followed four steps for each area. First, the Sphere indicator and benchmark were taken from Section 2.2. Second, the provision made for displaced people in the national instruments (the NPFN, the National Policy on IDPs, the Kampala Convention and the Borno camp-closure policy) was recorded (from the full text for the NPFN and from secondary descriptions for the other instruments) and marked *not confirmed* where the sources did not say. Third, the indicator evidence available for 2011–2025 was extracted together with its population, place, date and measure (Table A1), and a figure was compared directly with a benchmark only when its measure matched the indicator; where it did not, the area was rated on the evidence that existed and the mismatch was stated. Fourth, a qualitative rating was assigned: *met* (evidence for displaced people in the window reaches the benchmark); *largely met* (most elements reached, with named gaps in access or coverage); *partly met* (some elements reached and others not, or evidence limited to a few sites); *not met* (evidence falls below the benchmark or assistance was withdrawn); *weak* (for policy integration and accountability: instruments absent, not adapted to displacement or not implemented); or *not rated* where no usable data were found. The ratings are a judgement on the cited evidence and not a scored index. The three questions in the conceptual framework (normative adequacy, service performance and enabling conditions) were then used to read the ratings across areas.

Two cautions apply to the survey data. First, global acute malnutrition (GAM) measured by weight-for-height (WHZ) and by mid-upper-arm circumference (MUAC) are not comparable, so the article states which measure each figure uses and does not plot them together. Second, rapid MUAC screens in newly accessible areas are not representative; they are reported as alerts and not as prevalence. Figures from agency situation reports describe the programmes those agencies run and are treated as evidence of humanitarian-system performance, not of national policy performance, unless the source says otherwise.

Comparability of figures. The statistics come from different surveys, places, years and populations, and many cannot be compared directly. The article therefore does four things. It records source, date, place, measure and population for each statistic (Table A1). It compares figures only when they share a measure (weight-for-height with weight-for-height, MUAC with MUAC). It reports the 2016–17 representative regional surveys, the 2016 rapid screens and the state-level series side by side but does not average, pool or trend them. And where a figure describes a mixed or unspecified population, it says so and does not attribute the figure to people in camps.

3.5 Ethics

The study used only publicly available documents. No human participants were involved and no ethical approval was sought.

4. POLICY AND NORMATIVE LANDSCAPE

4.1 The National Policy on Food and Nutrition, 2016–2025

The NPFN 2016–2025 is a ten-year, multisectoral policy produced by the Federal Ministry of Budget and Nat-

ional Planning (2016). Its record is mixed on its own terms. A 2024 preliminary assessment found that about a third of its targets were roughly on track (Ajieroh et al., 2025). The 2025 situational analysis by the Nutrition Society of Nigeria, based on 1,658 survey respondents (1,093 women and 565 men), concluded that the policy had raised awareness, built institutions and improved multisectoral collaboration, but that service delivery was poorly implemented because of weak capacity, funding and coordination (Nutrition Society of Nigeria, 2025). State and local food and nutrition committees had been set up but varied in effectiveness, held back by limited funding, weak coordination and unclear mandates. Respondents rated pregnant women and under-fives as the groups best served.

On displacement the findings are thinner. The situational analysis judged the policy "inadequately adaptable" to rapidly changing conditions and named inflation and displacement among them, and it lists IDPs and people affected by conflict among the groups needing attention without establishing that their needs were met (Nutrition Society of Nigeria, 2025). The review of the NPFN by the Global Alliance for Improved Nutrition (GAIN) called for the next policy to expand its legislative framework, resilience provisions and partnerships, among other areas (Ajieroh et al., 2025).

The full text of the NPFN (Federal Ministry of Budget and National Planning, 2016) was examined for this assessment and bears out that reading. It names displaced people once, in a section on nutrition in emergencies, which says that women, children under five and older people need urgent humanitarian assistance "especially if they are also displaced", that adherence to early warning and the activation of response plans are poor, and that nutrition must be built into emergency preparedness and response (Section 1.2.5). The policy then makes four emergency provisions: a target to reduce the incidence of malnutrition among victims of emergencies by 50% by 2025 (Section 2.4); stronger information management systems for food insecurity and nutritional vulnerability; guidelines for managing nutrition during emergencies, which the policy says are to be developed; and coordination of government, humanitarian actors and development partners during emergencies (Section 3.1.5). It also provides for integrated management of severe acute malnutrition as part of a minimum package of maternal, newborn and child health services (Section 3.2.1), for the supply of ready-to-use therapeutic food (Section 3.3), and for a national wasting target of 10% by 2025, down from 18% in 2013 (Section 2.4). It commits government to adequate budget allocation and timely release of funds (Sections 3.6 and 4.18). It does not mention internally displaced persons, camps or host communities by name, refer to Sphere or the Kampala Convention, set cure, default or death-rate thresholds or a treatment coverage target, define "victims of emergencies", or give the emergency target a baseline.

4.2 The National Policy on Internally Displaced Persons

Nigeria's dedicated policy for displaced people came late. The Federal Executive Council approved the National Policy on IDPs in September 2021, and the Minister of Humanitarian Affairs, Disaster Management and Social Development launched it in Abuja in March 2022 (Ocheni, 2022). It sets out a framework for assistance and durable solutions for displaced people (Federal Government of Nigeria, 2021), and A. Adeola (2022) devotes a chapter to reflecting on it. The conflict that produced the displacement had by then lasted more than a decade, and the 2016 NPFN had been in force for five years. This review relied on secondary descriptions of the policy; whether it sets nutrition-specific targets or adopts Sphere indicators for displaced people could not be confirmed from the sources examined and should be checked against the full text.

4.3 Regional and international instruments

Three instruments sit above the national policies. The Guiding Principles on Internal Displacement set out the rights and guarantees relevant to protecting displaced people (Deng, 1998). The Kampala Convention binds states parties in Africa, and Nigeria has ratified it, but it had not been incorporated into domestic law by 2025 (African Union, 2009; Emmason, 2025). The Sphere Handbook and the CHS define what a quality humanitarian response should achieve (CHS Alliance et al., 2014; Sphere Association, 2018), and WHO guidelines provide the clinical basis for treating acute malnutrition (WHO, 2013, 2023). Table 2 summarises how these instruments bear on the nutrition of displaced people.

Table 2 *Instruments governing the nutrition of displaced people in Nigeria, 2011–2025*

Instrument	Year	Relevance to displaced people's nutrition	Source
National Policy on Food and Nutrition	2016–2025	Ten-year multisectoral policy; names displaced people once, sets a general 50% emergency-malnutrition target for 2025 and no displaced-specific targets; found poorly adaptable to displacement	Federal Ministry of Budget and National Planning (2016); Nutrition Society of Nigeria (2025)
National Policy on IDPs	2021	Framework for assistance and durable solutions; approved September 2021, launched March 2022	Federal Government of Nigeria (2021); Ocheni (2022)
Kampala Convention	2009 (in force 2012)	Binding regional treaty, ratified by Nigeria; domestication bill pending in 2025	African Union (2009); Emmason (2025)
Guiding Principles on Internal Displacement	1998	Rights and guarantees relevant to the protection of displaced people	Deng (1998)
Sphere Handbook	2018 (4th ed.)	Minimum standards for water, sanitation, food security and nutrition, shelter and health	Sphere Association (2018)
Core Humanitarian Standard	2014	Nine commitments on quality and accountability; part of the Handbook	CHS Alliance et al. (2014)
WHO guidelines on acute malnutrition	2013; 2023	Clinical basis for treatment protocols	WHO (2013, 2023)
Borno State camp closures	2021–2024	Sub-national policy of closing camps and relocating residents	Human Rights Watch (2022); United Nations Office for the Coordination of Humanitarian Affairs (OCHA, 2024a); U.S. Agency for International Development (USAID, 2024)

Note. NPFN = National Policy on Food and Nutrition; IDPs = internally displaced persons; WHO = World Health Organization.

