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Cadre Harmonisé Updated Results on Identification of Risk Areas and Populations in Acute Food and Nutrition Insecurity in Adamawa, Borno, Kano and Yobe States of Nigeria

Nigeria	Results of the Analysis of Current Period (June to August, 2020)	Prepared on: 7/7/2020
<p>Main results for zones affected by food and nutrition insecurity in the 4 states of Adamawa, Borno, Kano and Yobe. Among these four (4) states, Adamawa and Kano are classified under stress while Borno and Yobe states, as well as four LGAs in Adamawa are largely classified under the crisis phase of food and nutrition insecurity. However, eight (8) LGAs of Borno State are classified under emergency.</p> <p>Food Consumption:</p> <p> Food consumption level for majority of the population across the four states are in stress to crisis phase of food security situation while some population in inaccessible areas of Kukuawa, Guzamala, Gubio, Magumeri, Kaga, and Kala/Balge LGAs of Borno State are likely to experience emergency situation. There is moderate hunger across Adamawa, Borno and Yobe States that could culminate in extreme food consumption gaps due to limited access to food. Available data on food security outcomes indicates setback in food security.</p> <p>Livelihood Change:</p> <p> Majority of the households in Adamawa, Borno North, Yobe East and South are facing emergency livelihood situation in this current period. For example, 6 LGAs in Adamawa State have their livelihood in Phase 4 (Emergency), so also Borno North, especially the IDPs, and 12 LGAs in Yobe State. Majority of the households are facing disruption of livelihood due to astronomical rise in prices of food and non-food items brought about by the outbreak of COVID-19 pandemic coupled with the lean period. Unless something urgent is done by government, relevant stakeholders and development partners to arrest the situation, it would lead to devastating conditions and total collapse of livelihood</p> <p>Nutrition:</p> <p> There was no current data on the rate of global acute malnutrition. However, records obtained from health facilities show that there were reductions in admission rates. This was mainly due to closure of health facilities, uncertainties and fear of contracting COVID 19 as well as movement restrictions. Thus, many children in need of help could not access services which will worsen the nutrition situation in Adamawa, Borno, Yobe and Kano states. And HHs in Yobe State face challenges in accessing the health center/hospital/clinic and other health services with Yobe east at 4.3%, south 2.5% and north 1.6%. respectively. Admission rate to CMAM centers in Borno state dropped with some LGAs recording about 80% drop. Also, in Adamawa state, 30% of the health facilities were closed. This will have a very negative impact on the nutrition and health of the population. For instance, in Kano State, 45% of the health facilities were turned into Isolation centres. Also, some of the health personnel were moved to the border areas for Covid-19 contact tracing, thereby limiting</p>	<p>The Cadre Harmonisé (CH) is a framework for consensual analysis of acute food and nutrition insecurity in the Sahel and West Africa sub-region. At this sub-regional level, the whole CH process is coordinated by CILSS and jointly managed by ECOWAS and UEMOA. The June, 2020 CH analysis (update) is prompted by the COVID-19 pandemic which broke out early in the year, spreading like wild fire and halting virtually all global activities. The containment measures against the spread of the virus brought untold hardship to a cross-section of economic actors in the country. The impact of these strategies introduced by the government at all levels, would have been felt most negatively by the vulnerable populations, especially as it affects food and nutrition security. Understanding the precarious food and nutrition security situation, coupled with the very fragile livelihood conditions of the populations in Adamawa, Borno and Yobe State, it became imperative to undertake a review of the food and nutrition security projections made on these states during the March, 2020 CH analysis; which did not envisage the scourge of covid-19 at the time of the analysis. Kano State is included in the states whose March projections should be updated given its central and commercial position in the North West, accentuated by the outrageous number of mysterious deaths reported in the state in the months of April and May, 2020.</p> <p>Therefore, the CH update for June, 2020 covered four states of Adamawa, Borno, Kano and Yobe. The analysis (update) took into account all the main food and nutrition security outcome indicators (Food consumption, livelihood change, nutritional status and mortality), with in-depth appreciation of the impact of relevant contributing factors namely, hazards and vulnerability, food availability, food access, food utilization and stability. However, it is worthy to point out that data was available on only two (2) main outcome indicators (Food Consumption and Livelihood Change) complemented with the basket of data and information on contributing factors.</p> <p>From the analysis/update, about 8 670 081 across the sixteen (16) states and the FCT that participate in Cadre Harmonise process would require immediate food assistance during the period of June to August, 2020. However, for the four updated states (Adamawa, Borno, Kano and Yobe), a total of 5,768,602 million people (representing 19% of the analysed population in these states) require urgent assistance in the current period (June - Aug, 2020). This is 5% more than the 4,283,041 people projected to require food assistance in these four states during the March, 2020 CH analysis.</p> <p>Hazards and Vulnerability:</p> <p>Covid 19, insecurity, kidnappings, conflicts between farmers and herder are most hazard reported across the 4 states. These impacted negatively on the food and nutrition security situation of host community and displaced households, which is more severe in hard to reach areas due to extremely restricted livelihoods and complete breakdown of basic services and markets. Additionally, disruptions in market and business functionality, lockdowns and movement restrictions arising from the covid-pandemic affected livelihood and income generating activities. Though there are improvement in civil security situation in the three states of Borno, Adamawa and Yobe states,, there are still attacks in some areas. This has continued to cause fatalities and livelihood deterioration.</p> <p>Food Availability:</p> <p>Food availability declined in the three states of Borno, Adamawa and Kano mostly due to Low production during the 2019/2020 cropping season and reduction in the existing food stocks of some households. However, Yobe state recorded slight increase in food productions during the 2019 planting season compared to the five years average mainly because of even distribution of rainfall, and no major outbreak of pest and diseases reported across the state. In the three North East states highly affected by the insurgency; Borno, Adamawa and Yobe States, only about 50%, 73% and 76% of households were involved in the 2019/2020 cropping season respectively. Rice production in Kano state for 2019/2020 dry season fell below average. Pastoral resources such as fodder and water for livestock will follow normal seasonal trend as normal rainfall is expected in the states.</p> <p>Food Access:</p> <p>A significant increase in the prices of key staple crops by 25% to 75% compared to the 5-year average has limited households' economic access to food. The rise in food prices</p>	

