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# COVID-19 SITUATION ANALYSIS

CRISIS TYPE:EPIDEMIC

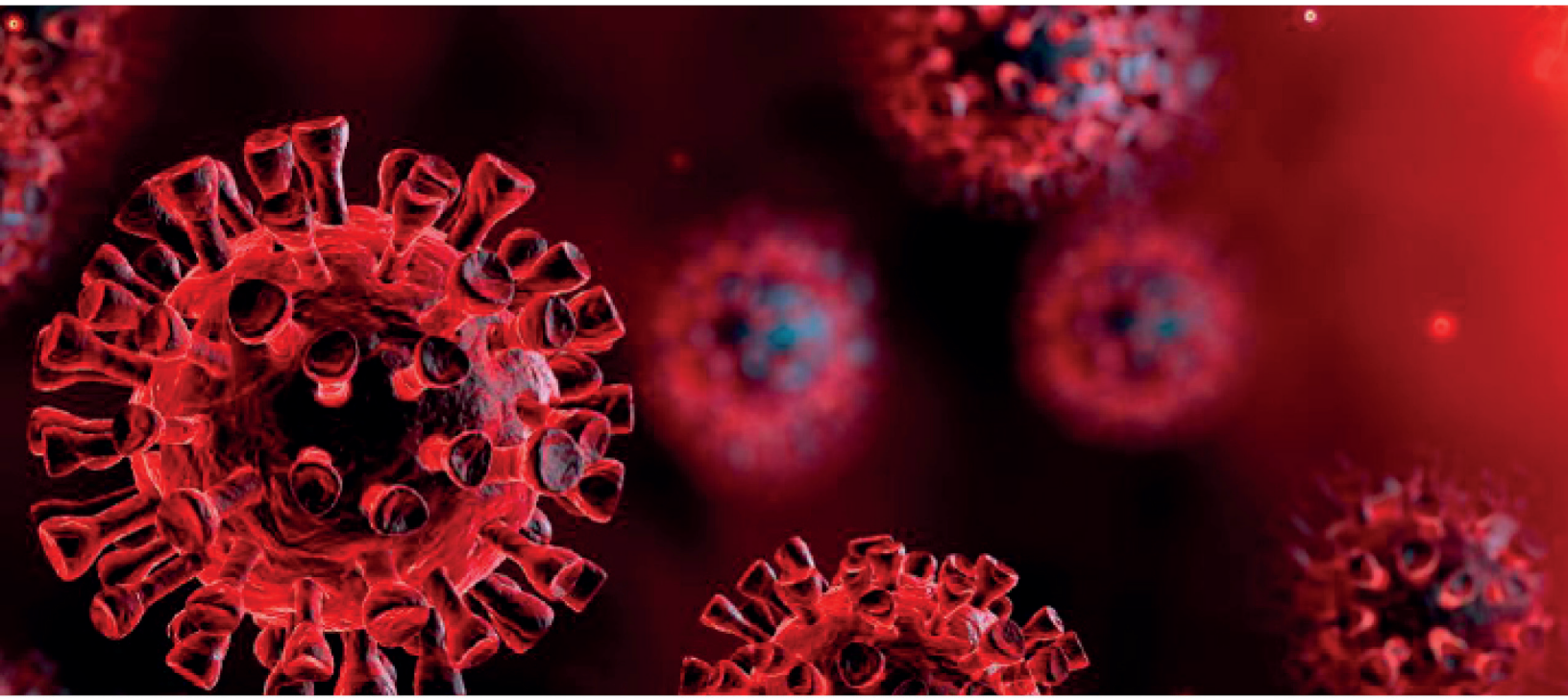
NIGERIA

FEB 2020 - JULY 2021

## SECTORIAL ANALYSIS

## ANNUAL REVIEW

FOOD SECURITY, LIVELIHOOD AND NUTRITION



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The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus's impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the *COVID-19 Situational Analysis project* with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.

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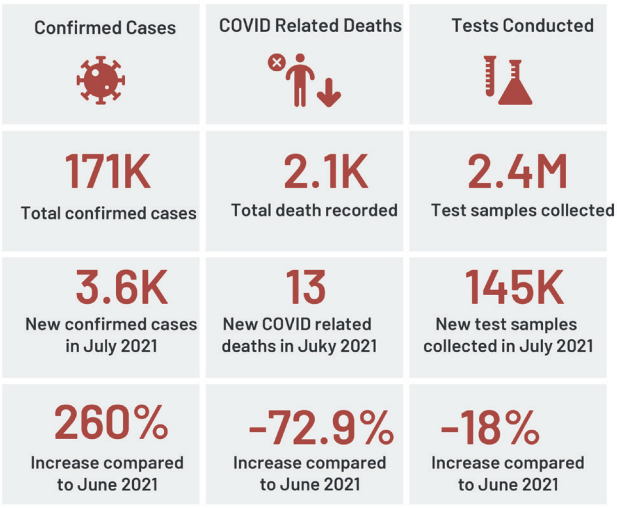
# 1. Executive Summary

Figure 1. COVID-19 Overview in Nigeria July 2021




## WIDESPREAD FOOD SECURITY AND MALNUTRITION ALONGSIDE POOR ECONOMIC INDICATORS CHARACTERIZED THE REGION BEFORE COVID-19 PANDEMIC

Before the start of the pandemic, the cadre harmonize projections estimated the food insecure population during March - May 2020 at 2,885,288 (IPC phases 3 – 4), with only a small proportion of those (273,328) experiencing emergency level (IPC Phase 4) food insecurity. In the 2020 lean season this number was expected to rise to 3,705,186, with 543,457 at emergency levels (IPC Phase 4). Already flagged as most at risk were the approximately 300,000 people in need of emergency assistance who were situated in Hard-to-Reach (H2R) areas, beyond humanitarian support (*FAO* 27/03/2020).

In a region marred by high unemployment rates and poverty levels, communities in the northeast are characterized by inadequate access to basic services, poor public infrastructure, limited income sources and livelihood opportunities, and increased resource demands. These conditions are exacerbated by the additional pressure of hosting over 2 million IDPs (*UN OCHA* 31/03/2020, *UN OCHA* 01/04/2020).

Malnutrition, combined with malaria and acute watery diarrhea are major killers of children in the northeast. At the end of 2019 the Global Acute Malnutrition (GAM) rate was 11.5% in Yobe State, 8.1% in Borno and 7.2% in Adamawa. Malnutrition rates were thought to be higher in H2R areas. Organizations struggled to find staff and capacity to provide the needed nutrition services especially in conflict affected parts of Borno and Yobe states (*UN OCHA* 01/04/2020, *NBS* 30/01/2020).

## COVID-19 CONTAINMENT MEASURES HEAVILY IMPACTED LIVELIHOODS AND REDUCED HOUSEHOLDS' ABILITY TO MEET BASIC NEEDS INCLUDING FOOD

Between April and June 2020, COVID-19 containment measures including a lockdown, curfews and movement restrictions severely curtailed livelihoods and reduced access to lands for farming. Amongst the hardest hit were daily laborers and people engaging in cash-for-work activities, many of whom lost access to their normal income sources due to restricted labor migration and the closure of small businesses. Youth and women working in the informal sector were also badly affected. The lockdown accompanied by market shutdowns and movement restrictions triggered panic buying to stock up food, compounded further by the Ramadan season, and consequently led to a surge in food prices with the price of milled in Maiduguri doubling between January and May. This led to a significant decrease in household purchasing power and pushed many families into negative coping mechanisms to meet their basic food needs. Humanitarian organizations for the most part were able to continue food distributions however (*FEWS NET* 07/07/2020, *FEWS NET* 12/08/2020, *FEWS NET* 31/08/2020).

Nutrition service provision was also disrupted by the COVID-19 pandemic with COVID-19 prevention measures necessitating an adaptation of nutrition interventions to ensure the protection of both the service providers and beneficiaries. COVID-19 related challenges included an inadequate supply of personal protective equipment (PPE), a lack of disinfectant and a reduced number of health workers at health facilities (*UN OCHA* 09/07/2020, *UN OCHA* 30/06/2020).

## THE WIDESPREAD ECONOMIC IMPACT OF COVID-19 CONTAINMENT MEASURES LED TO HEIGHTENED LEVELS OF FOOD INSECURITY AND MALNUTRITION AND THE ADOPTION OF CRISES AND EMERGENCY COPING STRATEGIES

With the widespread disruption to employment and trade, price inflation and the increased pressure on food security brought on by lean season it is unsurprising that large numbers of households across Borno, Adamawa and Yobe (BAY) states faced living standard gaps in food security and livelihoods. Results from the MSNA found 1,263,953 households faced Food Security & Livelihoods LSGs in August 2020. IDPs had the highest proportion of households (ranging from 63% - 45% across the BAY states). This is in part due to the increase in vulnerability and lack of access to land (for farming) that can result from displacement. Returnees were the next most affected group and are also characterized as being more vulnerable (due to prior displacement) and lacking access to goods and services in their areas of return. However, even for the non-displaced, the proportion households with Food Security and Livelihood Living standard Gaps (FSL LSGs) were still significant, numbering 53% in Adamawa, 40% in Borno and 30% in Yobe (*REACH* 14/12/2020, *REACH* 14/12/2020, *REACH* 14/12/2020).

Loss of income and the increased cost of living were therefore driving a loss of household purchasing power and increasing household vulnerability. By October 2020, 57.4% of surveyed households had expenditures below the Monthly Expenditure Basket (MEB), meaning that these households did not have enough economic capacity to meet their adequate needs. Across the BAY states 37% of households adopted stress coping strategies, 7% crisis strategies, and 27% adopted emergency coping strategies. Crisis and emergency coping strategies can reduce household long-term financial security, eroding a household's savings and assets and increasing debt (*WFP* 19/02/2021, *World Bank* 21/02/2021).

The *Northeast Nigeria Nutrition and Food Security Surveillance Emergency Survey Round 9* was completed during October and results showed that acute malnutrition had risen in both Yobe and Borno states with the prevalence of Global Acute Malnutrition (GAM) at 12.3% in Yobe, 10.0% in Borno, and 6.2% in Adamawa. Within the states, SAM (MUAC) rates were highest in Northern Yobe (2.8%), Central Yobe (2.7%) and highest of all in Northern Borno (3.1%). To what extent COVID-19 containment measures had contributed to this increase is difficult to quantify, but with the economic impact on incomes, increased food prices and disruption to farming activities it is likely containment measures were a contributing factor to increased food insecurity, reduced food consumption and an increase in malnutrition rates. In addition, fear of COVID-19 and movement restrictions will have also contributed to fewer malnourished children accessing the nutritional support programs they needed (*Govt Nigeria* 19/03/2021).

## CONFLICT DRIVEN DISPLACEMENT AND SEASONAL FACTORS CONTINUE TO DRIVE FOOD INSECURITY AND MALNUTRITION WHILST INHIBITING ANY ECONOMIC RECOVERY FROM COVID-19

Although 2021 began with a large 'second wave' of COVID-19 cases, this had only a limited impact on the humanitarian situation in the northeast, with few new containment measures introduced. The biggest impact of COVID-19 continued to be economic, with inflation continuing to rise until April 2021 and unemployment rates remaining high. The main driver of humanitarian needs in the first half of 2021 were conflict and insecurity. The first six months of 2021 saw large scale displacements, damage and destruction caused by Non-State Armed Groups (NSAG) attacks in Damasak Town, Dikwa and Marte (Borno state) and Geidam, Yunusari, and Gujba LGAs (Yobe state). In some cases this led to the suspension of humanitarian operations and the evacuation of humanitarian staff. Hospitals, schools, WASH infrastructure, homes and shelters were damaged or destroyed during the attacks and many households were unable to access land for cultivation (*iMMAP* 30/07/2021, *iMMAP* 02/07/2021, *iMMAP* 31/05/2021, *iMMAP* 04/05/2021, *iMMAP* 31/03/2021, *iMMAP* 03/03/2021).

The latest *Cadre Harmonise* report, released in April, indicated that 3,168,947 people were food insecure (IPC Phases 3 – 5) between March and May 2021, with 476,462 people facing IPC 4 (emergency) food security outcomes. Again, populations in H2R were flagged as at risk and likely to face large food consumption gaps. For the coming lean 4.37 million people were projected to be food insecure (IPC Phases 3 – 5), with those in H2R areas likely the worst affected. This represented a small increase compared to the lean season in 2020 (4.30 million). Continued high food inflation and below normal levels of labor employment and wages were contributing factors (*FEWS Net* 13/07/2021, *NPFS* 05/04/2021).

Malnutrition rates in many LGAs are forecast to increase during the 2021 lean season, with 11 LGAs expected to be in IPC AMN Phase 4 (Critical) and 34 LGAs in IPC AMN Phase 3 (Serious). Around 1.15 million children aged 6-59 months are expected to suffer from acute malnutrition

during the course of 2021, with more than half of them (605,000) expected to be severely malnourished. Over 123,000 pregnant or lactating women are also expected to suffer from acute malnutrition (*IPC* 17/03/2021)

### LEAN SEASON BRINGS WIDESPREAD FOOD INSECURITY AND A FAMINE RISK FOR INACCESSIBLE AREAS OF BORNO STATE

COVID-19 now appears relegated to a minor issue as some communities may be facing IPC level 5 (Catastrophe) food security outcomes, with acute malnutrition at critical levels amongst the youngest children in H2R areas.

With ongoing insecurity and regular NSAG attacks in the BAY states have limited income earning activities and many households are dependent on humanitarian food assistance. As a result, food insecurity is widespread across most parts of Borno and Yobe States, with the majority of LGAs classified as experiencing Crisis levels of food insecurity (IPC Phase 3). However, especially in areas affected by conflict some households are likely to be in Emergency (IPC Phase 4) and possibly in Catastrophe (IPC Phase 5). Findings from the (June) Famine Monitoring System (FMS) revealed concerning consumption patterns in inaccessible areas. More than half of all sampled households (56%) struggled to have sufficient food intake and 67% experienced crisis or higher levels (CH Phase 3 and above) of food deprivation and hunger, further evidenced in the pervasive use of food-based coping strategies. A small minority of the inaccessible population (≤10%) were found to have a famine-like food consumption although higher-level indicators (acute malnutrition and mortality) were insufficient to confirm famine conditions.

Malnutrition rates increased in all 3 states during the months of March – June, with Borno and Yobe states seeing the biggest rise. Total Severe Acute Malnutrition (SAM) admissions for June numbered around 30,000, a 20% increase on the same time last year. According to the June FMS findings, the levels of acute malnutrition among new arrivals from inaccessible areas is Critical (Phase 4 IPC Acute Malnutrition Classification). The overall Global Acute Malnutrition (GAM) rates were 20.7% and SAM at 4.9%. This is way above the GAM and SAM rates identified in last year's *Nutrition Survey (round 9)*. Even more concerningly, children aged 6- 17 months were four times more likely to be acutely malnourished than older children (30 – 59 months), with a GAM rate of 38.2% and a SAM rate of 10.9% for the 6 – 17-month age group. Reduced food consumption added to factors such as the recent measles outbreak and increase in malaria and acute watery diarrhea may lead to increased malnutrition and mortality levels. Therefore the situation in H2R areas is of the utmost concern (*Govt of Nigeria* 16/07/2021).

## 2. About this Report

The BHA COVID-19 support project, implemented by IMMAP and DFS in six countries (DRC, Burkina Faso, Nigeria, Bangladesh, Syria, and Colombia), has been analyzing the main concerns and unmet needs that have emerged across humanitarian sectors due to the COVID-19 pandemic since the summer of 2020.

After almost a decade of conflict, economic challenges over the past years, and high levels of vulnerabilities, untangling the specific effects of the COVID-19 pandemic on humanitarian needs from other factors at play in Nigeria has been challenging.