4.4 A sub-national policy: camp closures in Borno

One policy shaped displaced people's access to services more directly than any national instrument: Borno State's decision to close camps. Between May 2021 and August 2022 the state closed eight camps in Maiduguri and relocated more than 140,000 people, and Human Rights Watch (2022) reported that closures took place without consultation, adequate information or sustainable alternatives, that residents typically had 10 to 15 days to leave, and that food aid from the World Food Programme and the state emergency agency largely stopped around October and November 2021. On 25 February 2024 the state began closing informal camps in Maiduguri and surrounding areas, with completion planned for 29 May 2024. The governor said the aim was to return displaced people to their home areas and reduce reliance on government and non-governmental aid, while humanitarian partners urged that returns be safe, dignified, informed and voluntary (OCHA, 2024a). Closure of Muna camp, which was described as hosting more than 50,000 people, began on 7 June 2024, and since 2021 the state had relocated more than 200,000 people from camps to local government areas (USAID, 2024).

These closures matter for nutrition because they change which clinic, water point and food distribution a child can reach. The sources reviewed describe the closures and their humanitarian concerns, but none shows a

requirement to transfer treatment sites, registers or supplies before people move. That absence is a finding of this review and not proof that no such arrangement existed.

4.5 Normative adequacy: a summary

On the first question of the conceptual framework, the national instruments are incomplete for displaced people. The NPFN is national in scope, names displaced people once, sets no displaced-specific or Sphere-aligned targets and was found poorly adaptable to displacement; the dedicated IDP policy arrived in 2021; the Kampala Convention is binding but not domesticated; and the sub-national policy that most affected camp residents were not tied to nutrition continuity in any source found. Sphere is the only framework in the table that sets measurable minimums for each area of need, and it carries no national legal force.

5. FINDINGS

5.1 Scale and movement of displacement

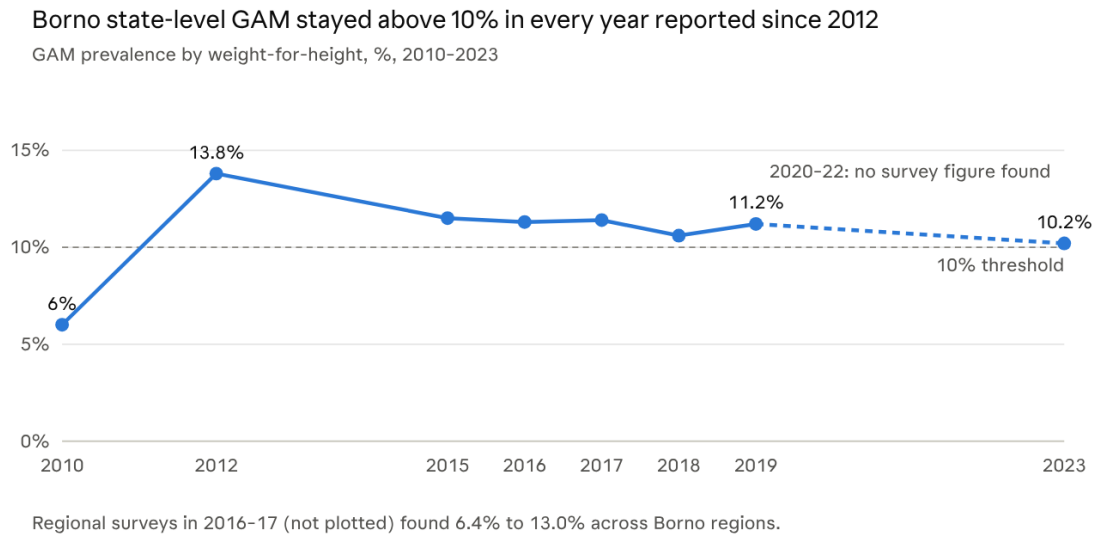
In mid-2016 IOM counted 1,676,599 displaced people in the three most affected states: 1,404,483 in Borno, 159,445 in Adamawa and 112,671 in Yobe (ACAPS, 2016a). In Round 25 of the Displacement Tracking Matrix, covering 1–20 October 2018, IOM recorded 2,026,602 displaced people (IOM, 2018). By 2023 an estimated 2.2 million people remained displaced in the north-east, and 42% of them lived in 276 camps (UNICEF, 2023). In October 2025 Round 49 counted 2,252,348 IDPs in Borno, Adamawa and Yobe, alongside 2,129,325 returnees (*Nutrition SMART Survey Report*, 2025).

The rounds differ in geographic coverage, so the series shows the order of magnitude and not an exact trend. Two points stand out. Displacement in the three states never fell below 1.6 million in any count found, and by 2025 the number of returnees was close to the number of people still displaced. Many people were therefore neither settled nor in a camp, which makes them harder for a policy built around facilities and registers to reach.

5.2 Nutritional status, 2011–2025

Acute malnutrition in Borno moved through four phases. Figure 1 plots the state-level series that is comparable over time. This series describes the general child population of Borno; the source, date, place, measure and population for each figure in this section are given in Table A1, and Section 5.6 separates them by population group.

Figure 1 *Global acute malnutrition among children in Borno State, 2010–2023*



FHI 360 (2019) for 2010–2019; Akor (2024), reporting the 2023 lean-season NFSS round, for 2023. State-level SMART series (2010–2019) and NFSS lean-season survey (2023); weight-for-height; general child population of Borno, with no IDP–host split; 2016 rapid MUAC screens in newly accessible towns were far higher and are not comparable.

2011–2015: emergence. GAM measured by weight-for-height rose from 6% in 2010 to 13.8% in 2012 and stood at 11.5% in 2015 (FHI 360, 2019).

2016: the Bama alert. In 2016 the alarm came from field screening, not from the national surveillance system. MSF screened about 800 children in Bama on 21 June and found 19% with SAM, a figure that was about 15% in mid-July; the Bama health centre reported 188 deaths between 23 May and 21 June, mainly from diarrhoea and malnutrition, and an estimated 10,000 to 12,000 displaced people were living in shelters of rusty corrugated iron (MSF, 2016). ACAPS (2016a) reported GAM of 29% and SAM of 6% in Muna camp near Maiduguri as of 15 June. The Minister of Health declared a nutrition emergency in Borno (FEWS NET, 2016a). Rapid MUAC screens (cut-off below 125 mm) in newly accessible localities of Borno and Yobe found GAM of about 20% to nearly 60%, against 8% to 20% in accessible areas such as Maiduguri and Jere, and MSF screens of displaced people in Banki found 27.2% in July and 51.8% in August; the report stresses that these screens are not representative (FEWS NET, 2016b). Representative surveys that followed gave lower figures: 6.4% to 13.0% across Borno regions in October 2016 to March 2017, with SAM at or below about 2% (Leidman et al., 2017). The two kinds of evidence do not contradict each other. Rapid screens in newly reached towns flagged where the crisis was worst, and cluster surveys in accessible areas described a less severe average. Roberts (2017) gives a practitioner's account of how the alert was raised.

2017–2023: a chronic plateau. The state series shows 11.4% in 2017, 10.6% in 2018 and 11.2% in May 2019 (FHI 360, 2019), and the 2023 lean-season survey found 10.2% in Borno, 8.0% in Yobe and 4.0% in Adamawa (Akor, 2024). No Borno survey figure for 2020–2022 was found in the sources reviewed. More than 460,000 children were treated across the three states in 2023, 37% more than in 2022 (Akor, 2024), and SAM admissions to hospital in Maiduguri doubled in the first quarter of 2023 compared with 2022 (UNICEF, 2023).