the availability of facilities and health care personnel to provide nutrition and health services to children in need.



Mortality:

Although current data on under-five mortality rate (U5MR) and Crude Mortality Rate (CMR) are unavailable, the Covid 19 pandemic has consequences for mortality. The fear of high mortality rate in the analysed states might be due to the late presentation of SAM cases, as most people were afraid of contracting the covid-19 while visiting the health facilities. Late presentation of SAM cases is invariably linked to lack of MUAC screening in the community, coupled with disruption of referral systems caused by the restrictions imposed by the government to stem the spread of covid-19. Movement restrictions/lockdown is likely to reduce expected rates of new OTP and TSFP admissions. Furthermore, late presentation of SAM cases could lead increased mortality of children since they are 9 times more likely to die than their nourished counterparts.

follows the rising inflation rate (12.4% in May, as against 12.34% in April) and consumer price index (322.2 points in May as against 318.4 points in April). This further worsened by the measures put in place to control the spread of the COVID-19 pandemic resulting in the disruption of food supply chains. The consequences of the above situation is reduced income arising from limited livelihood opportunities. Reduced market functionality and seasonality are all contributing negatively to households' access to food, especially as we progress into the lean season. As the Ramadan festivity approaches, demand for most household staples is expected to rise, this usually results in price hike, thereby lowering households' ability to easily access their food needs.

Food Utilization including Water:

Water, Sanitation and Hygiene are problems in all the four states comprising Borno, Adamawa, Yobe and Kano States as access to clean water is not universal. Availability of potable water was reported by less than 50% of the households in Kano State ; about 43.5%, 40.5% and 76.9% of the households have access to clean water in Yobe East, South and North, respectively. About 70% of the population in Adamawa and 95% of the IDPs in Borno State use unhygienic toilets.

Stability:

Stability of household food and nutrition security is not guaranteed due to soaring food prices. Food prices are still higher than the past 5-year average. Food stocks at household level are already depleted from the reports, as well as livelihoods. A lot disruptions (such as delayed take-off of planting season, decreased market activities- 75% in Adamawa, as well other states). Food stocks at household level have depleted as well as disruption of normal livelihoods limiting access to income Most of the households would leverage on the support from government and humanitarian agencies to cushion the perceived instability in food and nutrition security during this period. However, stability in household food stock would depend on up-coming fresh harvests which would be made available in October CH analysis.