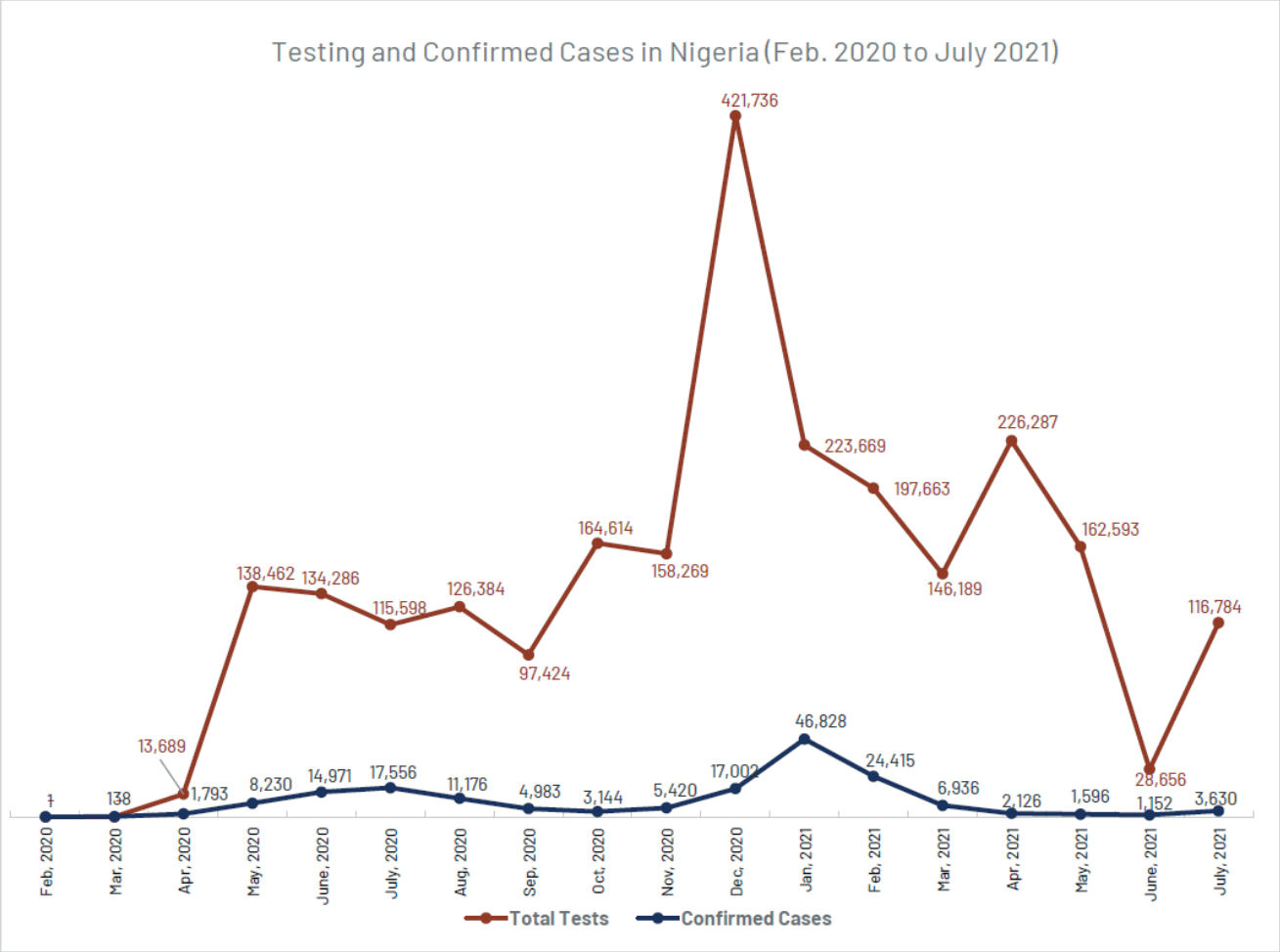
This report reviews the data collected between July 2020 and August 2021 and highlights the main issues and evolution of humanitarian needs in the food security, livelihoods and nutrition sectors in Northeast Nigeria. This review is accompanied by an overview of the epidemiological situation, including the imposition of containment measures by authorities in response to the COVID-19 outbreak and the knowledge, attitudes and practices of the wider population regarding the prevention of COVID-19. In addition, there is an analysis of the wider macro and microeconomic developments that have emerged since the beginning of the pandemic and the impact of these developments on the humanitarian situation in Northeast Nigeria. There are two further reports, one examining the added impact of COVID-19 on the WASH and shelter sectors in the northeast, the second analyses the effects of the pandemic on thed education sector in the region and how COVID-19 acted as a driver of protection risks.

# 3. COVID-19 Overview

## THE EVOLUTION OF THE COVID-19 CASELOAD IN NIGERIA

On February 27, 2020, the Federal Ministry of Health confirmed the first COVID-19 case in Lagos State, Nigeria, making the country the third country in Africa to recognize an imported COVID-19 case after Egypt and Algeria. The epidemiology of COVID-19 in Nigeria has since evolved, between February 27, 2020, and July 18, 2021, a total of 2,420,863 persons have been tested for COVID-19 in Nigeria, of which 169,518 (7.0%) were confirmed as being infected with SARS-CoV-2 by RT-PCR. A total of 2,127 deaths have been recorded among the confirmed COVID-19 cases, resulting in an observed case fatality ratio (CFR) of approximately 1.3% (*NCDC* 19/07/2021).

Figure 2. Monthly testing and caseload data for Nigeria Feb 2020 - July 2021




Source: *NCDC*

Nigeria experienced 2 waves of COVID-19 peaking in July 2020 and January 2021, before the advent of a vaccination program. From the first case in February, Nigeria saw the number of positive cases rise to 1,793 in April 2020, further increasing to a peak of 17,556 by July. At the same time, Nigeria was building testing capacity which hovered just above or around 100,000 tests per month from May through to September. The number of new cases per month dropped steadily from the peak in July, to a monthly low of 3,144 in October, with testing rising to over 160,000 that

month. A second wave hit Nigeria with a much sharper increase in cases through November and December to peak at 48,828 in January 2021. However, testing capacity had also risen so it is possible that fewer cases went undetected compared to the first wave. As quickly as the second wave came, it dropped off, back down to 6,936 cases by March 2021 and under 2,000 cases by May 2021. At the same time as the second wave was waning Nigeria started to roll out its vaccination program (*NCDC* 19/07/2021).

## CASE NUMBERS UNDERREPORTED

As well as having enough testing capacity there were some challenges associated with testing for COVID-19 in Nigeria, especially in the first few months. These included the availability of public information on where to get tested, the reluctance of the people to get tested (as a positive test resulted in being placed in isolation), and the proximity to locations of the test. COVID-19 can also be spread by people who do not show any symptoms of the virus and so would have no reason to get tested. Other challenges include the criteria for testing, the number of tests available and used, as well as their accessibility, availability, and awareness of testing for the population in different parts of Nigeria. Therefore it is likely that the number of positive cases was significantly underreported, but by how much is hard to estimate (*NCBI* 22/06/2020, *Punch* 19/07/2020).

## COVID-19 CASELOAD WAS RELATIVELY LOW THROUGHOUT THE BAY STATES

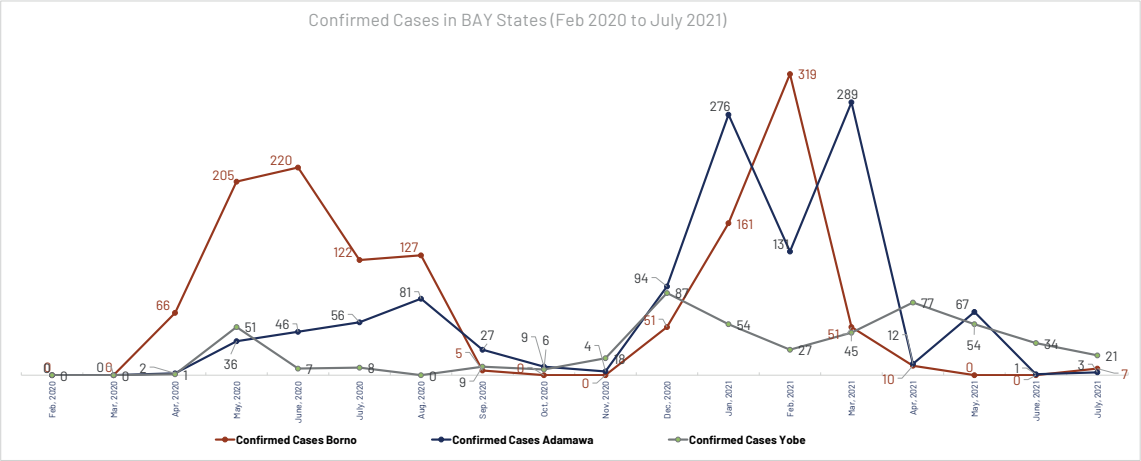
The first COVID-19 case recorded in the BAY states was on the 18th of April 2020 in Borno state. With over 7.5 million people in need of humanitarian assistance due to the ongoing humanitarian crisis in the region, the COVID-19 pandemic presented a more difficult challenge to an already complex humanitarian situation. Of particular concern was the situation in extremely congested IDP camps - less than one square meter per person in some locations - making it impossible to practice social distancing measures (*UN Briefing Note* 03/04/2020, *HealthSectorNigeria* 18/07/2020).

However, the feared outbreak in IDP camps never materialized. The trajectory of the pandemic in the BAY states roughly followed that of the country as a whole (see Figure 3), with the first wave in from May to August 2020 followed by a second wave (slightly later than the national picture) from mid December 2020 to March 2021.

As can be seen in Figure 4testing capacity was never high in the BAY states, with Yobe in particular struggling to build testing capacity. As in other areas of the country, there was a reluctance to get tested as the repercussions of testing positive (isolation) were prohibitive. From the start of April 2021 the number of positive cases has remained low overall, although Yobe peaked later than the other states and Adamawa had a spike in cases in May 2021.

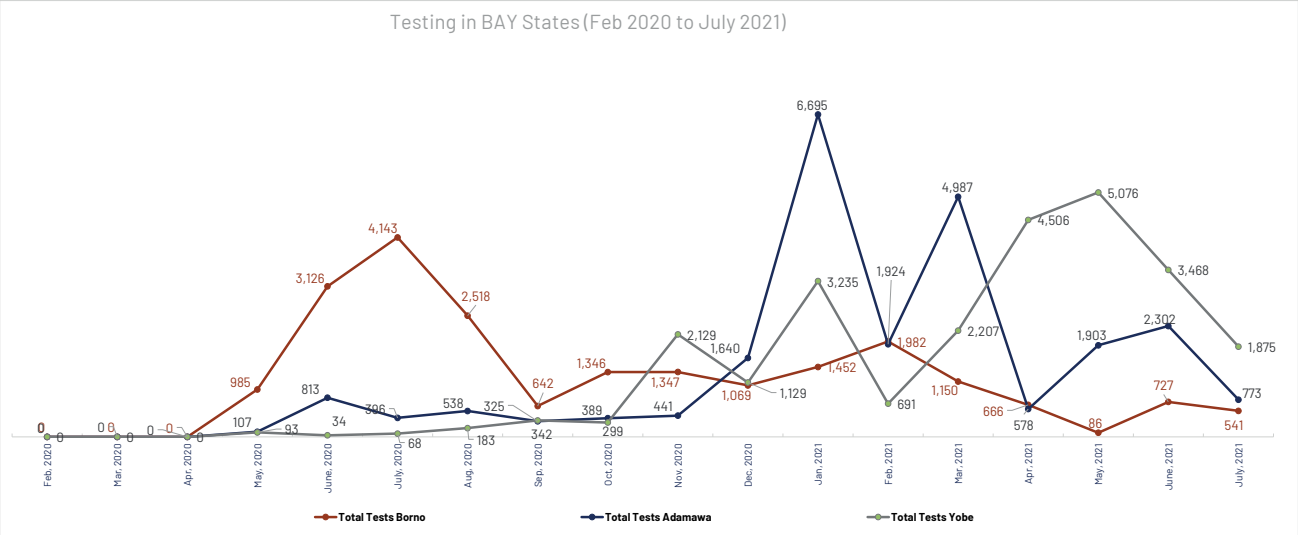
The vast majority of deaths from COVID-19 occured in the first wave (see Figure 5) with no recorded deaths due to COVID-19 since April 2021 in the BAY states. However this could be due to a reluctance of people getting tested.

Figure 3. COVID-19 confirmed cases by month in the BAY states (Feb 2020 to July 2021)



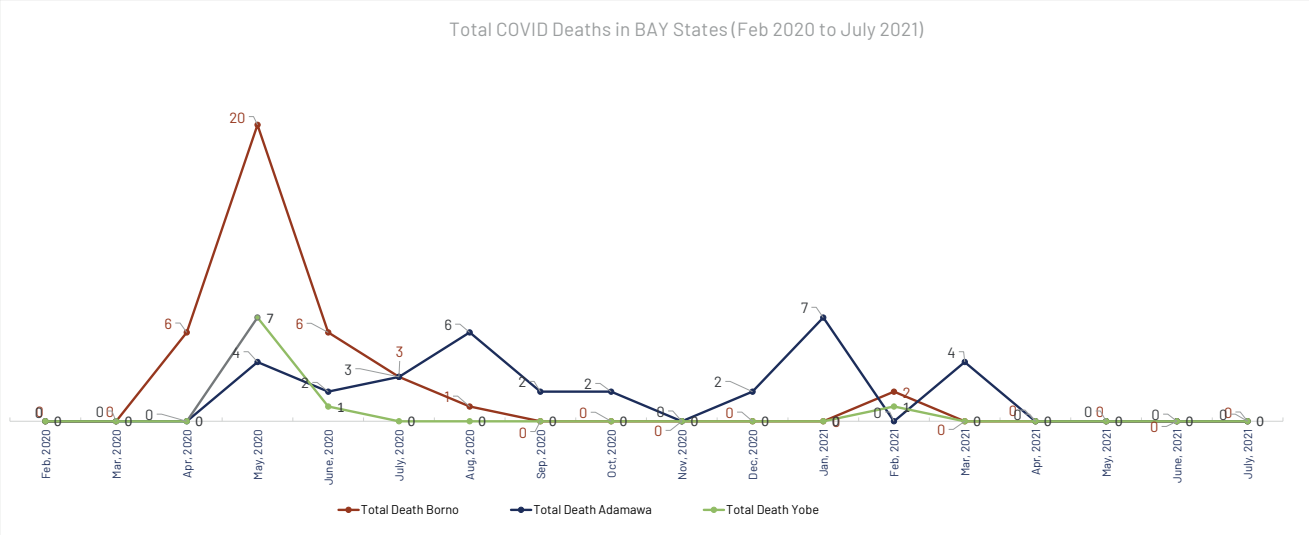

Source: (*NCDC* Weekly Epidemiological Report, 31/08/2021)

Figure 4. COVID-19 testing by month in the BAY states (Feb 2020 to July 2021)




Source: (NCDC Weekly Epidemiological Report, 31/08/2021)

Figure 5. COVID-19 deaths by month in the BAY states (Feb 2020 to July 2021)




Source: (NCDC Weekly Epidemiological Report, 31/08/2021)

# 4. COVID-19 Containment Measures, Communication and Information

## INITIAL LOCKDOWN AND PHASED REOPENING

While the first official COVID-19 case in Nigeria was reported and announced by the health minister on 27th of February 2020 the Government did not announce a lockdown in the country until the 30th of March 2020 when it announced a lockdown in Abuja, Lagos, and the Ogun States and included a 24-hour curfew (except for essential service providers). The lockdown would summarily be imposed by other states in April. During the lockdown, a ban was placed on interstate travel and public gatherings with no more than 20 people allowed per gathering. Schools, clubs, worship centers, markets, and other public places were also closed.

COVID-19 prevention-related movement restrictions in the BAY states led to a slower and more limited humanitarian response to IDP needs with supply chain issues hampering the replacement or repair of damaged or destroyed shelters and NFIs (*NCDC* 28/02/2020, *UNHCR* 25/05/2020, *CCCM* 08/07/2020).

The initial lockdown was eased in May 2020 with government policy being a phased approach to the lifting of restrictions. Phase I commenced on 04/05/2020 and saw the re-opening of public and private workplaces but with limited working hours. Remaining restrictions included a continued ban on non-essential interstate travel and the required wearing of face masks and maintaining social distancing in public places. Schools, sports events, public gatherings, and religious services were still prohibited (*Govt Nigeria* 28/04/2020).