2024–2025: relapse under funding cuts. Admissions of children with complicated SAM were 63% higher in January–April 2024 than a year earlier. MSF admitted 1,250 such children to its inpatient centres in the three states in April 2024, double the figure for April 2023, and by the end of May it was treating 350 patients against a 200-bed capacity set for the lean-season peak. Surveillance among displaced people from hard-to-reach areas in April found 18% SAM plus moderate acute malnutrition (MAM) (OCHA, 2024b). MSF (2025) reported that the number of children with nutritional oedema in its care in January–June 2025 was more than three times that of the same months in 2024.

5.3 Treatment outcomes and coverage

Within the study period the only treatment outcomes found for displaced children come from 2016. Among 396 children treated in Borno's outpatient programmes between June and November 2016, recovery was 57.8% and default 36.1%, and the authors reported that neither met Sphere or community-based management standards; cumulative mortality was 9.5 per 10,000 child-days (Chamla et al., 2019). Programme records from two north-western states, which are not displacement settings, show that the standard can be met at scale: in a study of 102,245 records from Katsina and Jigawa, 87.1% of admitted children in the better-performing state's most recent year were cured, 9.2% defaulted and 0.2% died (Chitekwe et al., 2018). No outcome series for displaced children in the north-east between 2017 and 2025 was found, so treatment outcomes cannot be rated beyond 2016. Outcomes for January–June 2026 are reported in Section 5.7 as supplementary evidence.

Coverage is the weaker side. Sphere sets a coverage benchmark of more than 90% in camps, and no coverage survey of camps was found. The nearest proxy is service availability: in 2023 only 63% of the 714 wards in the three states offered nutrition services (Akor, 2024). Because the cure-rate figures describe children who reached treatment, they cannot show how many did not.

5.4 Water, sanitation and shelter

The only camp audit against Sphere in the evidence reviewed covered nine camps in seven states in September–October 2016. Five of 15 assessed standards were met to some extent, including the availability of water and shelter; sanitation and vaccination were unmet in five camps, severe overcrowding was found in five, and waste disposal was inadequate in all nine. Implementation was uneven and especially poor in self-settled and dispersed settlements (Ekezie et al., 2019). In Abuja camps, Idowu et al. (2020) found that fewer than half of under-five children were exclusively breastfed, a pattern relevant to Sphere's standard on infant and young child feeding in emergencies although the survey did not test that standard.

Conditions for people who left camps were also poor. Human Rights Watch (2022) found that many people who left camps, including those who returned to Bama, lacked adequate water, that residents of informal settlements had no sanitation beyond pit latrines, and that health services in Bama were limited.

5.5 Food assistance and funding

The Cadre Harmonisé analysis of March 2025 projected that about 4.6 million people in the three states would face crisis or worse levels of food insecurity in the May–September 2025 lean season, at levels similar to 2024 (*Nutrition SMART Survey Report*, 2025). Nigeria needed at least 629,000 cartons of ready-to-use therapeutic food for the June–November lean season, and only 64% had been secured by late August 2025 (Save the Children, 2025). In July 2025 the World Food Programme announced it would stop all emergency food and nutrition aid for 1.3 million people in the north-east, citing severe funding shortages (Nigeria Health Watch, 2026).

No ration data were found, so food assistance cannot be tested against Sphere's 2,100 kcal planning figure. The assessment rests on the withdrawal of assistance, and on the earlier cessation of food aid around October–November 2021 that accompanied the Maiduguri camp closures (Human Rights Watch, 2022).

5.6 Evidence by population group

The sources describe different groups, so the evidence is set out by the population each one describes (Table 3). No source in the set reports nutrition results for IDP camps and host communities separately, and the state-level surveys describe whole-state populations whose displacement status is not given in the sources reviewed. Statements in Sections 5.2 and 5.3 about trends in acute malnutrition therefore describe the general populations of Borno, Yobe and Adamawa, whereas statements about water, sanitation, shelter and food assistance in Sections 5.4 and 5.5 describe camps and displaced people. Findings for IDP camps rest on a small number of site-specific sources, and one of them, Idowu et al. (2020), is from camps in Abuja and not from the north-east.

Table 3 *Evidence by population group, 2011–2025*

Population group	Evidence in this review (source, date, place, method)	What it can and cannot show
IDPs in camps, north-east and elsewhere	Audit of nine camps in seven states against Sphere, September–October 2016 (Ekezie et al., 2019). GAM 29% and SAM 6% in Muna camp near Maiduguri, 15 June 2016, from a briefing note with sampling method not stated (ACAPS, 2016a). Rapid MUAC screens of displaced people in Banki, 27.2% in July and 51.8% in August 2016 (FEWS NET, 2016b)	Camp conditions in 2016 and the severity of the alert. Not representative prevalence (the screens are not representative), and nothing on conditions after 2016
IDPs in camps outside the north-east	Cross-sectional survey of 317 mother–child pairs in IDP camps in Abuja, reported 2020: stunting 41.0%, wasting 29.3%, underweight 42.0%; exclusive breastfeeding 45.4% (Idowu et al., 2020)	Under-five nutrition in Abuja camps. Cannot be generalised to north-east camps

Displaced people outside camps or in hard-to-reach areas	Surveillance among displaced people from hard-to-reach areas, April 2024: 18% SAM plus MAM (OCHA, 2024b). People who left camps, including in Bama, lacked adequate water (Human Rights Watch, 2022). About 10,000–12,000 people in corrugated-iron shelters in Bama, 2016 (MSF, 2016)	Need is high where access is limited. A single surveillance round and agency or NGO observations; no trend and no prevalence for the group
Host communities and general state populations	State-level SMART series for Borno, 2010–2019 (FHI 360, 2019). Lean-season survey 2023: Borno 10.2%, Yobe 8.0%, Adamawa 4.0% (Akor, 2024). Representative regional surveys in accessible areas of Borno, October 2016–March 2017 (Leidman et al., 2017)	The trend in acute malnutrition in the general child population. Not whether displaced children fared worse; no IDP–host split; inaccessible areas excluded
Returnees	2,129,325 returnees in Borno, Adamawa and Yobe in October 2025 (*Nutrition SMART Survey Report*, 2025)	Scale only. No nutrition data for returnees were found
Children in treatment programmes (displacement status not separated)	Record review of 396 children in Borno outpatient programmes, June–November 2016 (Chamla et al., 2019). Programme records from Katsina and Jigawa, north-west (Chitekwe et al., 2018). Admissions and ward coverage in three states, 2023–2024 (Akor, 2024; OCHA, 2024b)	Outcomes and coverage among children who reached treatment. Cannot show children who did not, and cannot separate camp from host-community children

Note. GAM = global acute malnutrition; SAM = severe acute malnutrition; MAM = moderate acute malnutrition; MUAC = mid-upper-arm circumference; IDP = internally displaced person.