Main results and problems

Zones, LGAs and States Analysed/Updated in June, 2020

Generally, for the 16 states and the FCT, there are 39 areas in minimal phase, 49 under pressure, 27 in crisis, and 8 in emergency in the period June to August (Table 1). For the four updated states (Adamawa, Borno, Kano and Yobe), the results of the update show that a total of 68 areas and zones (comprising of 3 zones and 65 LGAs) were analysed/updated across the four states. Among the areas and zones analysed/updated in this current period of June – August, 2020, no area is in minimal; 34 areas and a zone are under stress; 27 areas in crisis and 7 areas are in emergency. The 8 LGAs (Abadam, Gubio, Guzamala, Kalabalge, Kukawa, Kaga, Magumeri and Marte) classified under emergency phase are all in Borno State.

Two (2) LGAs (Abadam and Marte) of Borno State were not updated due to lack/ inadequate current evidence. Thus, the projections made on them in March, 2020 analysis were retained.

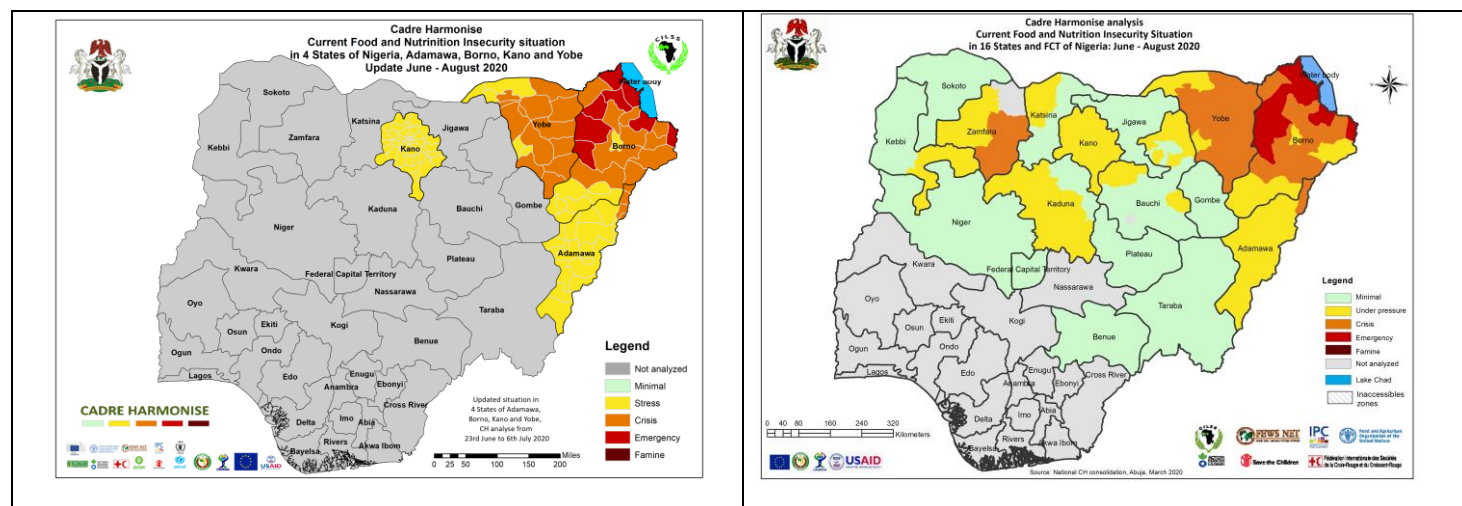


Figure 1: Phase classification of the Areas and Zones for the current period (June – August, 2020)

How many people are in food and nutrition insecurity and where are they?

The results from the update indicate that about 8.67 million people (8.1%) of the analysed population from the 16 CH states and the FCT require urgent attention in the current period of June to August, 2020. However, in the four states (Adamawa, Borno, Kano and Yobe), the population in phase 3-5 (that will require immediate food assistance) is about 5.77 million people (Table 2). This represents about 66.5% of the total population in phase 3-5 across all the 16 states and the FCT.