Phase II commenced on 02/06/2020 and saw the lifting of the inter-state travel ban's outside of curfew hours, extended working hours, and efforts to resume domestic flights. It also included a relaxation of the ban on religious gatherings. Observation of existing precautionary measures continued, including wearing face masks, practicing social distancing, and providing handwashing facilities/sanitizers in all public places. Further easing of restrictions was gradually brought in throughout July through to October, with schools directed to open from October 12th once precautionary measures had been put in place. Airports also opened, but international travelers were required to take a COVID-19 test and observe seven days of quarantine upon arrival (*Govt Nigeria* 03/07/2020).

## RESTRICTIONS EXTENDED DUE TO SECOND WAVE AND AGAIN DUE TO FEAR OF NEW VARIANTS

Due to the increased number of COVID-19 cases in Nigeria, the Nigerian government ordered the reopening of Isolation and treatment centers in the country on Thursday, 10th December 2020. With the increasing trend of new cases continuing, the federal government extended restriction from the phase 3 eased lockdown guidelines by one-month on 26th January 2021 (*Naira Metrics* 28/01/2021).

Restrictions were gradually relaxed as the number of new cases dropped sharply through February and March 2021. However, measures introduced on May 11, 2021, stipulated that bars, nightclubs, event centers, and recreation venues were to remain closed with a nationwide 00:00-04:00 curfew in place. Outdoor sporting activities were allowed but public gatherings remained restricted. Gatherings in enclosed spaces were limited to 50 people, provided they observe adequate social distancing measures and wear facemasks. Civil servants were able to return to working on-site at public offices, but public transport systems were required to limit their capacity to 50 %. This mix of new measures and an extension on the closure of some establishments was in response to the appearance of new variants of the COVID-19 virus. Travel from Brazil, India and Turkey was restricted as these countries had a high incidence of cases, high fatality rate and there was widespread prevalence of the variants of concern (*Govt of Nigeria* 26/4/2021).

## ENFORCEMENT AND COMPLIANCE WITH CONTAINMENT MEASURES IN THE BAY STATES

Media and protection monitoring reports of misconduct suggested the use violence and harassment by security forces while enforcing movement restrictions in the BAY States (*UNHCR* 25/05/2020). A more extensive assessment was provided by a detailed case study provided by Mercy Corps. Although inter-state travel bans to curb the spread of COVID-19 were lifted on June 29, communities reported that the movement restrictions resulted in a surge in military profiteering, including extortion of commercial traders permitted to continue supplying essential goods across state lines, as well as residents seeking to evade official lockdown measures (*Mercy Corps* 10/09/2020).

Lack of compliance was consistently noted in the WHO sitreps. "Poor compliance in the use of face masks, social distancing, and good hygiene practices by the general public" was pointed out as the first challenge in the eleven COVID-19 sitreps published between 07/06/2020 and 13/10/2020. The lack of belief in the existence of COVID-19 was a challenge for providing prioritized child protection services activities while adhering to physical distancing and other control measures (OCHA 09/07/2020).

Physical distancing was especially problematic in many camps due to overcrowding. Four out of five people in these camps lived in overcrowded conditions, with makeshift and temporary shelters built close to each other, making physical distancing impossible (OCHA 13/08/2020).

### WIDESPREAD EFFORTS TO PROVIDE INFORMATION ON COVID-19 UNDERMINED BY RUMOURS AND MISINFORMATION

Efforts were made to sensitize the population about COVID-19 risks and mitigation measures through various channels. As well as providing information through radio and television messages, posters and information handbooks were distributed. Humanitarian programs integrated awareness into normal programming sectors such as the Child Protection Sub-Sector provided age-sensitive materials. Social media was also being used to provide information.

However, surveys indicate that friends, neighbors, and local community leaders were regarded as the most trusted sources of information. This was true for both host communities and IDPs in camp settings. Of concern, especially in the first months of the pandemic was the spreading of rumors and misinformation. In particular, Non-State Armed Groups (NSAGs) tried to use the COVID-19 situation to their advantage by linking the virus to western values or as a deliberate campaign by non-Muslims to prevent Muslims from practicing their faith (UNICEF 10/06/2020, Modern Diplomacy 09/08/2020, IOM 25/05/2020 – 01/06/2021).

## 5. Economic Impact of COVID-19

### LOCKDOWN AND COVID-19 RELATED MACROECONOMIC FACTORS NEGATIVELY IMPACTED THE ECONOMY

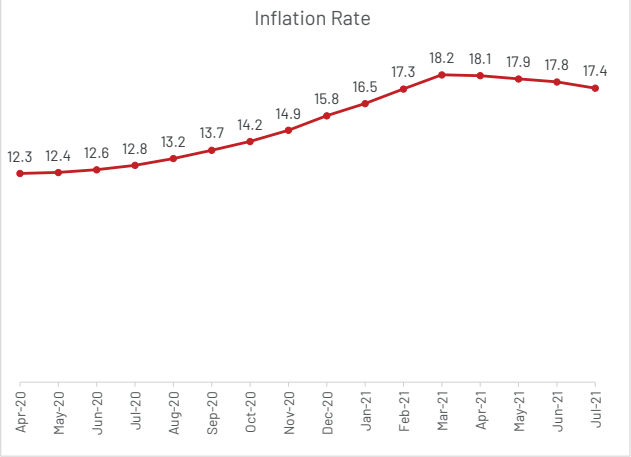
As with most other economies worldwide, the sharp drop in Nigeria's GDP is mostly the result of the slowdown of economic activity after the country implemented a lockdown in April to curb the spread of the virus. In the wake of the pandemic, the World Bank forecast a decline of 3.2% for 2020 - a five percentage point drop from its previous projections (WEF 23/08/2020).

The accompanying steep drop in oil prices amid a decline in global demand left Nigeria drastically short of earnings given its dependence on the commodity. The price of Brent crude, which Nigeria's oil is benchmarked against, slumped by over 50% since opening on January 1, 2020, at $66 per barrel. This posed a severe problem as the country's government based its initial $34 billion budget for 2020 on an assumed oil price of $57 per barrel. The price per barrel hovered around $40 per barrel for much of 2020, only climbing to $50 per barrel in December 2020 (Quartz 15/05/2020, BBC News accessed 26/09/2021).

### HIGH INFLATION DRIVEN BY INCREASING FOOD PROCESS AND DEPRECIATION OF THE NAIRA

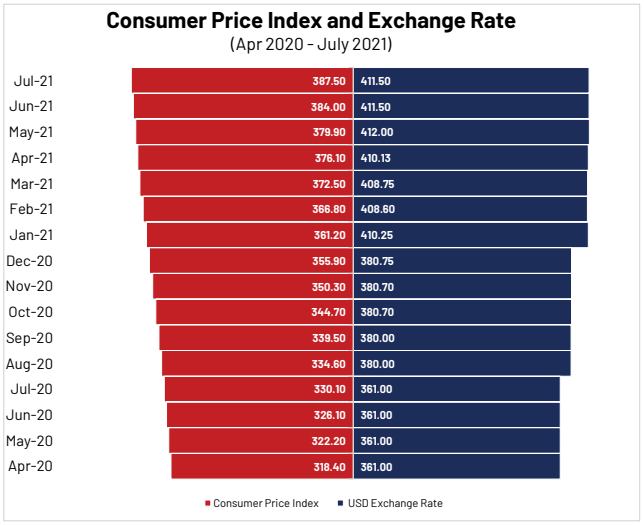
Nigeria's annual inflation rate rose steadily throughout the pandemic, pushing up prices of commodities and food (as evidenced in the consumer price index) thereby having a heavy negative impact on household purchasing power. Inflation peaked at 18.17%) in March 2021, making it the highest inflation rate since April 2017 and the rate still remained high at the end of July 2021, although decreasing marginally each month. The exchange rate for the Naira was also negatively affected, rising from 306 Naira per USD in February 2020 (the month before the pandemic), to 408.75 Naira per USD a year later. By June the exchange rate had stabilized to 411.50 Naira per USD, and remained the same in July (Trading Economics accessed 31/08/2021).

Figure 6. Inflation Trend from April 2020 - July 2021




(Source: *Trading Economics*)

Figure 7. Consumer price index (CPI) against USD Exchange rate April 2020 - July 2021




(Source: *Trading Economics*)

The inflation rate and subsequent rise in basic commodities including food has negatively hit household purchasing power, resulting in the increased use of negative coping mechanisms especially during lean season. Even into 2021, market supply for most goods remained limited and income-earning opportunities remained constrained for most households in the northeast areas of the country. Households in conflict-affected areas continued to engage in petty trading, labor work, firewood sale, and other menial jobs to earn limited incomes (*WFP* 18/02/2021, *FEWS Net* 28/04/2021).

# 6. COVID-19 Epidemic Overview

## COVID-19 NIGERIA TIMELINE

Feb 2020 - July 2021

- February 28 2020 — First case of COVID-19 confirmed in Nigeria
- March 18 2020 — Nigerian government bans hotspot countries
- March 19 2020 — Nigerian government shuts down schools
- March 31 2020 — Adamawa and Yobe states impose lockdown
  Nigerian government imposes lockdown on hotspot states
- April 16 2020 — Isolation center opens in Borno state
- April 22 2020 — First case in Adamawa state recorded
  First COVID-19 related death reported
  Borno state imposes lockdown
- April 27 2020 — Nigerian government imposes nationwide travel ban, curvew and mandatory use of facemasks in public
- June 02 2020 — Reopening of worship centers
- July 01 2020 — Lifting of nationwide travel ban. Schools resumes for graduating students
- July 08 2020 — Resumption of domestic flights
- September 05 2020 — School resumption nationwide with COVID-19 guildlines in place
  Resumption of international flights
- December 17 2020 — Second wave began with record high 1,145 daily cases
- December 24 2020 — New strain of COVID-19 seperate from UK and South African variant discovered
- December 28 2021 — Nigerian Government introduces new containment measures.
- January 10 2021 — 100,000 COVID-19 cases milestone
- January 18 2021 — School resumption nationwide with COVID-19 guidlines
- January 25 2021 — UK Variant discovered in Nigeria
- February 15 2021 — 150,000 COVID-19 cases milestone
- February 27 2021 — One year since first case
- March 02 2021 — 3.94m doses of AstraZeneca vaccine arive in Nigeria from the COVAX initiative
  COVID-19 related deaths reached 2000
- March 05 2021 — First Vaccine dose administered. Frontline health workers and adults with pre-existing conditions among first target groups.
- March 06 2021 — Nigerian president recieves first dose of COVID-19 vaccine.

# COVID-19
## NIGERIA TIMELINE

Feb 2020 - July 2021

- March 12 2021 — Vaccination rollout began across the country
- March 23 2021 — 122,000 vaccines administered
- April 26 2021 — Nigerian government introducess extra measures for passengers arriving from Brazil, India and Turkey.
- April 26 2021 — 1.19m vaccines administered nationwide. 65,986 vaccines administered in BAY states
- May 02 2021 — Nigerians ban travelers from India, Brazil and Turkey
- May 03 2021 — Lagos state government brings out more protocols to prevent 3rd wave of COVID-19
- May 03 2021 — Nigerian Government re-imposes curfew and Coronavirus restrictions.
- May 13 2021 — WHO reports Indian variant of COVID-19 in Nigeria and The NIgeria Government moves to begin phase 2 of vaccination.
- May 18 2021 — Nigerian government and patners creates free helpline to support those with COVID-19 mental health struggles.
- May 24 2021 — Nigeria imposes sanctions on 90 travelers who evaded mandatory quarantine and the Presidential Steering Committee (PSC) declared 108 arriving passengers from Brazil, Turkey, UAE and India, Persons Of Interest (POI) for violating COVID-19 quarantine protocol.
- June 02 2021 — President taskforce releases revised quarantine protocol.
- June 15 2021 — National Agency for Food and Drug Adinistration and Control (NAFDAC) and patners began monitoring the safety of novel ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant) Covishield vaccine in Nigeria through enhanced passive AEFI surveillance at vaccination centers around the country.
- June 18 2021 — Nigeria excluded from U.S.' $91 Million COVID-19 response fund to Africa
- June 25 2021 — Nigerian Government reopens first dose of Covid-19 vaccination
- June 29 2021 — Nigeria on high alert of COVID-19 Delta variant
- Travel ban extended to South Africa, Zambia, Rwanda, Namibia and Uganda amidst 3rd wave of infection
- July 9 2021 — UK removes travel warning against Nigeria
- July 11 2021 — 358 passengers from red-listed countries-India, South Africa, Brazil and Turkey that are required to observe mandatory isolation on arriving Nigeria have absconded in Lagos.
  Lagos orders religious, event centres to cut capacity amidst COVID-19 Third wave fears
- July 12 2021 — Nigeria Hit With Third Wave Of Covid-19 As NCDC Records First Delta Variant Case in Oyo state
- July 13 2021 — NPHCDA has vaccinnated 3.9 Nigerians
  UAE suspends passenger flights from South Africa and Nigeria

# COVID-19 NIGERIA TIMELINE

Feb 2020 - July 2021

July 14 2021
- Osun alerts residents of Delta variant

July 15 2021
- UNILAG Shuts Hostels Over COVID-19 Delta Variant On Campus
- NAFDAC approves Moderna, Sputnik V vaccines for use in Nigeria
- FG earmarks N20bn for COVID-19 vaccine distribution

July 16 2021
- World Bank mobilises $100bn support fund for Nigeria other members of the International Development Association to quicken their recovery from the COVID-19 pandemic.
- The University of Lagos (UNILAG) has extended the deadline issued to students to vacate halls of residence to prevent COVID-19 spread.

July 18 2021
- Presidential Sterling committe issues red alert over 3rd wave of COVID-19
  Put Lagos, Oyo, Rivers, Kaduna, Kano, Plateau, and the Federal Capital Territory on red alert
- The Jigawa State Government has suspended all Durbar activities for the upcoming Eid-El Kabir celebration across the state as part of preventive measures against the third wave of COVID-19.
- Director-General, Nigerian Institute of Medical Research (NIMR), has said that the recent increase in COVID-19 cases could be a signal of a third wave of the pandemic

The Federal Capital Territory Administration has issued new directives for the Eid-El-Kabir celebrations following the upsurge in coronavirus infections in the country.

July 19 2021
- Testing, Isolation Centres Shut in States Despite Imminent Covid-19 Third Wave
- NAFDAC Warns against Use of Unverified COVID-19 Herbal Medicine

July 22 2021
- COVID-19 third wave: FG shuts down Abuja parks

July 23 2021
- 4,000 children orphaned in Nigeria by COVID-19, highest in West Africa — World Bank
- COVID-19 testing stops in 13 states
- 156 cases recorded in Akwa Ibom in 2 weeks

July 24 2021
- China donates 470,000 vaccines to Nigeria

July 25 2021
- Enugu Governor Inaugurates 11-Man Covid 19 Steering Committee
- THIRD WAVE Hotspots: Lagos, Oyo, Rivers, Kaduna, Kano, Abuja residents shun red alert
- The University of Ibadan, in Oyo State has banned all unauthorised visitors and travellers coming to the institution.

July 26 2021
- Nigeria faces deadlyCOVID-19 Delta wave as infections jump 150%
- FG reads riot act as abscondment of quarantine passengers at points of entry surges

July 27 2021
- Nigeria records 10 cases of Delta variant –NCDC
- FG Orders Activation of COVID-19 Isolation Centres Nationwide

July 28 2021
- Nigeria expects 29 million doses of J&J COVID-19 vaccine in August

July 29 2021
- United States gifts Nigeria 4 million doses of COVID-19 vaccine

July 30 2021
- Nigerian govt advises against mass political assemblies
- Minister of Health unveils plan for COVID-19 vaccine production in Nigeria
- UAE Extends Travel Ban Against Nigeria

July 31 2021
- Nigerian Doctors Begin Nationwide Strike Amid COVID-19 Surge
- UMTH opens upgraded isolation centre

Nigeria Records Highest Daily COVID-19 Cases In Almost Five Months

# 7. Food Security and Livelihoods

## FOOD INSECURITY INCREASED IN 2019 WITH CONFLICT AND DISPLACEMENT MAJOR CONTRIBUTING FACTORS

The food security situation in Northeast Nigeria significantly deteriorated in the course of 2019. An upsurge in insecurity, characterized by renewed NSAG attacks, led to further displacements, and limited access to farming and grazing land essential for livelihood opportunities. As IDP numbers rose this increased pressure on already stretched communal resources and host communities (*UN OCHA* 01/04/2020).