5.7 Supplementary evidence beyond the study period (January–June 2026)

The sources below report January–June 2026 and so fall after the 2011–2025 window. They are given for context and are not used to rate any Sphere area in Table 4 or to support the conclusions about the study period. By the first half of 2026 UNICEF and partners had treated 244,312 children for SAM in Borno, Adamawa and Yobe with a 98% cure rate (UNICEF, 2026b), above Sphere's 75% floor. This is a programme-wide figure for children who reached treatment; it is not a camp-level or coverage estimate and cannot be compared directly with the 2016 record review of 396 children. UNICEF also reported desludging more than 10,000 latrines in 103 Borno camps for over 308,000 people, and trained volunteers had cleaned and disinfected 865 latrines for a further 23,580 people (UNICEF, 2026b). By mid-2026 UNICEF had received US$58.2 million (28%) of the US$210.8 million required for its Nigeria appeal, including US$31.1 million carried over from 2025, leaving a gap of about 72% (UNICEF, 2026b). The Integrated Food Security Phase Classification (IPC, 2026) projected nearly 6.4 million children aged 0–59 months to be acutely malnourished across the north-east, north-west and north-central regions through September 2026, 2 million of them with SAM. These data suggest that clinical treatment can meet Sphere's benchmark where services are funded and running, and that financing pressure continued after 2025. They come from one agency's mid-year report and a projection, and they do not change the ratings in Table 4.

5.8 Information gaps

Seven gaps limit the findings. No published split of nutrition results between IDP camps and host communities was found. No Borno survey figure for 2020–2022 was found. No camp-level coverage estimate for SAM treatment was found. No treatment outcome series for displaced children in the north-east between 2017 and 2025 was found. The Sphere standard on infant and young child feeding in emergencies and the CHS commitments on accountability could be examined only through single studies. Inaccessible areas remain

unsurveyed; four Borno local government areas were still inaccessible in mid-2023 (UNICEF, 2023). Finally, the national totals for displaced people differ between sources, as Section 3.3 notes.

6. DISCUSSION

6.1 Assessment against Sphere

Table 4 compares each Sphere area and its benchmark with the provision made in Nigeria's national instruments, the evidence for 2011–2025, the gap identified and the implementation status (the rating defined in Section 3.4). Evidence for 2026 is excluded from the ratings (Section 5.7).

Table 4 *Sphere standards compared with Nigeria's policy provisions, evidence and implementation status, 2011–2025*

Sphere area and benchmark	Nigerian policy provision	Evidence, 2011–2025 (population)	Gap identified	Implementation status
Assessment and surveillance. Repeated, representative assessment (no numeric benchmark applied)	Early-warning and information systems for the food and nutrition situation (NPFN Sections 2.3, 3.1.5, 5.1); no surveillance provision specific to displaced people	Repeated SMART and national survey rounds, including 2025 (FHI 360, 2019; Akor, 2024; *Nutrition SMART Survey Report*, 2025; general populations). The 2016 alert came from MSF field screening in Bama (MSF, 2016; Roberts, 2017)	No 2020–2022 Borno figure; no IDP–host split; inaccessible areas unsurveyed (four LGAs in mid-2023)	Largely met; access gaps
Treatment outcomes (SAM). Cure >75%, death <10%, default <15% (Sphere Association, 2018)	SAM management within a minimum MNCH package, RUTF supply and a national wasting target of 10% by 2025 (NPFN Sections 2.4, 3.2.1, 3.3). No cure, default or death-rate thresholds and no reference to Sphere. IDP policy: not confirmed	Borno outpatient programmes, June–November 2016, 396 children: recovery 57.8%, default 36.1% (Chamla et al., 2019). Katsina and Jigawa (not displaced): 87.1% cured (Chitekwe et al., 2018)	No outcome series for displaced children in the north-east for 2017–2025; no NPFN threshold to measure against	Not met in 2016; later years not rated within the window
Treatment coverage. >90% in camps; >70% urban; >50% rural	No SAM treatment coverage target in the NPFN; a CMAM Task Force is named (Section 4.19.3)	63% of 714 wards offered nutrition services in 2023; more than 460,000 children treated (Akor, 2024; three-state, general population)	No camp coverage survey; proxy only	Partly met (proxy only)

Food assistance. 2,100 kcal per person per day (planning figure)	Safety nets, food reserve and guidelines for nutrition in emergencies (NPFN Section 3.1.5); target to cut malnutrition among victims of emergencies by 50% by 2025 (Section 2.4). No ration standard. IDP policy: assistance framework; ration content not confirmed	4.6 million projected in crisis or worse, 2025 lean season; 64% of therapeutic food needs secured by late August 2025; WFP aid for 1.3 million announced to end July 2025; aid stopped around October–November 2021 with camp closures (*Nutrition SMART Survey Report*, 2025; Save the Children, 2025; Nigeria Health Watch, 2026; Human Rights Watch, 2022)	No ration data; assistance withdrawn	Not met in 2025
Water and sanitation. 15 litres per person per day; no more than 20 people per toilet	National target to raise access to potable water from 49% to 70% by 2025 (NPFN Section 2.4); no camp or emergency water or sanitation standard	Nine camps, seven states, September–October 2016: 5 of 15 standards met to some extent; sanitation unmet in five camps; waste disposal inadequate in all nine (Ekezie et al., 2019). People who left camps lacked adequate water (Human Rights Watch, 2022)	No camp audit after 2016 within the window	Partly met
Shelter and settlement. 3.5 m² covered living space per person	None in the NPFN; not confirmed for the IDP policy	Severe overcrowding in five of nine camps (Ekezie et al., 2019); 10,000–12,000 people in corrugated-iron shelters in Bama, 2016 (MSF, 2016); camp closures from 2021 (Human Rights Watch, 2022; OCHA, 2024a)	No space-per-person measurement found	Partly met
Policy integration (normative adequacy)	NPFN names displaced people once (Section 1.2.5) and does not mention IDPs, camps, Sphere or the Kampala Convention. IDP policy approved 2021; Kampala Convention ratified, not domesticated	NPFN found poorly adaptable to displacement (Nutrition Society of Nigeria, 2025); IDP policy only in 2021 (Federal Government of Nigeria, 2021); domestication bill awaiting the Senate in 2025 (Emmason, 2025)	Emergency target has no baseline, definition of "victims of emergencies" or displaced-specific indicators; no evidence found that the guidelines on nutrition in emergencies (Section 3.1.5) were issued; no link between IDP policy and NPFN	Weak

Accountability to affected people (CHS)	NPFN provides for participatory community assessment (Section 3.4.1) but no mechanism for accountability to affected people. Borno camp-closure policy: no nutrition-continuity requirement found	Closures without consultation, adequate information or sustainable alternatives (Human Rights Watch, 2022; one source)	Single-source evidence	Weak (one source)
Infant and young child feeding in emergencies	National exclusive breastfeeding target of 65% by 2025 and IYCF counselling (NPFN Sections 2.4, 3.2.1); no emergency IYCF provision	45.4% exclusive breastfeeding in Abuja IDP camps (Idowu et al., 2020)	No north-east camp data	Not rated

Note. Ratings are qualitative judgements on the cited evidence under the rules in Section 3.4, not a scored index. NPFN provisions are taken from the full text of the policy (Federal Ministry of Budget and National Planning, 2016), with section numbers; "not confirmed" applies to the National Policy on IDPs, whose full text was not examined. Evidence for 2026 is excluded (Section 5.7). CHS = Core Humanitarian Standard; IDP = internally displaced person; IYCF = infant and young child feeding; LGA = local government area; NPFN = National Policy on Food and Nutrition; SAM = severe acute malnutrition; SMART = Standardized Monitoring and Assessment of Relief and Transitions; WFP = World Food Programme.

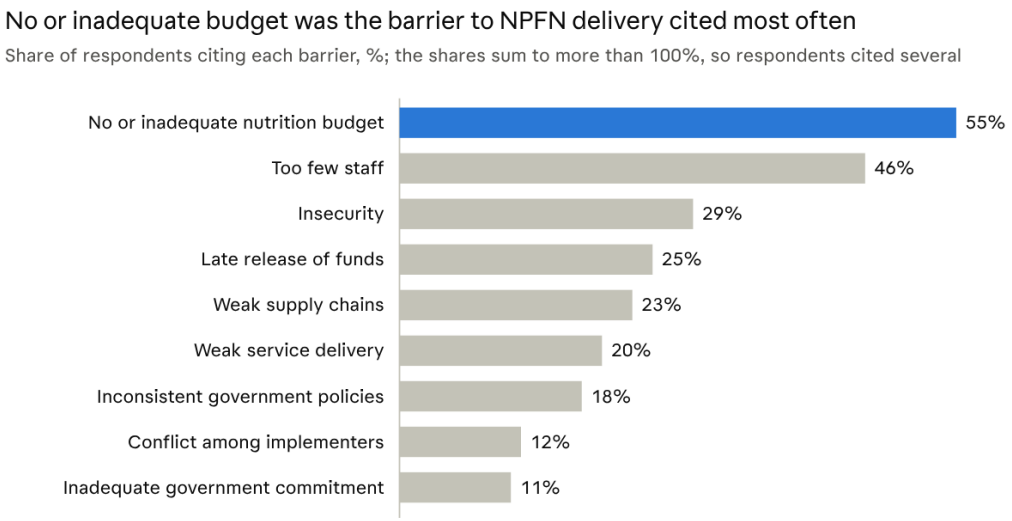
The pattern is mixed. Within the study period, the only treatment outcomes found for displaced children, from Borno in 2016 (Chamla et al., 2019), fell below Sphere's benchmarks, with recovery of 57.8% and default of 36.1%. Supplementary data for January–June 2026 show a 98% cure rate across the three states (UNICEF, 2026b; Section 5.7). The comparison needs care: the first figure comes from a record review of 396 children in the first months after the emergency declaration and the second from programme-wide reporting a decade later, so they differ in population, size and method. Together they suggest that the treatment system can meet the standard where it runs, not how or when it came to do so.

The weakest ratings fall on food assistance, policy integration and accountability to affected people. These depend on sustained financing and on decisions that a clinical programme does not control, and they are the areas in which the state holds the main responsibility. That reading fits the third question in the conceptual framework: the clinical outcomes reported for 2026 depend on enabling conditions that, within the study period, the national policy did not secure.

6.2 Why the gaps persist

The situational analysis of the NPFN asked respondents which barriers affected delivery (Figure 2). Inadequate or no budget for nutrition was the most common answer, cited by 55%, well ahead of too few staff (46%) and insecurity (29%); late release of funds followed at 25% (Nutrition Society of Nigeria, 2025).

Figure 2 *Barriers to delivery of the National Policy on Food and Nutrition, 2016–2025*



Nutrition Society of Nigeria (2025), situational analysis of the 2016–2025 NPFN, 17 September 2025; 1,658 respondents. Nine of the twelve barriers reported are shown; the three omitted were cited by 12%, 6% and 5%. The source does not state the base for the percentages.

Four explanations sit behind these figures.

Financing. Interviewees in the situational analysis described nutrition funding as unreliable, inconsistent and dependent on donors (Nutrition Society of Nigeria, 2025). The policy text itself commits government to adequate budget allocation and timely release of funds (Federal Ministry of Budget and National Planning, 2016, Sections 3.6 and 4.18), so the shortfall is one of implementation and not of stated intent. External funding then fell within the study period: only 64% of the therapeutic food needed for the 2025 lean season had been secured by late August 2025 (Save the Children, 2025), and in July 2025 the World Food Programme announced that it would end emergency food and nutrition aid for 1.3 million people (Nigeria Health Watch, 2026). The mid-2026 appeal gap of about 72% reported by UNICEF (Section 5.7) suggests that the pressure continued.

Capacity and coordination. State and local food and nutrition committees were established but varied in effectiveness, held back by limited funding, weak coordination and unclear mandates (Nutrition Society of Nigeria, 2025). With only 63% of wards offering nutrition services in 2023 (Akor, 2024), displaced people in uncovered wards depend on whichever agency happens to operate nearby.

Insecurity and access. Insecurity was cited as a barrier by 29% of respondents, and four Borno local government areas were still inaccessible in mid-2023 (UNICEF, 2023). Surveys and treatment sites miss the people in the greatest need, which biases the available data towards areas where the problem may be less severe.

Legal and policy gaps. The IDP policy dates from 2021, the Kampala Convention is not domesticated, and the GAIN review of the NPFN called for a stronger legislative framework (Ajieroh et al., 2025). The NPFN's emergency target (a 50% fall in malnutrition among victims of emergencies by 2025) has no baseline or displaced-specific indicator, and the guidelines on managing nutrition in emergencies that the policy calls for (Federal Ministry of Budget and National Planning, 2016, Section 3.1.5) were not found in the sources reviewed. Camp closures proceeded without any requirement, found in the sources reviewed, to move nutrition services before people moved (Human Rights Watch, 2022; OCHA, 2024a; USAID, 2024).

6.3 The findings in the light of earlier work

The results agree with earlier work in three ways. First, Adeyemi et al. (2023) found that Nigeria's nutrition enabling environment was stronger at creating momentum than at turning momentum into outcomes. The situational analysis of the 2016 NPFN reports the same shape: raised awareness, new institutions and better multisectoral collaboration, alongside poorly implemented service delivery (Nutrition Society of Nigeria, 2025). Second, the camp conditions recorded in 2016 (Ekezie et al., 2019) and the sanitation work reported for 2026 (UNICEF, 2026b; Section 5.7) suggest that camp services can improve when agencies fund them, which supports the view that the gaps are largely about financing and continuity and not about the content of the standards. Third, the contrast between rapid screens and representative surveys in 2016 (FEWS NET, 2016b; Leidman et al., 2017) is a reminder that a policy built to trigger on prevalence thresholds needs rules about which measurement counts.

The findings also bear on the standards themselves. Frison et al. (2018) showed that few Sphere nutrition indicators rest on published studies, so some benchmarks are conventions. The treatment benchmarks used here are clinical and are tied to WHO guidance (WHO, 2013, 2023), but a policy that adopts Sphere indicators as national targets should review them against the evidence as editions change.

6.4 Answers to the research questions

What did the NPFN and related frameworks provide for displaced people? The NPFN provided a national, multisectoral framework that names displaced people once, sets one general emergency target and no displaced-specific or Sphere-aligned indicators, and that stakeholders found poorly adaptable to displacement. The dedicated IDP policy came in 2021, the Kampala Convention was ratified but not domesticated, and the sub-national policy of closing camps carried no stated nutrition-continuity requirement.

How did the situation compare with Sphere? The only treatment outcomes found for displaced children within the period (Borno, 2016) fell below Sphere's benchmarks, later outcomes could not be rated within the period, and coverage could not be tested; supplementary data show a 98% cure rate in 2026 where services ran (Section 5.7). Food assistance was not met in 2025, camp water, sanitation and shelter were partly met, and policy integration and accountability were weak.

Which barriers explain the gaps? Financing was the most frequently cited, followed by staffing, insecurity and late release of funds, with legal gaps and camp closures adding to them.

7. CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

Between 2011 and 2025 Nigeria built a national nutrition policy and a clinical treatment system that, on the supplementary 2026 evidence, works for the children who reach it. The same period shows that the policy did not secure the money, staff or access that displaced people needed. Displacement in Borno, Adamawa and Yobe stayed above 1.6 million in every count found, and by October 2025 it stood at 2.25 million alongside 2.13 million returnees. In the state-level SMART series, GAM among the general population of Borno stayed above 10% in every year reported from 2012 to 2023, even though representative regional surveys in 2016–17 found lower values and rapid screens in newly accessible towns found far higher ones.