Access to affected populations was a major issue with 4 LGAs in Borno, that were completely inaccessible to the humanitarian community. Access to 7 other LGAs was limited to the perimeters of one or two towns, reachable only by helicopter and access to rural populations in Borno was limited to a few areas around Maiduguri, along some main roads, and LGAs to the south of the state. Across the BAY states, a total of 1.2 million people were inaccessible to humanitarian actors and cut off from much needed humanitarian assistance (*UN OCHA* 01/04/2020).

Many IDPs are supported through food assistance, but coverage is not universal and IDPs in host communities are less well served than those in camps. Data from the *February DTM (round 31)* reported that just under 17% of sites in camps/camp-like settings did not have access to food assistance. For IDPs in host communities just over 21% of sites reported no access to food assistance. For both population groups, food distributions were mostly irregular in nature with only 43% of sites in camp/camp-like settings and 10% of sites in host communities reporting regular monthly/weekly distributions (*DTM* 30/04/2020).

At the start of the pandemic the latest cadre harmonise projections estimated the food insecure population during March - May 2020 at 2,885,288 (IPC phases 3 – 4), with only a small proportion of those (273,328) experiencing emergency level (IPC Phase 4) food insecurity. Of particular concern were approximately 300,000 people in need of emergency assistance who were situated in completely inaccessible LGAs or inaccessible communities of partially accessible LGAs.

With the start of lean season (June – August 2020), the number of people experiencing food insecurity was projected to rise to 3,705,186, with 543,457 at emergency levels (IPC 4 Phase 4) (*FAO* 27/03/2020).

Table 1. IPC figures for the BAY states June - August 2020

| State | Total pop | Pop in Phase 3 | Pop in Phase 4 | Pop in Phase 5 | Pop in Phase 3 to 5 | % pop food insecure |
|---|---|---|---|---|---|---|
| Borno | 5,884,116 | 1,671,264 | 433,498 | - | 2,104,761 | 35.77% |
| Yobe | 4,340,967 | 1,148,068 | 139,034 | - | 1,287,103 | 29.65% |
| Adamawa | 4,946,724 | 813,429 | 95,396 | - | 908,825 | 18.37% |
| Total | 15,171,807 | 3,632,761 | 667,928 | - | 4,300,689 | 28.35% |

(Source: *Govt Nigeria* 11/03/2020)

## YEARS OF CONFLICT HAS LEFT MANY HOUSEHOLDS IN THE BAY STATES IN EXTREME POVERTY AND VULNERABLE TO ECONOMIC SHOCKS

The protracted crisis in the northeast is driven by growing insecurity that continues to impact the ability of affected populations to access basic services and sources of livelihoods including access to farming and grazing land. Many households over the past ten years have lost economic and livelihood opportunities as a result of protracted displacement.

Based on World Bank figures from 2018, Northeast Nigeria recorded a poverty rate of 44% (2nd highest compared to other regions). Borno State had an unemployment rate of 31.4%, Yobe 29% and Adamawa 20.8%, with both Borno and Yobe well above the national unemployment rate of 23.1%.

The situation has pushed families into harmful coping mechanisms and weakened their resilience and increased their vulnerabilities. Communities in the northeast are characterized by inadequate levels of access to basic services and public infrastructure relative to the population size, limited income sources and livelihood opportunities, and increased resource demands. These conditions are exacerbated by the additional pressure of hosting IDPs which has also led to societal tensions between IDPs, returnees and host communities (*UN OCHA* 31/03/2020, *UN OCHA* 01/04/2020).

At the start of 2020 subsistence farming was the predominant livelihood in the BAY states, but for many displaced households, especially those in camps, access to land for farming is limited. Based on data from the *February DTM report (round 31)*, farming was the main livelihood activity in 63.5% of IDP sites in host communities, followed by daily labourers (14.4%) and petty trade (12.6%). For IDPs in camp/camp-like settings, farming was the main

livelihood in only 24.5% of sites, with daily labourer (31.7%) and petty trade (35.2%) both being more prevalent sources of income. For returnees farming was almost exclusively their main means of livelihood with 94.8% of sites registered farming as the main livelihood activity. This is in part explained by returnees having access to their original land, but it is also a reflection that access to services and functioning markets in areas of return is limited, reducing the number of other livelihood opportunities available (*DTM* 30/04/2020).

## COVID-19 CONTAINMENT MEASURES HAVE HEAVY IMPACT ON LIVELIHOODS AND HOUSEHOLD INCOME

Between April and June 2020, COVID-19 containment measures including a lockdown, curfews and movement restrictions severely curtailed livelihoods and reduced access to lands for farming. The direct and indirect impacts of the COVID-19 pandemic have constrained livelihood activities, particularly among the urban poor. Amongst the hardest hit were daily laborers and people engaging in cash-for-work activities, many of whom lost access to their normal income sources due to restricted labor migration and the closure of small businesses. Youth and women working in the informal sector were also badly affected. International border closures limited regional trade activities, impacting populations reliant on cross border movement, inter-state travel was also restricted, impacting many traders. Farmers were not spared, with their ability to engage in planting for the coming agricultural season limited due to movement restrictions and a lack of funds to purchase agricultural inputs (*FEWS NE*T 07/07/2020, *FEWS NET* 12/08/2020, *FEWS NET* 31/08/2020).

A national survey by UNHCR of persons of concern, (including refugees, IDPs, and returnees), found that approximately 70% of respondents reported either a loss of, or reduced income; just over 5% reported the loss of employment and only 5.6% reported being unaffected. Similarly, from a survey of approximately 140 key informants in Borno, all respondents reported that there was a negative impact in earning income as they were unable to either sell their stock or experienced payment/salary delays as a result of the pandemic (*UNHCR* 25/08/2020, *CARE* 27/10/2020).

Although most IDPs have access to humanitarian assistance, which for the most part was able to continue during the lockdown period, many IDPs had begun earning income to supplement the assistance they were receiving to meet their needs. For men, they had small businesses such as small retailers or manual labourers. Women had begun small scale trading such as knitting caps, tailoring, making mats etc. However, with COVID-19, this earning potential has been greatly reduced because lockdowns/curfews prevented many from working and led to a subsequent downturn in the economy forcing the closure of many businesses (*CARE* 27/10/2020).

In H2R areas the REACH report from June 2020 outlined significant constraints on livelihood activities. In 4 of the 11 assessed LGAs, all of the settlements reported that most people did not have access to their usual livelihood activities, in 4 more over 80% settlements reported the same barrier. Only in 2 LGAs did around 50% or more of settlements report that most people's livelihoods were unaffected. Tellingly, when asked to list the most common livelihood activities, 12% of settlements reported "none" while 21% reported hunting and another 21% fishing (multiple answers to this question were allowed) (*REACH* 22/07/2020).

## SUSTAINED CONFLICT AND COVID-19 CONTAINMENT MEASURES DISRUPT MARKET FUNCTIONING AND FOOD DISTRIBUTIONS DRIVING INCREASED FOOD INSECURITY

By July 2020, sustained conflict associated with Boko Haram coupled with the COVID-19 pandemic and associated restrictions, led to an increase in the populations facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) in the BAY states. Household purchasing power significantly decreased due to the rising cost of staple foodstuffs and a decrease in income as COVID-19 containment measures hit both labor and self-employment opportunities.

Despite negative impact on income generating opportunities for IDPs (who mostly engage in self-employment and informal sector activities), most IDPs in camps were still in Stressed (IPC Phase 2) with humanitarian assistance closing food consumption gaps. However, for inaccessible areas and camps where access was constrained by distance and insecurity, very limited access to food and income likely resulted in Emergency (IPC Phase 4).

An additional factor was the fall in international oil prices, also an issue related to the COVID-19 pandemic. This was a contributing factor to the depreciation of the Naira and subsequent inflationary pressure. With a substantial proportion of the population typically accessing some income from domestic remittances and a small proportion relying on remittances from abroad, it is likely that the frequency and quantity of remittances to rural areas

decreased due to widespread loss of income in Nigeria and overseas brought on by the pandemic (*FEWS NET* 07/07/2020).

When control measures were implemented, including a lockdown, market shutdowns, and road closures, these events triggered panic buying to stock up food, compounded further by the Ramadan season, and consequently led to a surge in food prices. For example in Maiduguri the price of millet rose from around 100 Naira per kg in January to over 200 Naira per kg by May (*FEWS NET* 07/07/2020).

In Yobe, markets remained open and to some extent this lessened the impact of COVID-19 containment measures on households within the state. However, as markets in the neighboring states witnessed fluctuations and disruptions in supply and prices, food distribution systems faced challenges, leading to disruption of the supply of staple food commodities, especially from neighboring states, as well as within the state, negatively impacting food security in Yobe (*UN OCHA* 08/08/2020).

In H2R areas there were already some constraints to market access. Data from August painted a mixed picture across Borno and Northern Adamawa. For Madagali, Kukawa and Konduga 41 – 80% of assessed settlements reported access to a functional market within walking distance, however for 5 LGAs, (Abadam, Dikwa, Gubio, Gwoza and Marte) only 1 – 20% of H2R settlements reported a functional market nearby. In Bama the situation was even worse with none of the settlements reporting access to a market. The other 3 LGAs covered by the survey reported 21 – 40% of settlements able to access a nearby functioning market (*REACH* 30/09/2020).

## FOOD DISTRIBUTION WAS MOSTLY MAINTAINED BUT IDPS IN HOST COMMUNITIES AND POPULATIONS IN HARD-TO-REACH AREAS FACE RISING FOOD INSECURITY

Restrictions in inter-state movements coupled with strict lockdown measures especially in Borno State made it more difficult for partners to access people in need, as well as vendors, especially in the urban and peri-urban areas. However, data from the *August DTM (round 33)* indicated that despite challenges food assistance was still being delivered at roughly the same levels. In camp/camp-like settings only 18% of sites reported no food assistance (up 1% from February) and 40% of sites reported that distributions were regular. For IDPs in host communities, 23% of sites reported a lack of food assistance (up 2% from February) and 11% of sites reported regular distributions. This indicates that humanitarian food assistance had mostly managed to overcome any constraints caused by COVID-19 restrictions. (*DTM* 24/09/2020, *UN OCHA* 09/07/2020)

However, for large numbers of IDPs in host communities there were significant food shortages and many households lost income due to COVID-19 restrictions. A vulnerability assessment carried out in July across multiple neighborhoods in Jere and Maiduguri as well as a smaller sample in Damboa, Gowza and Monguno, reported that many households ran short of food and that many residents were unable to work for some period of time due to the COVID-19 situation.

Out of 72 assessed settlements in Maiduguri in 63 of the settlements, "half or more of the residents did not have enough food to meet the needs of their household in the 30 days prior to data collection". Results for Jere were similar with 57 out of the 60 assessed settlements reporting the same. For Damboa LGA, 16 out of 17 settlements reported half or more residents did not have enough food and for Monguno LGA it was 6 out of 7 settlements. Only in Gwoza LGA (where the many settlements reported receiving food assistance) did the majority of settlements report enough food with only 2 out of 7 assessed settlements reporting a lack of food for half or more of the residents.

In terms of impact on employment, in Maiduguri 54% of the 72 assessed settlements indicated that around half or more of residents had to stop working due to the COVID-19 situation in the 90 days prior to data collection. In Jere the figure was much worse with 75% of settlements reporting the issue. In Damboa 59% of settlements reported half or more of residents having to stop work and all 7 of the assessed settlements in Gwoza reported the same. Monguno was somewhat of an exception with only 3 settlements (out of 7) reporting around half of residents having to stop work in the previous 90 days although this may be in part due to the low number of people who were employed before the pandemic in the LGA.

With Maiduguri and Jere having large urban and semi-urban neighborhoods, this ties in with the reported pressure on urban households who lost access to their main income sources such as casual labor and petty trading which were badly hit during the pandemic. In addition, urban households reliant on market access for food and therefore would also have been vulnerable to market shortages and rising prices (*REACH* 02/11/2020 - 08/10/2020).

Regular monthly assessments from REACH have helped build a picture of the food security situation in H2R areas. The *August H2R Food Security and Livelihoods Factsheet* covered 13 LGAs in Borno and Adamawa. It was clear from the analysis that livelihoods were significantly curtailed. For 5 LGAs, none of the assessed settlements reported that most people had access to their usual livelihood activity, for 4 other LGAs the proportion was only 1 – 20% of settlements where livelihoods continued as normal for most people. In only 3 LGAs were half or more of settlements reporting normal livelihood activity for most people. With subsistence farming and livestock rearing being 2 of the top 3 livelihood activities it is clear that farming (and therefore food security) was negatively impacted during the previous month (*REACH* 30/09/2020).

Overall household purchasing power had decreased, prices of food stuffs continued to rise and although COVID-19 movement restrictions had been mostly rescinded, seasonal rains, storms and flooding alongside conflict and insecurity were expected to drive an increase in the number of people experiencing food insecurity to 4.3 million (up from a pre-COVID-19 projection of 3.7 million). However, this was well below the feared 7 million estimate from WFP after the initial impact of COVID-19 movement restrictions (*UN OCHA* 09/07/2020, *UN OCHA* 14/09/2020).

## MSNA REPORTS THAT FOOD SECURITY & LIVELIHOODS LIVING STANDARD GAPS WIDESPREAD, BUT NOT UNIFORM

With the widespread disruption to employment and trade, price inflation and the increased pressure on food security brought on by lean season it is unsurprising that large numbers of households across the BAY states faced living standard gaps in food security and livelihoods. Results from the MSNA found 1,263,953 households faced Food Security & Livelihoods LSGs in August 2020. Although Borno housed over half the households with FSL LSGs (638,761), Adamawa recorded the highest proportion of households with a FSL LSG at 56% in the state, followed by Borno where 46% of all households experienced a FSL LSG and in Yobe the figure was at 34%.

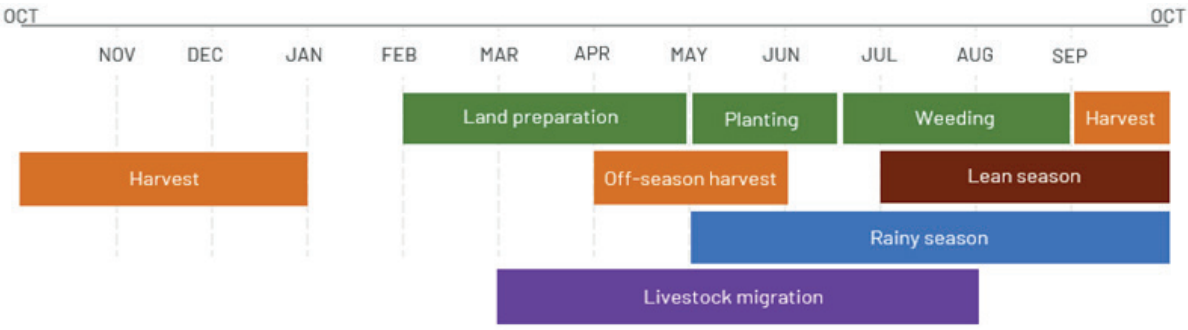
IDPs had the highest proportion of households (ranging from 63% - 45% across the BAY states). This is in part due to the increase in vulnerability and lack of access to land (for farming) that can result from displacement. Returnees were the next most affected group and are also characterized as being more vulnerable (due to prior displacement) and lacking access to goods and services in their areas of return. However, even for the non-displaced, the proportion of households with FSL LSGs were still significant, numbering 53% in Adamawa, 40% in Borno and 30% in Yobe.

Note: The FSL LSG was calculated using a composite score made up of sufficient access to firewood/fuel in surrounding environment, most commonly used fuel type for cooking, coping strategies used for insufficient fuel, and household hunger scale (*REACH* 14/12/2020, *REACH* 14/12/2020, *REACH* 14/12/2020).

## FOOD INSECURE POPULATION DROPS IN THE LAST QUARTER OF 2020 IN LINE WITH SEASONAL TRENDS, BUT STILL NUMBERS NEARLY 3.5 MILLION

The October cadre harmonize indicated that the number of people food insecure had reduced in the northeast. This was in line with seasonal variations as the main harvest began in September with the region transitioning out of lean season.

Figure 8. Seasonal Calendar for a typical year in Northern Nigeria




Source: *FEWS NET* 07/07/2020)

Table 2: IPC figures for BAY States October - December 2020

| State | Population | Population in Phase 3 | Population in Phase 4 | Popula-tion in Phase 5 | Population in Phase 3 to 5 | % pop food in-secure |
|---|---|---|---|---|---|---|
| Adamawa | 4,980,623 | 650,802 | 6,826 | - | 657,628 | 13% |
| Borno | 6,042,988 | 1,380,921 | 433,331 | - | 1,814,253 | 27% |
| Yobe | 4,458,173 | 827,539 | 119,090 | - | 946,629 | 21% |
| Total | 16,227,496 | 2,859,262 | 559,247 | - | 3,418,510 | 21% |

(Source: *FAO* 16/11/2020)

## HIGH FOOD PRICES CONTRIBUTE TO WORSENING FOOD CONSUMPTION PATTERNS WITH FOOD STOCKS WORRYINGLY LOW

Despite the completion of harvest season, the prices of food commodities were above average especially in the conflict affected areas of northeast in December 2020. Insecurity in farming areas, weakened Naira and dollar shortages stoked up food prices contributing to a rise in the annual inflation rate to 14.89% in December 2020 compared to 14.23% recorded in November 2020. The situation was further exacerbated by COVID-19 border closures. Households in Adamawa and Yobe cited high food prices and insecurity as the most common shocks, for Borno state insecurity was the main shock identified (*WFP* 19/02/2021, *WFP* 31/12/2020, *FEWS Net* 31/12/2020).

Food Consumption had worsened in the northeast region compared to previous years, with poor and borderline food consumption nearly as high as the peak of the crisis (2017) with around 44% of the households falling under the poor borderline category. Borno state recorded the highest prevalence of households with poor food consumption (10%) followed by Yobe (6.5%) and Adamawa (1.2%). With many households' dependent on markets for their food it was striking that lack of money was cited as the main barrier to markets - as opposed to access being prevented by insecurity or other reasons. Food stocks in Northeast Nigeria were also low as only 8.5% of the households had enough food stocks to last at least a month. The end result was that 42% of households in the BAY states had expenditures below the survival minimum expenditure basket (SMEB), suggesting monthly expenditures were not able to meet food needs (*WFP* 19/02/2021).

It was unsurprising that food assistance was the top priority for 60% or more of surveyed households in 35 out of 40 LGAs in Borno and Yobe states, and over 90% of households in 8 of those LGAs. Livelihoods support was the next highest priority, but was only cited by over 30% of households in 7 LGAs across all 3 BAY states demonstrating how significant food as a need was across the northeast (*WFP* 19/02/2021).

## USE OF FOOD CONSUMPTION COPING STRATEGIES WIDESPREAD

With low food consumption rates it was unsurprising that WFP's *Essential Needs Analysis* found that the use of food consumption coping strategies was widespread. Close to 20% of households in the BAY states recorded Reduced Coping Strategy Index (rCSI)[1] scores over 19, indicating frequent use of more severe coping strategies such as adults/mothers reducing their own consumption so that children can eat. A further 51.4% of households have scores between 4 and 18, indicating both moderate frequency and use of severe consumption-based coping strategies. Only 28.4% of households have an rCSI between 0 and 3 indicating low use of coping consumption strategies. This data was corroborated by a Save the Children assessment which found high coping strategy levels amongst the households within 6 Borno LGAs (*WFP* 19/02/2021, *Save the Children* 31/12/2020).

The situation of the H2R areas of Borno and Adamawa was also concerning (although comparatively better in December 2020 compared to August, though this would be in line with seasonal trends). In 6 LGAs, 60% or more of settlements report that people relied on wild food that was not part of their usual diet. Across half of the LGAs assessed some settlements reported that most people eat on average one meal per day or less, or that some people go an entire day without eating as a coping strategy (*REACH* 31/01/2021).

Food insecurity was also an urban issue with a WFP web survey finding that 67% of urban households in the northeast (an increase of 6% compared to August 2019) were worried about not having enough to eat (*WFP* 26/04/2021).

## CONFLICT AND THE LINGERING IMPACT OF COVID-19 CONTAINMENT MEASURES STILL DRIVING REDUCED HOUSEHOLD PURCHASING POWER

Assessment data from 6 LGAs in Borno found that 68% of the households reported a drop in household income due to COVID 19. The knock-on effect of restricted movement and reduced farming activities reduced the ability of farmers to secure essentials like fertilizers and farm tools which in turn caused a decline in farm produce driving down the income of many families. At the same time income was

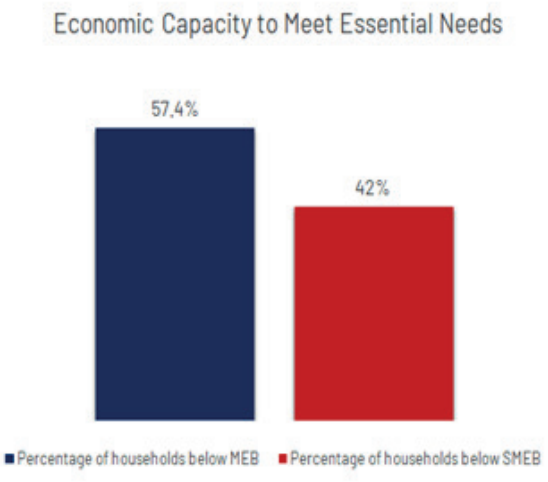
1 Consumption-based Coping Strategies' Index is an indicator that measures how households manage to cope with a shortfall in food for consumption. The index measures both the frequency and severity of coping behaviour over a 7-day period, with higher scores indicating higher severity

falling, prices of inputs (including tools, seeds, as well as fuel) related to agriculture increased. This was partly due to the increased insecurity along key supply corridors driving up transport costs as well as an increase in the cost of petrol. Lack of capital/cash or access to credit were also among the main restraints faced by households practicing agriculture.

The urban population was also struggling. A WFP study found that the recovery to normal employment was taking longer in urban areas. IDPs, often based in urban and semi-urban locations, suffered from a lack of access to land caused by their displacement and continued insecurity and thus are more dependent on casual labor and petty trading. Those living in the H2R areas of Borno and Adamawa were also struggling with an increased proportion of assessed settlements stating that people's ability to engage in livelihood activities had decreased in December 2020, often due to conflict and insecurity (*WFP* 26/04/2021, *WFP* 19/02/2021, *REACH* 31/01/2021, *Save the Children* 31/12/2020).

Loss of income and the increased cost of living were therefore driving a loss of household purchasing power and increasing household vulnerability. By October 2020, 57.4% of surveyed households had expenditures below the Monthly Expenditure Basket (MEB), meaning that these households did not have enough economic capacity to meet their adequate needs (*WFP* 19/02/2021).

Figure 9. Household economic capacity to meet essential needs

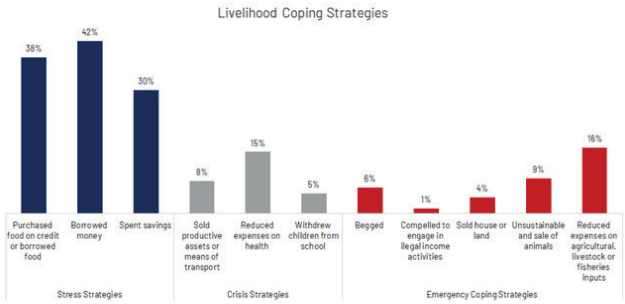



(Source *WFP* 19/02/2021)

## USE OF CRISIS AND EMERGENCY LIVELIHOOD COPING MECHANISMS INCREASES HOUSEHOLD VULNERABILITY

Data from multiple assessments in the northeast detailed the extent to which households struggled to meet their food and other basic needs driving the adoption of livelihood coping strategies and thereby increasing household vulnerability. Across the BAY states 37% of households adopted stress coping strategies, 7% crisis strategies, and 27% adopted emergency coping strategies. Crisis and emergency coping strategies (such as reducing expenditure on health, sale of productive assets or reduced expenditure on farming inputs) can reduce household long-term financial security, eroding a household's savings and assets and increasing debt. These livelihood coping strategies helped households achieve food security for a short time period but relying on these strategies was worrisome as they had a negative impact on future productivity making it more difficult to reverse (*WFP* 19/02/2021, *World Bank* 21/02/2021).

Figure 10. Prevalence of livelihood coping strategies by percentage of households reporting at least one livelihood coping strategy - October 2020




(Source: *WFP* 19/02/2021)

Along with food needs (the main reason for incurring debt), health and agricultural reasons were also cited. Although the proportion of households and underlying reasons for debt did not change much compared to 2019 the median debt amount for food had increased to 10000 naira (Previously in 2019 it was 6000 naira). Across Nigeria it was observed that households had an average of 6.6 members in November 2020, compared with 5.5 members in January/February 2019 as people were forced to move in with parents or other relatives so as to pool income and manage risks faced during pandemic. Others reported returning from work migration or education (*WFP* 19/02/2021, *World Bank* 21/02/2021).

Lack of money also forced affected and vulnerable populations to adopt negative coping mechanisms such as transactional sex, street begging and theft. Children were affected due to the financial struggles of the parents who were forced to reduce quality and quantity of meals and some children had to engage in hard labor to support families (*Save the Children* 31/12/2020, *UN OCHA* 26/11/2020).

The result was that around 60% of all households in the BAY states were considered highly vulnerable, 19% as moderately vulnerable, leaving only 20.5 % as not vulnerable as determined by economic capacity below SMEB, poor consumption scores or due to use of emergency coping strategies (*WFP* 19/02/2021).

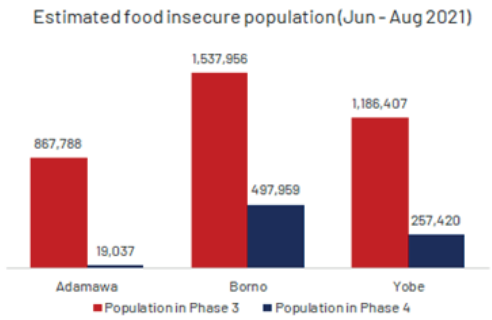
## CONFLICT AND ECONOMIC HARDSHIP DRIVING FOOD INSECURITY WITH 4.37 MILLION PEOPLE PROJECTED TO BE FOOD INSECURE IN THE 2021 LEAN SEASON

Although 2021 began with a large "second wave" of COVID-19 cases, this had only a limited impact on the humanitarian situation in the northeast. For the most part relatively light COVID-19 prevention measures (such as wearing of face masks and social distancing) remained in place, but no new lockdown was introduced. The biggest impact of COVID-19 continued to be economic with inflation continuing to rise until April 2021 and unemployment rates remaining high.

The main driver of humanitarian need continued to be conflict and insecurity. The first six months of 2021 saw large scale displacements, damage and destruction caused by NSAG attacks in Damasak Town, Dikwa and Marte (Borno state) and Geidam, Yunusari, and Gujba LGAs (Yobe state). In some cases (such attacks in Feb/March on Dikwa), this led to the suspension of humanitarian operations and the evacuation of humanitarian staff. Hospitals, schools, WASH infrastructure, homes and shelters were damaged or destroyed during the attacks and many households were unable to access land for cultivation. In the early part of the year NSAG activities also led to the suspension of UNHAS helicopter flights and prevented aid trucks from accessing remote locations, particularly in Northern Borno. Illegal vehicle checkpoints along main highways (such as Maiduguri-Monguno, Maiduguri-Damasak, and Gubio- Magumeri) also caused considerable disruption. (*iMMAP* 30/07/2021, *iMMAP* 02/07/2021, *iMMAP* 31/05/2021, *iMMAP* 04/05/2021, *iMMAP* 31/03/2021, *iMMAP* 03/03/2021).

The latest *Cadre Harmonise report*, released in April, projected that 4.37 million people will be food insecure (Phases 3 – 5) during the current lean season (June – August 2021), with those in H2R areas likely the worst affected. This represents a small increase compared to the lean season in 2020 (4.30 million).

Figure 11. IPC project food insecure population in the BAY states (June – August 2021)




Source *Cadre Harmonise* 19/02/2021)

## ECONOMIC SITUATION SHOWING LITTLE SIGN OF RECOVERY IN NORTHEAST NIGERIA

Currently, Nigeria has the highest number of people living in extreme poverty in the world. According to the World Bank, 47.3% of Nigerians, or 98 million people, live in multidimensional poverty. Most of them are located in Northern Nigeria. Although after 17 months of rising inflation rates there has been a decline in the food index in April and May, it is still running at 22.28%. This means that food prices are still rising, severely impacting Nigerian households. An average Nigerian household spends about 56% of income on food, and as evidenced in the *ENA*, this figure is much higher amongst affected populations in the north. As food prices rise therefore, more and more households in the northeast fall below the poverty line, with the World Bank estimating 7 million more Nigerians are living in poverty since the start of the pandemic (*The Conversation* 27/06/2021, *Naira Land* 27/06/2021, *Vanguard* 15/06/2021), *Today Online* 16/06/2021, *World Bank* 06/2021).

In the northeast, trade and livelihood opportunities are struggling to recover with conflict the main constraining factor. Income-earning opportunities and wages are below average for most poor households and even more restricted in conflict-prone areas such as the BAY states. High competition for labor income has resulted in lower than typical wage rates due to the high labor supply in many areas. Labor migration is constrained due to escalating

insecurity, limiting population movements. At the same time, high levels of conflict are limiting engagement in agricultural activities reducing households' income. For households reliant on remittances, these are being negatively impacted by increasing unemployment rates, the low value of the NGN, and reduced purchasing power.

Informal trade activities in the Lake Chad region are gradually resuming; however, overall trade continues to be lower than typical and volatile due to conflict. Similarly, although domestic trade has returned to near-normal levels, it remains below normal to limited in the BAY states with most monitored markets in the region being disrupted. Prices for both staple and cash crops remain significantly above the five-year average due to the poor macroeconomic conditions, high fuel prices and transportation costs, and high market demand due to the below-average 2020 harvest (*FEWS Net* 13/07/2021).

Even where IDP and returnee households are trying to make a new start there is a lack of support and opportunities. Only 27% of managed camps in LGAs affected by the displacements have access to cash for work activities within the onsite and nearby locations. 58% of the managed camps do not have access to a form of vocational training within the site or nearby. In Adamawa assessment data indicated that many IDPs and returnees had inadequate skills for formal or self-employment and that IDPs and returnees lack access to income generating support and vocational training (*CCCM* 25/06/2021, *UN OCHA* 28/06/2021, *UN OCHA* 11/06/2021).