Against Sphere, the only treatment outcomes found for displaced children within the study period (Borno, 2016) fell below the benchmark, with 57.8% recovery and 36.1% default. Supplementary data for January–June 2026, which lie outside the window, show a 98% cure rate in the north-east. Within the period, food assistance, policy integration and accountability to affected people were the weakest areas. Camp water, sanitation and shelter were partly met, with the 2016 audit finding only 5 of 15 standards met to some extent. The most cited barrier to delivering the NPFN was an inadequate or absent budget (55% of respondents), and in 2025 external funding fell as need rose: the World Food Programme announced an end to emergency food

and nutrition aid for 1.3 million people, and only 64% of the therapeutic food needed for the lean season had been secured by late August 2025.

In terms of the conceptual framework, normative adequacy was incomplete, service performance was weak or could not be tested within the window and, on the supplementary 2026 evidence, good where it was funded, and the enabling conditions that would sustain it were weak. The 2026 treatment results rest largely on agency funding, which makes them fragile. The revised NPFN is the main opportunity to change that.

7.2 Recommendations

The recommendations below follow from the evidence in Sections 5 and 6 and are the authors' synthesis, not findings of the cited sources.

1. **Write displaced-population targets into the revised NPFN.** Adopt Sphere's treatment, water, sanitation and shelter indicators as named targets for displaced people, give the existing emergency target (a 50% fall in malnutrition among victims of emergencies by 2025) a baseline, a definition and displaced-specific indicators, issue the guidelines on nutrition in emergencies that the policy calls for (Section 3.1.5), and add an emergency-nutrition annex triggered by SMART and IPC thresholds. The situational analysis found the current policy poorly adaptable to displacement (Nutrition Society of Nigeria, 2025).
2. **Ring-fence domestic financing for therapeutic food and treatment sites** in Borno, Adamawa and Yobe, with a fixed release schedule. Inadequate budget and late release of funds were cited by 55% and 25% of respondents, and only 64% of therapeutic food needs had been secured by late August 2025 (Nutrition Society of Nigeria, 2025; Save the Children, 2025).
3. **Domesticate the Kampala Convention and link the 2021 IDP policy to the NPFN** through a joint protocol between the federal and state ministries and the emergency-management agencies responsible (Emmason, 2025).
4. **Publish camp and host-community nutrition results separately,** fill the 2020–2022 gap in the public record, and commission treatment coverage surveys in camps so that Sphere's coverage benchmark can be tested.
5. **Make nutrition continuity a condition of every camp closure or relocation.** Treatment sites, registers and supplies should move before people do (Human Rights Watch, 2022; OCHA, 2024a).
6. **Fund and staff the state and local food and nutrition committees,** and extend nutrition services to every ward; in 2023 only 63% of wards had them (Akor, 2024).
7. **Repeat the Sphere camp audit every two years,** covering all four technical chapters and accountability to affected people, so that the 2016 baseline (Ekezie et al., 2019) is updated.

7.3 Limitations

This is a desk review of public documents, and its limits follow from that. First, no primary data were collected, and no source separated results for IDP camps from those for host communities, so the findings describe the displaced population only through programme reports and a small number of camp studies. Second, much of the 2024–2026 evidence comes from agency reports, press releases and news items that are not peer reviewed, and agency treatment figures describe the humanitarian system's performance more than the national policy's. Third, GAM figures based on weight-for-height and on MUAC cannot be compared, and the 2016–2017 surveys, the 2016 rapid screens and the 2010–2023 state series measure different things. Fourth, the ratings are qualitative judgements and not a scored index, and a different reviewer could rate some areas differently. Fifth, the NPFN was read in full for its provisions on displacement, emergencies, severe acute malnutrition, financing and monitoring but not analysed clause by clause, and the full text of the National Policy on IDPs was not examined, so statements about what it provides rest on secondary descriptions. Sixth, national totals of displaced people differ between sources. Finally, attribution is difficult: outcomes in a camp reflect agencies, states, donors and security conditions as well as national policy, and this article does not claim that the policy caused any single result. In addition, the search was a structured web search and not a protocol-driven search of bibliographic databases, the number of records screened was not logged, and the 45 sources

should not be taken as exhaustive. Four news items are included, and the survey figures that one of them reports (Akor, 2024) should be read with that secondary status in mind. Evidence for 2026 is reported only as supplementary and was not used to rate Sphere areas.

7.4 Directions for further research

Five studies would strengthen the evidence. A clause-by-clause analysis of the National Policy on IDPs, and of the implementation plans and emergency guidelines under the NPFN, would show what they provide for displaced people. Disaggregated analysis of SMART and national survey data would separate camp, host-community and returnee populations. Coverage surveys of SAM treatment in camps and informal settlements would test Sphere's coverage benchmark directly. A costing of displaced-population targets would inform the revised NPFN. Finally, qualitative work with displaced people on participation and information would address the accountability gap that the present review could document from only one source.

DECLARATIONS

Funding: No funding was received for this research. *Competing interests:* No conflict of interest . *Data availability:* All data analysed are from publicly available documents listed in the references and summarised in Table A1.

Appendix A. Evidence register

Table A1 gives the source, place, date, measure or method and population for each statistic used in the findings. Rows marked (S) are supplementary evidence from outside the study period (Section 5.7). Figures from different rows should not be compared unless the measure and population match (Section 3.4).

Table A1 *Evidence register for statistics used in the findings*

Indicator and value	Place	Date	Measure or method	Population	Source
Displaced people 1,676,599 (Borno 1,404,483; Adamawa 159,445; Yobe 112,671)	Borno, Adamawa, Yobe	Mid-2016	IOM counts as reported by ACAPS	Displaced people	ACAPS (2016a)
Displaced people 2,026,602	North-east (DTM Round 25 coverage)	1–20 October 2018	IOM Displacement Tracking Matrix, Round 25	Displaced people	IOM (2018)
About 2.2 million displaced; 42% in 276 camps	North-east	2023	UNICEF estimate	Displaced people	UNICEF (2023)
IDPs 2,252,348; returnees 2,129,325	Borno, Adamawa, Yobe	Oct-25	DTM Round 49	IDPs and returnees	*Nutrition SMART Survey Report* (2025)
GAM (WHZ): 6% (2010), 13.8% (2012), 11.5% (2015), 11.4% (2017), 10.6% (2018), 11.2% (May 2019)	Borno	2010–2019	State-level SMART series; weight-for-height	General child population; no IDP–host split	FHI 360 (2019)
GAM: Borno 10.2%, Yobe 8.0%, Adamawa 4.0%	Borno, Yobe, Adamawa	2023 lean season	NFSS round; weight-for-height; reported in a news item	General child population	Akor (2024)