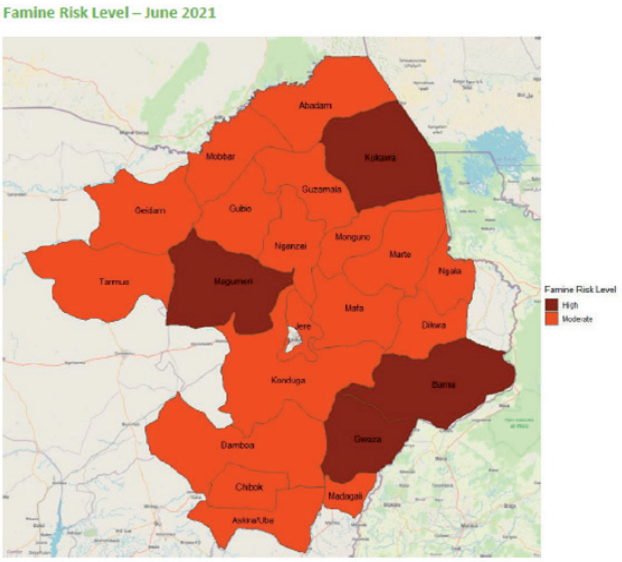
## LEAN SEASON BRINGS A FAMINE RISK FOR INACCESSIBLE AREAS OF BORNO STATE

With ongoing insecurity and regular NSAG attacks in the BAY states since the beginning of the year (particularly Borno and Yobe), affected populations have seen their income earning activities limited and are mainly dependent on humanitarian food assistance. As a result, food insecurity is widespread across most parts of Borno and Yobe States, with the majority of LGAs classified as experiencing Crisis levels of food insecurity (IPC Phase 3). However, especially in areas affected by conflict some households are likely to be in Emergency (IPC Phase 4) and possibly in Catastrophe (IPC Phase 5). Areas of highest concern include Abadam, Dikwa, Gwoza, Damboa, Bama, Magumeri, Guzamala, Kukawa, Mafa, and Marte LGAs, where the proportion of the population facing Emergency (IPC Phase 4) is expected to be relatively high.

Findings from the (June) Famine Monitoring System (FMS) revealed concerning consumption patterns in inaccessible areas. More than half of all sampled households (56%) struggled to have sufficient food intake and 67% experienced crisis or higher levels (CH Phase 3 and above) of food deprivation and hunger, further evidenced in the pervasive use of food-based coping strategies. Most households (84%) relied on either crisis (26%) or emergency (58%) coping strategies to meet their food needs. This is particularly concerning as these coping mechanisms heighten economic vulnerability due to their negative impact on the future productivity of the household.

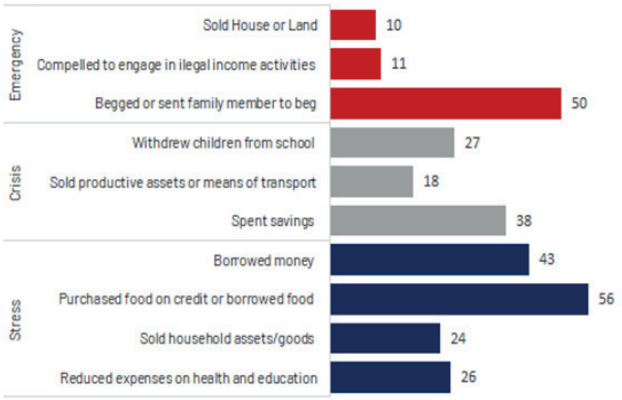
A small minority of the inaccessible population (≤10%) were found to have a famine-like food consumption, which was evidenced by severe food consumption deficits, extremely limited diversity of diets and the pervasive use of food-based ration control with wild food foraging remaining a major food source. However, higher-level indicators (acute malnutrition and mortality) were insufficient to confirm famine conditions. Markets in inaccessible areas are either completely non-functional or functioning at suboptimal levels, and even where they are open, KI's report insecurity and lack of money as key barriers to accessing them for food (*FEWS Net* 13/07/2021, *Govt of Nigeria* 16/07/2021, (*NPFS* 05/04/2021).

Figure 12. Famine risk level by LGA




(Source: *Govt of Nigeria* 16/07/2021)

Figure 13. Prevalence of livelihood coping strategies in H2R areas - June 2021



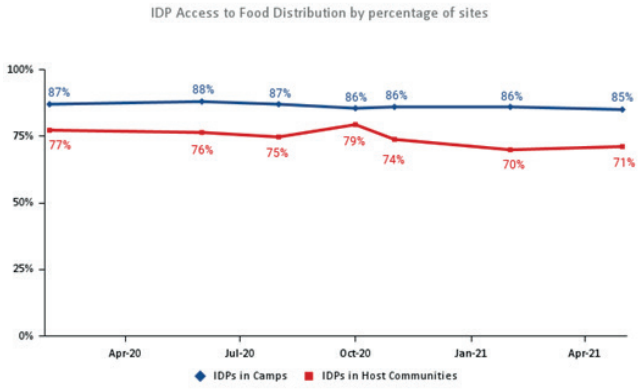

(Source: *Govt of Nigeria* 16/07/2021)[2]

Famine risk level defined based on convergence of: a) severity of food security and nutrition outcomes plus contributing factors; and b) sample size. For areas adjudged "Moderate Risk", sample size was relatively small in most of them, and so, the reason for the classification. This however, does not completely eschew the possibility of higher levels of famine risk in such areas. Thus, these results should be interpreted and utilized with some caution (*Govt of Nigeria* 16/07/2021).

## MARGINAL DECREASE IN ACCESS TO FOOD FOR IDPS AS MAIN LIVELIHOOD ACTIVITIES ARE SIMILAR TO THOSE REPORTED PRE-PANDEMIC

Access to humanitarian food distributions has remained relatively static for IDP populations since the beginning of the pandemic. However, since the end of 2020 access has slowly declined with only 85% of camp/camp-like sites and 71% of IDP sites in host communities now reporting access to food distributions: (a drop of 2% for camps and 6% for HC sites). This decline is particularly worrying due to reduced purchasing power caused by loss of income and increasing food prices and may force more households into adopting negative coping strategies.

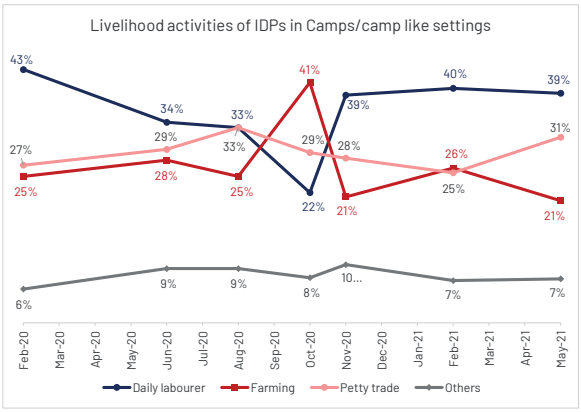
Figure 14. IDP Access to Food Distribution by the percentage of sites




(Source: *DTM 31 - 37* February 2020 - July 2021 )

The type of livelihood activity has always been significantly different for IDPs in camps, compared to those in host communities. Tracking of common livelihood activities shows the decline in a daily laborer's when containment measures were introduced in April 2020. By November, the percentage of sites reporting daily laborers as the main occupation had risen back close to pre-pandemic levels, but interestingly it is still 4% lower than February 2020. For Host communities, the prevalence of most livelihoods remained relatively static. However petty trade has increased for both IDP groups, perhaps indicating that other income generation opportunities are not available. However, as these figures are percentages, the actual numbers of IDPs employed, or level of income received is not available (although reports suggest daily laborer wages are lower than normal)(*FEWS Net* 13/07/2021, *DTM* 10/08/2021).

Figure 15. Livelihood activities of IDPS in camp/ camp-like settings




(Source: *DTM 31 - 37* February 2020 - July 2021 )

[2] *Coping strategy classifications* are represented here as they appear in the source but do not necessarily align with those defined by WFP

How much of a contributing factor COVID-19 and its accompanying containment measures have been in driving food insecurity would be extremely difficult to extract from the complicated causal web for humanitarian needs in Northeast Nigeria. However, it is clear that the economic impact on households has led to more families living below the poverty line, and therefore, more likely to be food insecure, and less able to deal with shocks such as displacement or the inability to access farmland or livelihoods due to insecurity.

# 8. Nutrition

## GLOBAL ACUTE MALNUTRITION WIDESPREAD IN YOBE AND BORNO STATES AT THE START OF 2020

The conflict and climate-related factors, including severe flooding in 2019, continued to drive displacement and worsening *food insecurity*. With increasing numbers of households' food insecure this also had a knock-on effect on malnutrition rates. Across the BAY states, GAM in children aged 6-59 months remained highly concerning. GAM rates increased from 6.7% percent in 2017 to 11% in 2019, exceeding the WHO emergency threshold of 10%. Additional factors driving higher malnutrition rates included weak health infrastructure, poor infant and young child feeding practices, limited access to safe water and sanitation services, and poor hygiene conditions.

According to the *Nutrition and Food Security Surveillance Round 8 conducted in November 2019* GAM rates in Borno state decreased slightly from 2019 from 11.6% to 8.1%. For Adamawa the GAM rates remained the lowest of the 3 states at 7.2%, whereas the GAM rate in Yobe State was 11.5% with the GAM rates remaining persistently high in the state, staying above the 10% threshold for the previous 3 years (*UN OCHA* 31/03/2020, *UN OCHA* 01/04/2020, *NBS* 30/01/2020).

Within the states there were pockets of even higher malnutrition with the Central Yobe region reporting the highest GAM rates at 13.8%. Stunting rates were also high ranging between 37% and 55% in the BAY States (*FAO* 27/03/2020).

In addition to children, the 2019 survey found 230,000 pregnant and breastfeeding women were also acutely malnourished, placing their lives and those of the unborn and breastfeeding children at risk. Malnutrition among women between 15 and 49 years in the BAY states remained high with rates of 24.7% in Yobe, 16.2% in Borno and 14.1% in Adamawa. In addition, a survey on behavioral practices showed low rates of exclusive breastfeeding among women with children under six months, ranging from 35.1% to 52.2% across the three states.

Of even greater concern were the malnutrition rates in H2R areas where humanitarian actors cannot operate and there are few functioning health facilities. Approximately 1 in 4 children coming from inaccessible areas are acutely malnourished, compared to 1 in 10 children from the accessible areas (*UN OCHA* 01/04/2020).

## COVID-19 CONTAINMENT MEASURES AND INCREASED LEVELS OF DISEASE DUE TO THE RAINY SEASON PUSHED UP MALNUTRITION RATES

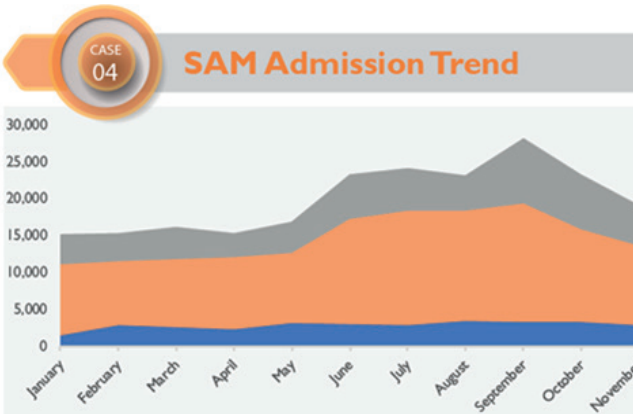
In the months of March and April 2020, the nutritional situation in Adamawa, Borno and Yobe states remained poor but stable compared to the previous months. Nutrition service provision was disrupted due to the COVID-19 pandemic, especially by movement restrictions. COVID-19 prevention measures necessitated an adaptation of nutrition interventions to ensure the protection of both the service providers and beneficiaries. COVID-19 related challenges included an inadequate supply of personal protective equipment (PPE), a lack of disinfectant, a reduced number of health workers at health facilities, and inadequate numbers of MUAC measuring tapes to support the scale-up MUAC monitoring by mothers.

By June several factors were driving up malnutrition rates in the BAY states with SAM admissions climbing from around 15,000 in May to nearly 25,000 in June 2020. The rainy season with its associated high rates of diarrhea and malaria, attacks by NSAGs and subsequent displacements along with COVID-19 containment measures all contributed to a worsening situation. In addition, malnourished children and women are more at risk from COVID-19 due to their compromised immune systems and increased nutritional needs. Households affected by COVID-19 may also have diverted resources to COVID-19 treatment, resulting in reduced access to nutritious and appropriate health care with the children and women most affected. Movement restrictions and fear of catching COVID will have deterred some from seeking health and nutrition treatment (*UNICEF* 04/03/2021, *UN OCHA* 09/07/2020, *UN OCHA* 30/06/2020).

Finally, June also saw the advent of the lean season (usually

June - August) which occurs before the major harvest and where typically households have low levels of food stocks and may need to rely on coping mechanisms to meet their food needs.

Figure 16. Severe Acute Malnutrition (SAM) Admissions for BAY states throughout 2020




(Source: *UNICEF* 04/03/2021)

## ACUTE MALNUTRITION RATES INCREASED IN YOBE AND BORNO STATES

October 2020 saw the first major nutrition survey across the BAY states as the Northeast *Nigeria Nutrition and Food Security Surveillance Emergency Survey Round* 9 was completed during the month. Although there were some challenges due to COVID-19 containment measures and insecurity, good quality data was collected across most areas. Results showed that acute malnutrition had risen with the prevalence of GAM at 12.3% in Yobe, 10.0% in Borno, and 6.2% in Adamawa. This was a marked increase from the previous year in Yobe (up by 0.8% from 11.5%) and Borno (up by 1.9% from 8.1%), but a decrease in Adamawa (down by 1% from 7.2%) (*Govt Nigeria* 19/03/2021).

To what extent COVID-19 containment measures had contributed to this increase is difficult to quantify, but with the economic impact on incomes, increased food prices and disruption to farming activities it is likely containment measures were a contributing factor to increased food insecurity, reduced food consumption and an increase in malnutrition rates. In addition, fear of COVID-19 and movement restrictions will have also contributed to fewer malnourished children accessing the nutritional support programs they needed.

The following geographic domains were analyzed in the survey:

- **Adamawa State:** Southern Adamawa, Northern Adamawa
- **Borno State:** Northern Borno, Southern Borno, East Borno, Central Borno, MMC/Jere
- **Yobe State:** Central Yobe, Southern Yobe, Northern Yobe

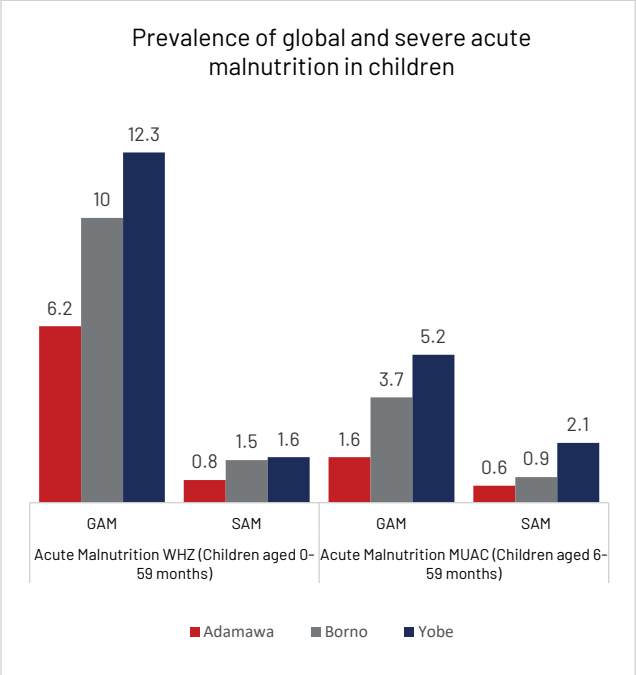
It should be noted that data for Northern Borno included only Mobbar and Nganzai LGAs as Abadam, Guzamala and Kukawa were not accessible due to security concerns. In addition, the survey did not directly cover communities living in H2R areas (where rates of malnutrition are projected to be worse).

## GLOBAL AND SEVERE ACUTE MALNUTRITION RATES REMAINED HIGHEST IN YOBE STATE

Full analysis from the Nutrition and Food Security Surveillance: Northeast Nigeria – Emergency Survey (October 2020 round 9) confirms that the highest rates for acute malnutrition amongst children under five based on MUAC screening were in Yobe State, with a GAM rate of 5.2% and a SAM rate of 2.1%, clearly higher than the other states. However, numbers in Borno were also high, especially for children aged 0 – 59 months (WHZ) where they were almost on a par with Yobe.