GAM 6.4%–13.0% across Borno regions; SAM at or below about 2%	Accessible areas of Borno	October 2016–March 2017	Population-representative household surveys, two rounds	Accessible areas; displacement status not separated	Leidman et al. (2017)
GAM about 20% to nearly 60% (newly accessible localities); 8%–20% (accessible areas such as Maiduguri, Jere)	Borno and Yobe	2016	Rapid MUAC screens (<125 mm); not representative	Children in screened localities	FEWS NET (2016b)
GAM 27.2% (July), 51.8% (August)	Banki, Borno	July–August 2016	MSF rapid MUAC screens; not representative	Displaced people	FEWS NET (2016b)
SAM 19% (21 June), about 15% (mid-July)	Bama, Borno	June–July 2016	MSF screening of about 800 children	Children screened in Bama	MSF (2016)
GAM 29%, SAM 6%	Muna camp, near Maiduguri	15-Jun-16	Briefing-note figure; sampling method not stated	Camp children	ACAPS (2016a)
SAM plus MAM 18%	North-east (as reported)	Apr-24	Surveillance round	Displaced people from hard-to-reach areas	OCHA (2024b)
Complicated SAM admissions up 63% (January–April 2024); MSF admitted 1,250 in April 2024	Borno, Adamawa, Yobe	2024	Agency situation report	Children admitted to treatment	OCHA (2024b)
Recovery 57.8%; default 36.1%; mortality 9.5 per 10,000 child-days; hazard ratio 10.2 with co-morbidity	Outpatient programmes, Borno	June–November 2016	Retrospective record review, 396 children	Children treated for SAM	Chamla et al. (2019)
Cured 87.1%; default 9.2%; died 0.2% (better-performing state)	Katsina and Jigawa	Most recent year in study	102,245 programme records	Children in a community-based programme; not displacement-specific	Chitekwe et al. (2018)
63% of 714 wards offered nutrition services; more than 460,000 children treated (37% more than 2022)	Borno, Adamawa, Yobe	2023	Agency figures reported in a news item	All residents of the three states	Akor (2024)
5 of 15 Sphere standards met to some extent; sanitation unmet in five camps; overcrowding in five; waste disposal inadequate in all nine	Nine camps in seven states	September–October 2016	Audit of health-related resources against Sphere	Camp residents	Ekezie et al. (2019)

Stunting 41.0%, wasting 29.3%, underweight 42.0%; exclusive breastfeeding 45.4%	IDP camps in Abuja	Reported 2020	Cross-sectional survey, 317 mother–child pairs	Under-fives in IDP camps outside the north-east	Idowu et al. (2020)
About 4.6 million people in crisis or worse	Borno, Adamawa, Yobe	May–September 2025 (projected March 2025)	Cadre Harmonisé projection	General population	*Nutrition SMART Survey Report* (2025)
64% of at least 629,000 cartons of therapeutic food secured	Nigeria	Late August 2025	Agency statement	National requirement	Save the Children (2025)
WFP to end emergency food and nutrition aid for 1.3 million people	North-east	Announced July 2025	News report	Aid recipients	Nigeria Health Watch (2026)
More than 140,000 relocated from eight Maiduguri camps; 10–15 days' notice; food aid largely stopped	Maiduguri	May 2021–August 2022	NGO report	Camp residents	Human Rights Watch (2022)
Barriers: no or inadequate budget 55%, too few staff 46%, insecurity 29%, late release of funds 25%	Nigeria	Situational analysis, 17 September 2025	Survey of 1,658 respondents (1,093 women, 565 men); base of percentages not stated	Survey respondents	Nutrition Society of Nigeria (2025)
(S) Cure rate 98% among 244,312 children treated for SAM	Borno, Adamawa, Yobe	January–June 2026	Programme reporting by UNICEF and partners	Children who reached treatment	UNICEF (2026b)
(S) More than 10,000 latrines desludged in 103 camps for over 308,000 people	Borno	To mid-2026	Agency report	Camp residents	UNICEF (2026b)
(S) US$58.2 million of US$210.8 million received (28%)	Nigeria appeal	Mid-2026	Agency report	Not applicable	UNICEF (2026b)
(S) Nearly 6.4 million children projected acutely malnourished, 2 million with SAM	North-east, north-west, north-central	Through September 2026	IPC projection	Children aged 0–59 months	IPC (2026)

Note. DTM = Displacement Tracking Matrix; GAM = global acute malnutrition; IPC = Integrated Food Security Phase Classification; MAM = moderate acute malnutrition; MUAC = mid-upper-arm circumference; NFSS = national food security survey round as reported by Akor (2024); SAM = severe acute malnutrition; WHZ = weight-for-height z-score; (S) = supplementary evidence outside the study period.

REFERENCES

1. ACAPS. (2016a, July 12). *ACAPS briefing note: Malnutrition and food insecurity in Nigeria*. https://www.acaps.org/sites/acaps/files/products/files/160712_acaps_briefing_note_nigeria_food_security_nutrition.pdf
2. ACAPS. (2016b, August 18). *ACAPS briefing note: Nigeria food security*.

https://www.acaps.org/sites/acaps/files/slides/files/20160818_acaps_start_briefing_note_nigeria_food_security.pdf

3. Adeola, A. (2022). *Internally displaced persons and the law in Nigeria*. Routledge. https://www.routledge.com/Internally-Displaced-Persons-and-the-Law-in-Nigeria/Adeola/p/book/9780367703837
4. Adeola, R. (2017). Boko Haram-induced displacement: A critique of Nigeria's implementation of the African Union Internally Displaced Persons Convention. *Comparative and International Law Journal of Southern Africa, 50*(1), 41–55. https://www.jutajournals.co.za/boko-haram-induced-displacement-a-critique-of-nigerias-implementation-of-the-african-union-internally-displaced-persons-convention
5. Adeyemi, O., van den Bold, M., Nisbett, N., & Covic, N. (2023). Changes in Nigeria's enabling environment for nutrition from 2008 to 2019 and challenges for reducing malnutrition. *Food Security, 15*(2), 343–361. https://doi.org/10.1007/s12571-022-01328-2
6. African Union. (2009). *African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)*. https://www.refworld.org/docid/4ae572d82.html
7. Ajieroh, V., Akpata, J., & Toromade, O. (2025). *Towards a food systems-transformative national policy on food and nutrition in Nigeria*. Global Alliance for Improved Nutrition. https://www.gainhealth.org/resources/reports-and-publications/towards-food-systems-transformative-national-policy-food-and
8. Akor, O. (2024, August 27). Borno, Yobe, Adamawa's children battling malnutrition escalation – UNICEF. *Daily Trust*. https://dailytrust.com/borno-yobe-adamawas-children-battling-malnutrition-escalation-unicef
9. Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., Webb, P., Lartey, A., & Black, R. E. (2013). Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *The Lancet, 382*(9890), 452–477. https://doi.org/10.1016/S0140-6736(13)60996-4
10. Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet, 382*(9890), 427–451. https://doi.org/10.1016/S0140-6736(13)60937-X
11. Chamla, D., Oladeji, O., Maduanusi, I., Mele, S., Mshelia, H., & Safi, N. (2019). High burden of co-morbidity and mortality among severely malnourished children admitted to outpatient therapeutic programme facilities in the conflict setting of Borno, Nigeria: A retrospective review. *Public Health Nutrition, 22*(10), 1786–1793. https://doi.org/10.1017/S1368980018003968
12. Chitekwe, S., Biadgilign, S., Tolla, A., & Myatt, M. (2018). Mid-upper-arm circumference based case-detection, admission, and discharging of under five children in a large-scale community-based management of acute malnutrition program in Nigeria. *Archives of Public Health, 76*, Article 19. https://doi.org/10.1186/s13690-018-0266-4
13. CHS Alliance, Groupe URD, & Sphere Project. (2014). *Core humanitarian standard on quality and accountability*. https://spherestandards.org/humanitarian-standards/core-humanitarian-standard
14. Deng, F. M. (1998). *Guiding principles on internal displacement* (E/CN.4/1998/53/Add.2). United Nations Commission on Human Rights. https://digitallibrary.un.org/record/251017
15. Ekezie, W., Timmons, S., Myles, P., Siebert, P., Bains, M., & Pritchard, C. (2019). An audit of healthcare provision in internally displaced population camps in Nigeria. *Journal of Public Health, 41*(3), 583–592. https://doi.org/10.1093/pubmed/fdy141
16. Emmason, J. (2025). Tinubu prioritising IDPs' welfare ahead Kampala Convention domestication, Kalu tells UN. *Leadership*. https://leadership.ng/?p=399880
17. Famine Early Warning Systems Network. (2016a, July 7). *Food insecurity reaches extreme level in pockets of Nigeria's Borno State* [Alert]. https://fews.net/west-africa/nigeria/alert/july-2016
18. Famine Early Warning Systems Network. (2016b, August 30). *Nutrition situation in Borno and Yobe states is extreme in several locations* [Special report]. https://fews.net/west-africa/nigeria/special-report/august-2016-0
19. Federal Government of Nigeria. (2021). *National policy on internally displaced persons*. https://www.refworld.org/policy/strategy/natauth/2021/en/124154