Within the states, SAM (MUAC) rates were highest in Northern Yobe (2.8%), Central Yobe (2.7%) and highest of all in Northern Borno (3.1%). Three of the five domains in Borno (southern, central and MMC/Jere) and all domains in Adamawa recorded SAM rates below 1%, whereas all domains in Yobe SAM rates were over 1.5%. (*Govt of Nigeria* 19/03/2021).

Figure 17. Prevalence of global and severe acute malnutrition in children - October 2020




(Source: *Govt Nigeria* 9/03/2021)

## COMPOUNDING FACTORS PUSHED UP MALNUTRITION RATES

As evidenced in the recent *WFP Essential Needs Assessment*, 43.7% of households fell under poor or borderline food consumption categories, a 10% increase from the previous (*WFP* 19/02/2021). Poor food consumption is a major driver of food insecurity along with high morbidity rates (diarrhea and fever). Insecurity and subsequent population displacements have also contributed to constraints in humanitarian aid delivery, already negatively affected by COVID-19 containment measures and new working practices required to prevent the spread of the virus, all of which have contributed to poorer food consumption scores and thus increased malnutrition (*IPC* 17/03/2021, *Govt Nigeria* 9/03/2021).

Comorbidity of fever, diarrhea and to a lesser extent ARI have continued to have a detrimental effect on the health status of children 0-59 months which subsequently lead to an increase in the burden of acute malnutrition as well as mortality. Diarrhea and similar health issues are often a result of poor access to WASH facilities and clean water along with poor hygiene practices all of which are prevalent in the BAY states. In addition, a lack of access to proper health treatment diagnostic and treatment facilities and poor uptake of public health interventions such as vitamin A, anthelmintic (deworming) and micronutrient supplementation further drive up malnutrition in the region. Poor infant and young children feeding practices (IYCF) practices are also having a major impact on malnutrition rates. Poor IYFC practices were evidenced by the extremely low prevalence of children having Minimum Acceptable Diets (MAD), which were approximately 1% in Adamawa and Borno states and only 0.4% in Yobe states. Also identified were suboptimal breastfeeding practices including low levels of exclusive breastfeeding across all states (Adamawa – 56.3%, Borno – 64.3% and Yobe – 37.6%) and poor complementary feeding practices. (*Govt Nigeria* 9/03/2021, *IPC* 17/03/2021).

## ADOLESCENT GIRLS AND INFANT BOYS ARE OF PARTICULAR CONCERN

Two specific groups with higher levels of acute malnutrition stood out in the survey.

**Adolescent girls (15 – 19 years)**: A substantial number of women in the reproductive age groups are undernourished in Yobe state (14.6%) with between 4.7-8.9% severely malnourished across the 3 states. In particular, a huge disparity was observed between adolescent girls (15-19 years) and older women (20-49 years) with adolescent girls 5 times more likely to be malnourished than older women (30.1% vs. 6.2%).

**Younger age groups, particularly boys:** There is a high disparity in acute malnutrition rates between younger (0-23 months) and older (24-59 months) children as well as between boys and girls, with boys more likely to fall short of weight/height milestones (*Govt Nigeria* 9/03/2021).

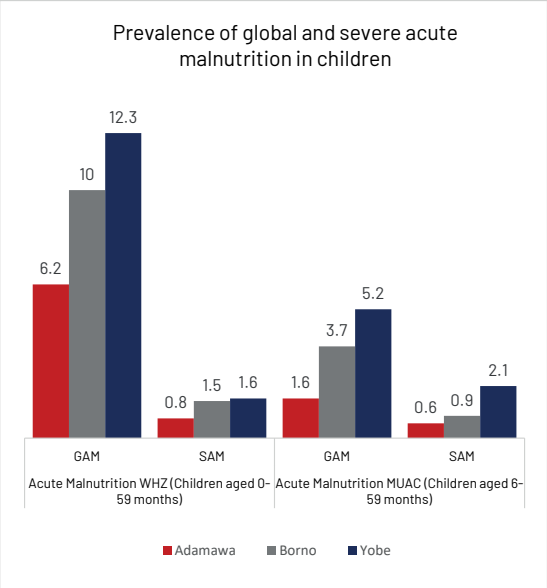
## CHRONIC MALNUTRITION (STUNTING) ALSO MOST PREVALENT IN YOBE

Stunting is a measure of chronic malnutrition that occurs because of inadequate nutrition over a longer period. The prevalence of stunting (0 - 59 months) was highest in Yobe (43.7%). Borno state was at 33.1% (within the WHO classification of serious level - between 30 and 40%), and Adamawa was just below serious level (at 29.2%). At least one in ten children in Yobe and Borno are severely stunted (15.5% and 10.7%, respectively). Stunting prevalence is higher in boys than girls in all three states. By domain, the prevalence was highest in Southern Yobe (44.6%) (*Govt Nigeria* 19/03/2021).

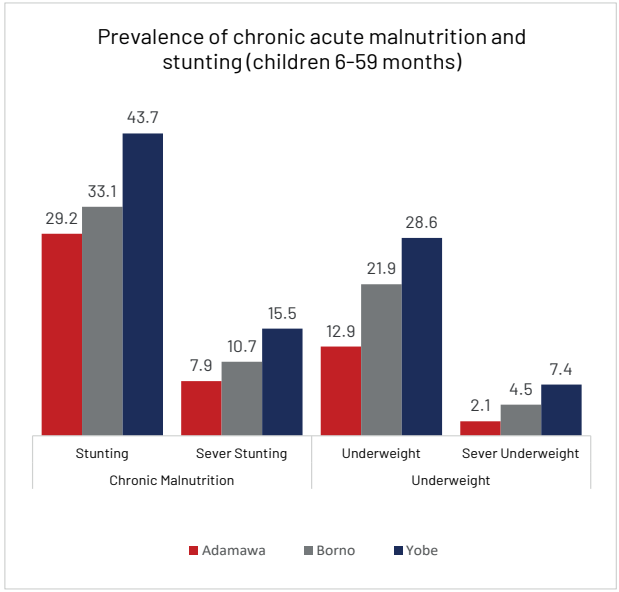
Underweight refers to the proportion of children with low weight-for-age. The percentage of children who have low weight for age (underweight) can reflect 'wasting' (i.e. low weight for height), indicating acute weight loss,

'stunting', or both. Therefore, 'underweight' is a composite indicator and care should be taken when interpreting this data. Prevalence of underweight was also highest in Yobe (28.6%) followed by Borno (21.9%) with Adamawa (12.9%) much lower. Also, the proportion of those severely underweight was much higher in Yobe (7.4%) and Borno (4.5%) than in Adamawa (2.3%). In all three states, prevalence is higher among boys than girls. By domain, the prevalence of underweight was highest in Northern Yobe (33.4%) followed by Central Yobe (30.2%) (*Govt Nigeria* 19/03/2021).

Figure 18. Prevalence of severe acute malnutrition and stunting in children aged 6 to 59 months - Oct 2020




(Source: *Govt Nigeria* 19/03/2021)




(Source: *Govt Nigeria* 19/03/2021)

## FOOD SECURITY (AND NUTRITION RATES) IMPROVED AFTER THE HARVEST, BUT ACUTE MALNUTRITION EXPECTED TO INCREASE DURING THE LEAN SEASON

According to the March IPC AMN analysis, food security (and nutrition) had improved in line with seasonal expectations. By March 2021, 7 of the 61 LGAs in the BAY states were in IPC AMN Phase 4 (Critical), these being Karasuwa, Machina, Nguru, Yunusari, Yusufari, Geidam LGAs in Yobe state and Nganzai LGA in Borno state. In addition, 19 LGAs (also located in Borno and Yobe states) were in IPC AMN Phase 3 (Serious). Phase 4 (Critical) and Phase 3 (Serious) PIC AMN classifications indicate urgent action is required to reduce acute malnutrition levels by significantly scaling up and intensifying treatment and protection activities in an effort to reach additional populations affected. Finally, 21 LGAs were at IPC AMN Phase 2 (Alert) and 14 LGAs at IPC AMN Phase 1 (Acceptable) (*IPC* 17/03/2021).

Malnutrition rates in many LGAs are forecast to increase during the 2021 lean season, with 11 LGAs expected to be in IPC AMN Phase 4 (Critical) and 34 LGAs in IPC AMN Phase 3 (Serious). Around 1.15 million children aged 6-59 months are expected to suffer from acute malnutrition during the course of 2021, with more than half of them (605,000) expected to be severely malnourished. Over 123,000 pregnant or lactating women are also expected to suffer from acute malnutrition (*IPC* 17/03/2021).

The lean season is characterized by a significant reduction in food availability, caused by increased insecurity, heavy rains (reducing both humanitarian access and access to market), and increased household workload (including for women). Nutrition and health program activities will be hampered due to access constraints. The period is also characterized by a high prevalence of diarrhea and malaria, as heavy rains impact WASH facilities and damage shelters (*IPC* 17/03/2021).

## ANALYSIS PROJECTS EVEN WORSE LEVELS OF MALNUTRITION IN HARD-TO-REACH AREAS

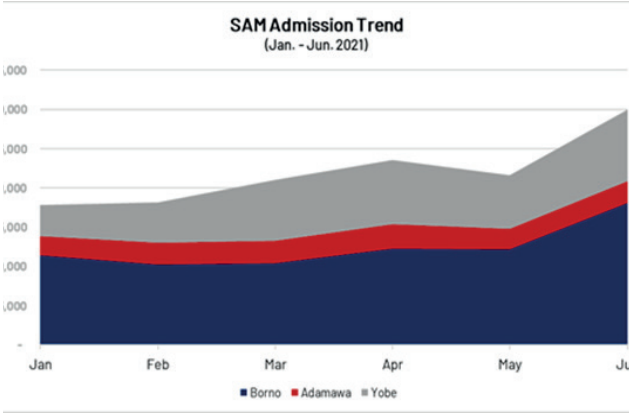
Children and women in H2R areas, host community areas with low humanitarian activities or presence and poor infrastructure development (e.g. parts of Yobe State), and new arrivals from inaccessible areas were expected to be more likely to suffer from acute malnutrition (*HNO* 08/03/2021). Findings from the (IPC) analysis showed severe consumption deficits and extremely limited or complete breakdown of basic social services like health, WASH, education and shelter, all of which have implications for nutrition and overall well-being and development of these inaccessible populations (*NPFS* 05/04/2021).

Households in H2R areas have little to no access to humanitarian food assistance. During the lean season, these households (as well as those displaced from their natural localities) will likely face serious constraints accessing foods due to low purchasing power, limited access to markets and high food prices; resorting to negative coping strategies such as the consumption of wild foods or missing meals (*NPFS* 05/04/2021, *FEWS Net* 10/03/2021).

## SAM ADMISSIONS INCREASE AS THE REGION HEADS INTO THE LEAN SEASON

The general trend of malnutrition in the region can be seen in Figure 19 which shows SAM admissions over the first half of 2021. Malnutrition rates increased in all 3 states during the months of March – June, with Borno and Yobe states seeing the biggest rise. Total SAM admissions for June numbered around 30,000, a 20% increase at the same time last year (although SAM admissions may have been constrained by COVID-19 containment measures in June 2020). Numbers are expected to rise until the main harvest in September/October, with September 2020 seeing a peak of close to 30,000 SAM admissions, 2021 looks likely to surpass this figure (Nutrition Sector 30/06/2021).

Figure 19. SAM admission trends in the BAY states for Jan.-Jun. 2021




(Source: Nutrition Sector 30/06/2021)

The major contributing factors for malnutrition in Nigeria are due to the ongoing conflict which reduces access to food, livelihoods and markets causing food insecurity, poor food consumption and with it, poor dietary diversity. Poverty is another significant factor that increases the chances of malnutrition as the region is experiencing an atypical rise in staple prices since the evolution of COVID-19 induced economic impacts. The situation has been further complicated by poor terms of trade and weak purchasing power, seriously limiting most household's access to sufficient food. Infant and Young Child Feeding (IYCF) practices are also poor across Nigeria, but especially in the BAY state where the children under 6 months are not exclusively breastfed. The recent measles outbreaks and increase in malaria cases, added to poor access to clean water and proper sanitation facilities (which can lead to acute watery diarrhea and other illnesses) are all factors that can lead to increased malnutrition rates.

Continued insecurity is also constraining the provision of and access to vital health and nutrition services. Lack of human resources for the children's nutrition stabilization has affected the treatment of malnutrition (SAM) cases in Fune and Fika LGAs of Yobe State. Recent attacks by suspected non-state armed group (NSAG) operatives hit two critical aid facilities including a nutrition stabilization center run by an INGO partner in Gujba LGA. With increased attacks on health facilities and INGOs facilities and a temporary suspension of UN operations in Dikwa the acute malnutrition situation is projected to deteriorate to critical levels with GAM (WHZ) rates between 15 to 29.9 percent (*FEWS Net* 13/07/2021, *Govt of Nigeria* 16/07/2021, *UN OCHA* 28/06/2021, *UN OCHA* 18/06/2021).

## CRITICALLY HIGH RATES OF GAM IDENTIFIED IN HARD-TO-REACH AREAS

According to the June FMS findings, the levels of acute malnutrition among new arrivals from inaccessible areas is Critical (Phase 4 IPC Acute Malnutrition Classification). The overall Global Acute Malnutrition (GAM) rates were 20.7% and Severe Acute Malnutrition (SAM) at 4.9%. This is way above the GAM and SAM rates identified in last year's *Nutrition Survey (round 9)* where Yobe had a GAM (WHZ) rate of 12.3% and a SAM (MUAC) rate of 2.1%. Even more concerning is that detailed analysis among the arrival population showed near Extremely Critical (Phase 5) GAM rates in Gwoza, Magumeri and Kukawa. Also, that children aged 6- 17 months were four times more likely to be acutely malnourished than older children (30 – 59 months), with a GAM rate of 38.2% and a SAM rate of 10.9% for the 6 – 17-month age group. Other nutrition sector data sources (such as the ETT screening) show that new arrivals from inaccessible areas are 5 times more likely to be acutely malnourished compared to those from accessible locations (*Govt of Nigeria* 16/07/2021).

These findings tie in with those from food security where data suggests pockets of IPC level 5 (famine) food insecurity exist in H2R areas of Borno. In addition, over 66% of the interviewed new arrivals from inaccessible areas in the BAY states said there were no functional accessible health and nutrition services in the locations they came from. Add this to the seasonal increase in diseases such as malaria and AWD, factors that increase both malnutrition and mortality rates, and the situation in H2R areas is of the utmost concern (*Government of Nigeria* 16/07/2021).More than 52 Rapid response teams from NCDC were sent to support the state government effort in the response. The teams contained up to 352 trained personnel

# 9. More about this report

The OFDA COVID-19 support project is currently implemented by IMMAP and DFS (Data Friendly Space) in six countries: DRC, Burkina Faso, Nigeria, Bangladesh, Syria, and Colombia. The project duration is twelve months and aims at strengthening assessment and analysis capacities in countries affected by humanitarian crises and the COVID-19 pandemic. The project's main deliverables are a monthly crisis-level situation analysis, including an analysis of main concerns, unmet needs, and information gaps within and across humanitarian sectors.

The first phase of the project (August-November 2020) is focused on building a comprehensive repository of available secondary data in the DEEP platform, building country networks, and providing a regular analysis of unmet needs and the operational environment within which humanitarian actors operate. As the repository builds up, the analysis provided each month will become more complete and more robust.