20. Federal Ministry of Budget and National Planning. (2016). *National policy on food and nutrition in Nigeria*. https://www.harvestplus.org/wp-content/uploads/2021/12/Nigeria_National-Policy-on-Food-and-Nutrition-in-Nigeria-NPFN_2016.pdf
21. FHI 360. (2019). *SMART survey report conducted in Banki/Bama, Damboa, Dikwa and Ngala LGAs, Borno State*. ReliefWeb. https://reliefweb.int/report/nigeria/smart-survey-report-conducted-bankibama-damboa-dikwa-and-ngala-lgas-borno-state
22. Frison, S., Smith, J., & Blanchet, K. (2018). Does the humanitarian sector use evidence-informed standards? A review of the 2011 Sphere indicators for WASH, food security and nutrition, and health action. *PLOS Currents Disasters*, Edition 1. https://doi.org/10.1371/currents.dis.40805a591152be1c1431b5dab43e516d
23. Human Rights Watch. (2022, November 2). *"Those who returned are suffering": Impact of camp shutdowns on people displaced by Boko Haram conflict in Nigeria*. https://www.hrw.org/report/2022/11/02/those-who-returned-are-suffering/impact-camp-shutdowns-people-displaced-boko
24. Idowu, S. O., Akindolire, A. E., Adebayo, B. E., Adebayo, A. M., & Ariyo, O. (2020). Determinants of anthropometric characteristics of under-five children in internally displaced persons' camps in Abuja municipal area council, Abuja, Nigeria. *Pan African Medical Journal, 36*, Article 313. https://doi.org/10.11604/pamj.2020.36.313.21221
25. Integrated Food Security Phase Classification. (2026). *Nigeria (Northeast, Northwest and North Central): Acute malnutrition situation for October–December 2025 and projections for January–April 2026 and May–September 2026*. Knowledge4Policy, European Commission. https://knowledge-for-policy.ec.europa.eu/node/84059_fr
26. International Organization for Migration. (2018, October). *Nigeria: Displacement Tracking Matrix, round 25 report*. https://www.migrationjointinitiative.org/sites/g/files/tmzbdl261/files/files/articles/nigeria-dtm-round-25-report-october-20180.pdf
27. Kamta, F. N., Schilling, J., & Scheffran, J. (2020). Insecurity, resource scarcity, and migration to camps of internally displaced persons in northeast Nigeria. *Sustainability, 12*(17), Article 6830. https://doi.org/10.3390/su12176830
28. Leidman, E., Tromble, E., Yermina, A., Johnston, R., Isokpunwu, C., Adeniran, A., & Bulti, A. (2017). Acute malnutrition among children, mortality, and humanitarian interventions in conflict-affected regions – Nigeria, October 2016–March 2017. *Morbidity and Mortality Weekly Report, 66*(48), 1332–1335. https://doi.org/10.15585/mmwr.mm6648a4
29. Médecins Sans Frontières. (2016, August 10). *Nigeria: Crisis info on Borno emergency – August 2016*. https://www.msf.org/nigeria-crisis-info-borno-emergency-august-2016
30. Médecins Sans Frontières. (2025, July 29). *Urgent: An alarming malnutrition crisis in northern Nigeria*. Doctors Without Borders–USA. https://www.doctorswithoutborders.org/latest/urgent-alarming-malnutrition-crisis-northern-nigeria
31. Nigeria Health Watch. (2026, April 1). *Nigeria must not let child nutrition become a budget casualty in 2026*. https://nigeriahealthwatch.com/?p=50717
32. *Nutrition SMART survey report: Borno, Adamawa and Yobe states, northeast Nigeria (October 2025)*. (2025). ReliefWeb. https://reliefweb.int/report/nigeria/nutrition-smart-survey-report-borno-adamawa-and-yobo-states-northeast-nigeria-october-2025
33. Nutrition Society of Nigeria. (2025, September 17). *Findings of the situational analysis of the 2016–2025 NPFN* [Presentation slides]. https://nutritionnigeria.org/wp-content/uploads/2025/10/NSN_NPFN-Situation-Analysis.pdf
34. Ocheni, D. (2022, March 23). FG launches national policy on IDPs. *New Telegraph*. https://newtelegraphng.com/fg-launches-national-policy-on-idps/
35. Roberts, N. (2017, October 24). *Raising the alert in Borno State, north-eastern Nigeria* (Issue 70, Article 6). Humanitarian Practice Network, ODI. https://odihpn.org/publication/raising-the-alert-in-borno-state-north-eastern-nigeria
36. Save the Children. (2025, August 28). *Countries in Africa risk running out of "wonder" food over the next 3 months due to aid cuts* [Press release]. https://www.savethechildren.net/news/countries-africa-risk-running-out-wonder-food-over-next-3-months-due-aid-cuts-0

37. Sphere Association. (2018). *The Sphere handbook: Humanitarian charter and minimum standards in humanitarian response* (4th ed.). https://spherestandards.org/handbook
38. UNICEF. (2023). *UNICEF Nigeria humanitarian situation report no. 1: 1 January to 30 June 2023*. ReliefWeb. https://reliefweb.int/report/nigeria/unicef-nigeria-humanitarian-situation-report-no-1-1-january-30-june-2023
39. UNICEF. (2026a, March 18). *Nigeria humanitarian situation report no. 3: 1 January to 31 December 2025*. https://www.unicefusa.org/sites/default/files/2026-03/UNICEF-Nigeria-Humanitarian-Situation-Report-Dec2025.pdf
40. UNICEF. (2026b, August 23). *Nigeria humanitarian situation report no. 1 (mid-year): 1 January to 30 June 2026*. https://www.unicef.org/media/183796/file/Nigeria-Humanitarian-Situation-Report-No.1-(Mid-Year),30-June-2026.pdf.pdf
41. United Nations Office for the Coordination of Humanitarian Affairs. (2024a, March 14). *Nigeria situation report, 14 Mar 2024*. ReliefWeb. https://reliefweb.int/report/nigeria/nigeria-situation-report-14-mar-2024
42. United Nations Office for the Coordination of Humanitarian Affairs. (2024b, May 18). *Nigeria situation report, 18 May 2024*. ReliefWeb. https://reliefweb.int/report/nigeria/nigeria-situation-report-18-may-2024
43. U.S. Agency for International Development. (2024, June 21). *Nigeria – Complex emergency* (Fact sheet no. 3, fiscal year 2024). https://uatweb.usaid.gov/sites/default/files/2024-06/2024-06-21_USG_Nigeria_Complex_Emergency_Fact_Sheet_3.pdf
44. World Health Organization. (2013). *Guideline: Updates on the management of severe acute malnutrition in infants and children*. https://www.who.int/publications/i/item/9789241506328
45. World Health Organization. (2023). *WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years*. https://www.ncbi.nlm.nih.gov/books/NBK601638/