**Methodology**. To guide data collation and analysis, IMMAP and DFS designed a comprehensive Analytical Framework to address specific strategic information needs of UN agencies, INGOs, LNGOs, clusters, and HCTs at the country level. The analytical Framework is essentially a methodological toolbox used by IMMAP/DFS Analysts and Information Management Officers to guide data collation and analysis during the monthly analysis cycle. The Analytical Framework:

Provides with the entire suite of tools required to develop and derive quality and credible situation analysis;

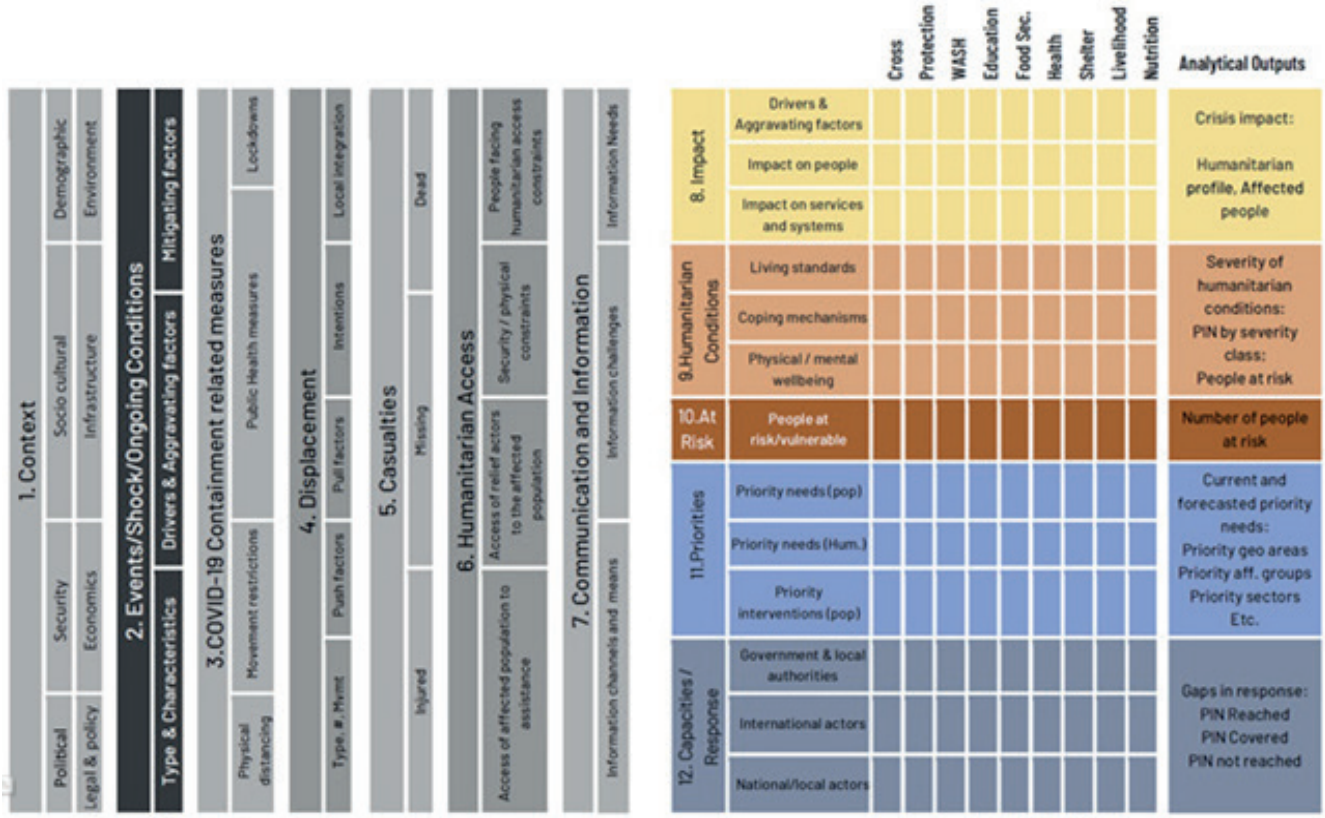
Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;

Offers end-users with an audit trail on the amount of evidence available, how data was processed, and conclusions reached;

The two most important tools used throughout the process are the Secondary Data Analysis Framework (SDAF) and the Analysis Workflow.

**The Secondary Data Analysis Framework** was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh, etc.) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure **20.**

Figure 20. IMMAP/DFS Secondary Data Analysis Framework




On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. In addition, all the captured information receives additional tags, allowing to break down further results based on different categories of interest, as follows:

Source publisher and author(s) of the information;

Date of publication/data collection of the information and URL (if available);

Pillar/sub-pillar of the analysis framework the information belongs to;

Sector/sub-sectors the information relates to;

Exact location or geographical area the information refers to;

Affected group the information relates to (based on the country humanitarian profile, e.g. IDPs, returnees, migrants, etc.);

Demographic group the information relates to;

The group with specific needs the information relates to, e.g. female-headed households, people with disabilities, people with chronic diseases, LGBTI, etc;

Reliability rating of the source of information;

Severity rating of humanitarian conditions reported;

Confidentiality level (protected/unprotected)

The DEEP structured and searchable information repository forms the basis of the monthly analysis and for this annual summary report. Details of the information captured for the report are available below (publicly available documents from **01 July 2020 to 31 July 2021** were used).

Figure 21. Documents by Location, Timeline and Primary Categories (Analytical Framework)

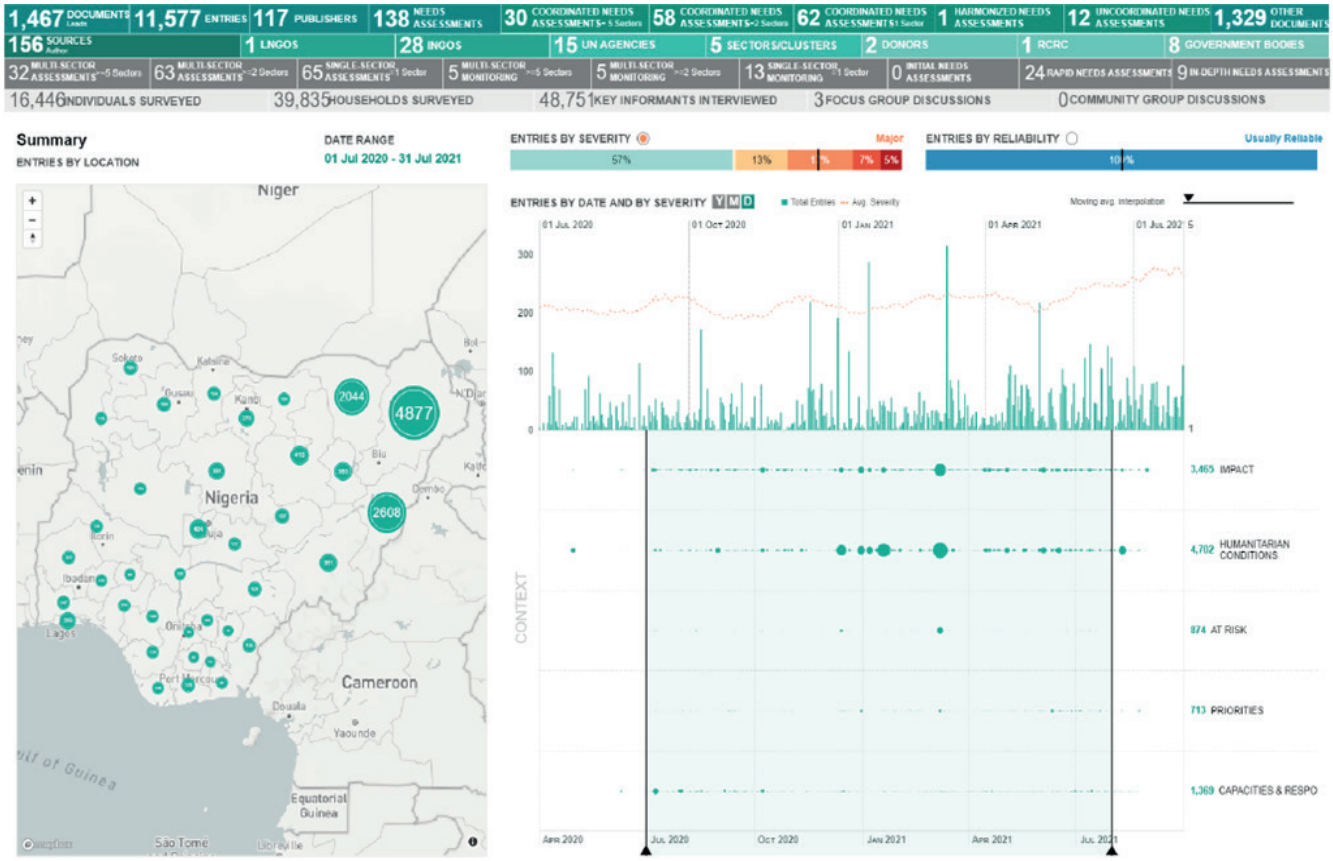



Figure 22. Documents and Entries by Sector and Affected Group

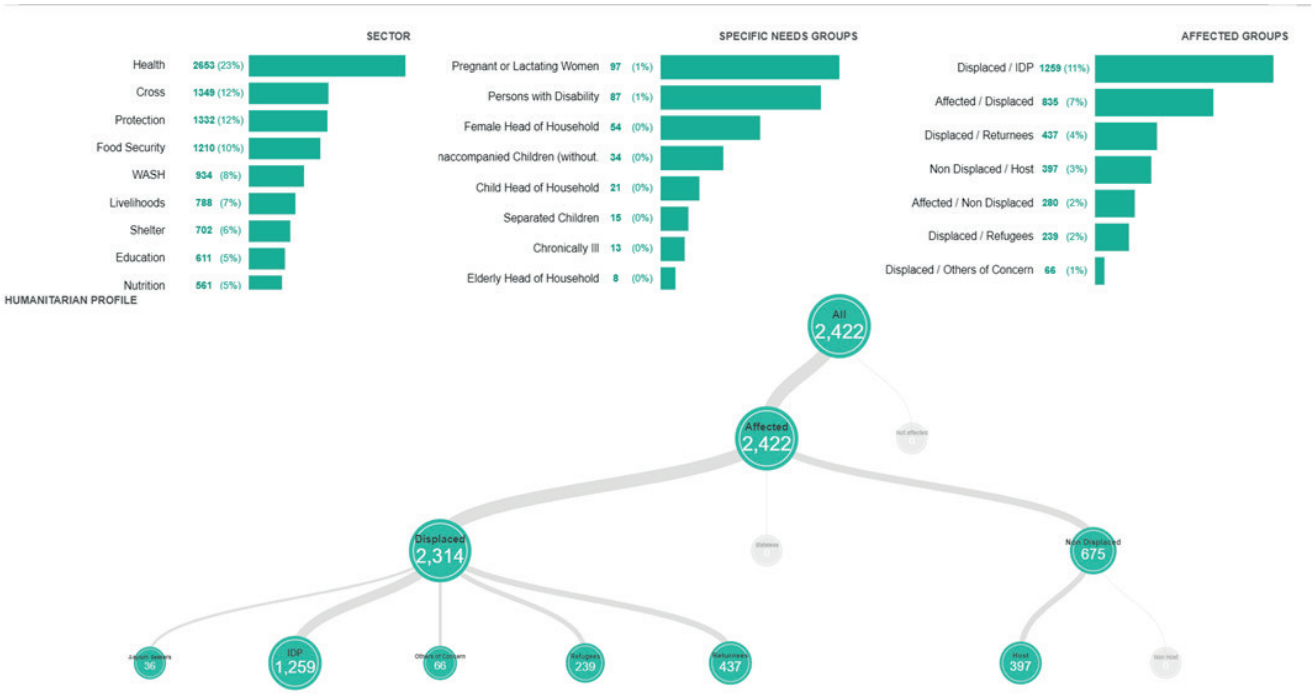
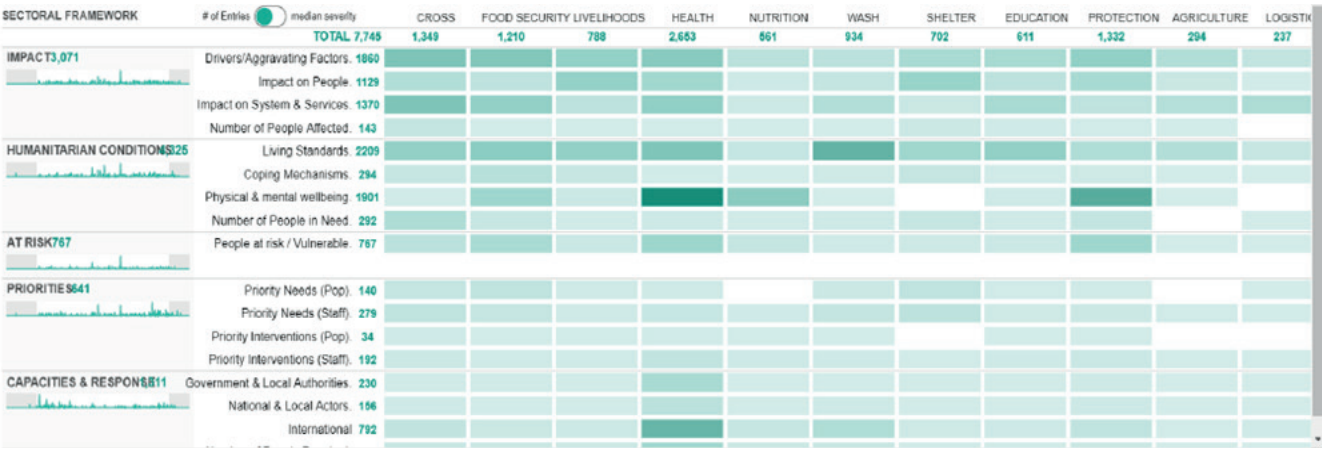


Figure 23. Entries by Sector and sub-Categories of the Analysis Framework




Analysis Workflow. IMMAP/DFS analysis workflow builds on a series of activities and analytical questions specifically tailored to mitigate the impact and influence of cognitive biases on the quality of the conclusions. The IMMAP/DFS workflow includes 50 steps. As the project is kicking off, it is acknowledged that the implementation of all the steps will be progressive. For this round of analysis, several structured analytical techniques were implemented throughout the process to ensure quality results.

The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts and Information Management Officers in tailoring their analytical approach and products to specific information needs, research questions or information needs.

The Analysis Framework was piloted and definitions and instructions were developed and refined to guide the selection of relevant information as well as the accuracy of the tagging.

An adapted interpretation sheet was designed to process the available information for each SDAF's pillar and sub-pillar in a systematic and transparent way. The Interpretation sheet is a tool designed so IMMAP/DFS analysts can bring all the available evidence on a particular topic together, judge the amount and quality of data available and derive analytical judgments and main findings in a transparent and auditable way.

Information gaps and limitations (either in the data or the analysis) are identified in the process. Strategies are discussed to address those gaps in the next round of analysis.

The analysis workflow is provided overleaf (Table 3).

Table 3: IMMAP/DFS Analysis Workflow

| | 1. Design & Planning | 2.Data collation & collection | 3.Exploration & Preparation of Data | 4. Analysis & Sense Making | Sharing & Learning |
|---|---|---|---|---|---|
| Main activities | Definitions of audience, objectives and scope of the analysis | Identification of 1,467 relevant documents (articles, reports) from 156 sources | Categorization of the available secondary data (11,557 excerpts and 138 needs assesments) | Description (summary of evidence by pillar / sub pillar of the Framework) | Report drafting, charting and mapping |
| | Key questions to be answered, analysis context, Analysis Framework | Identification of relevant needs assessments | Assessment registry 5 Needs assessment reports) | Explanations (Identification of contributing factors) | Review, editing and graphic design |
| | Definition of collaboration needs, confidentiality and sharing agreements | Data protection & safety measures, storage | Additional tags | Interpretation (priority setting, uncertainty, analytical writing) | Dissemination and sharing |
| | Agreement on end product(s), mock up and templates, dissemination of products | Interviews with key stakeholders | Information gaps identification | nformation gaps & limitations | Lessons learnt workshop, |
| Tools | Analysis Framework<br><br>*Analysis Canvas*<br><br>Data sharing agreements<br><br>Report template | SDR folder<br><br>Naming convention | DEEP (SDAF)<br><br>DEEP (Assessment registry)<br><br>Coding scheme | Interpretation sheet<br><br>Black hat | Revised report template<br><br>Analytical writing guidance<br><br>Lessons learnt template |

# THANK YOU.

## Contact


**Global Project Manager**

Benjamin Gaudin

email: bgaudin@immap.org

**Nigeria Focal Point**

Johnson Taremwa

email: jtaremwa@immap.org


## Website

**Direct Link :** https://immap.org/

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