Table 1: Area Classification (March projections for June-Aug) updated June, 2020

2th administrative level	Total population	Total Zones	Updated situation June - August 2020				
			Numbers of Zones				
			June - August 2020	June - August 2020	June - August 2020	June - August 2020	June - August 2020
			Ph 1	Ph 2	Ph 3	Ph 4	Ph 5
Benue	6 282 546	3	3	-	-	-	-
Niger	6 109 666	3	3	-	-	-	-
FCT	4 346 654	3	3	-	-	-	-
Plateau	4 620 441	3	3	-	-	-	-
Bauchi	7 222 452	20	10	10	-	-	-
Katsina	7 831 200	3	2	1	-	-	-
Gombé	7 090 074	3	3	-	-	-	-
Yobe	4 340 967	17	-	5	12	-	-
Taraba	3 402 075	3	3	-	-	-	-
Sokoto	5 417 315	3	3	-	-	-	-
Jigawa	6 366 194	3	3	-	-	-	-
Kebbi	4 915 325	3	2	1	-	-	-
Kano	14 936 167	3	-	3	-	-	-
Zamfara	3 483 746	2	-	1	1	-	-
Adamawa	4 946 724	21	-	17	4	-	-
Kaduna	9 391 404	3	1	2	-	-	-
Borno	5 884 116	27	-	9	10	8	-
Total Nigeria	106 587 067	123	39	49	27	8	-

Update June 2020	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	69,9%	21,9%	7,5%	0,6%	0,0%

State	Total Population analyzed	Number of Zones analyzed	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Adamawa	4 946 724	21	-	17	4	-	-
Borno	5 884 116	27	-	9	10	8	-
Kano	14 936 167	3	-	3	-	-	-
Yobe	4 340 967	17	-	5	12	-	-
Total	30 107 974	68	-	34	26	8	-

Table 2: Population Estimation (Mar projections for June-Aug) updated in June 2020

2th administrative level	Total population	Total Zones	Updated situation June - August 2020					
			Total population in Phase 1	Total population in Phase 2	Total population in Phase 3	Total population in Phase 4	Total population in Phase 5	Total population in Phase 3-5
Benue	6 282 546	3	5 243 484	901 913	137 149	-	-	137 149
Niger	6 109 666	3	5 027 014	897 297	185 355	-	-	185 355
FCT	4 346 654	3	3 743 002	515 035	88 617	-	-	88 617
Plateau	4 620 441	3	3 801 819	680 815	137 807	-	-	137 807
Bauchi	7 222 452	20	5 483 806	1 580 525	158 121	-	-	158 121
Katsina	7 831 200	3	6 706 966	940 848	183 386	-	-	183 386
Gombé	7 090 074	3	5 818 121	1 077 115	194 838	-	-	194 838
Yobe	4 340 967	17	1 481 144	1 529 710	1 148 068	139 034	-	1 287 103
Taraba	3 402 075	3	2 803 135	449 946	148 993	-	-	148 993
Sokoto	5 417 315	3	4 670 397	638 571	108 346	-	-	108 346
Jigawa	6 366 194	3	5 604 969	633 901	127 324	-	-	127 324
Kebbi	4 915 325	3	4 047 498	701 921	165 905	-	-	165 905
Kano	14 936 167	3	7 870 154	5 598 100	1 467 913	-	-	1 467 913
Zamfara	3 483 746	2	1 922 835	1 045 124	515 787	-	-	515 787
Adamawa	4 946 724	21	2 366 919	1 670 980	813 429	95 396	-	908 825
Kaduna	9 391 404	3	6 456 646	2 184 907	749 851	-	-	749 851
Borno	5 884 116	27	1 465 472	2 298 249	1 671 264	433 498	-	2 104 761
Total Nigeria	106 587 067	123	74 527 349	23 351 841	7 981 303	669 305	-	8 670 081
Update June 2020								
State	Total Population analyzed	Number of Zones analyzed	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Phase 3 - 5
Adamawa	4 946 724	21	2 366 919	1 670 980	813 429	95 396	-	908 825
Borno	5 884 116	27	1 465 472	2 298 249	1 671 264	433 498	-	2 104 761
Kano	14 936 167	3	7 870 154	5 598 100	1 467 913	-	-	1 467 913
Yobe	4 340 967	17	1 481 144	1 529 710	1 148 068	139 034	-	1 287 103
Total	30 107 974	68	13 197 657	11 103 921	5 079 824	669 305	-	5 768 602

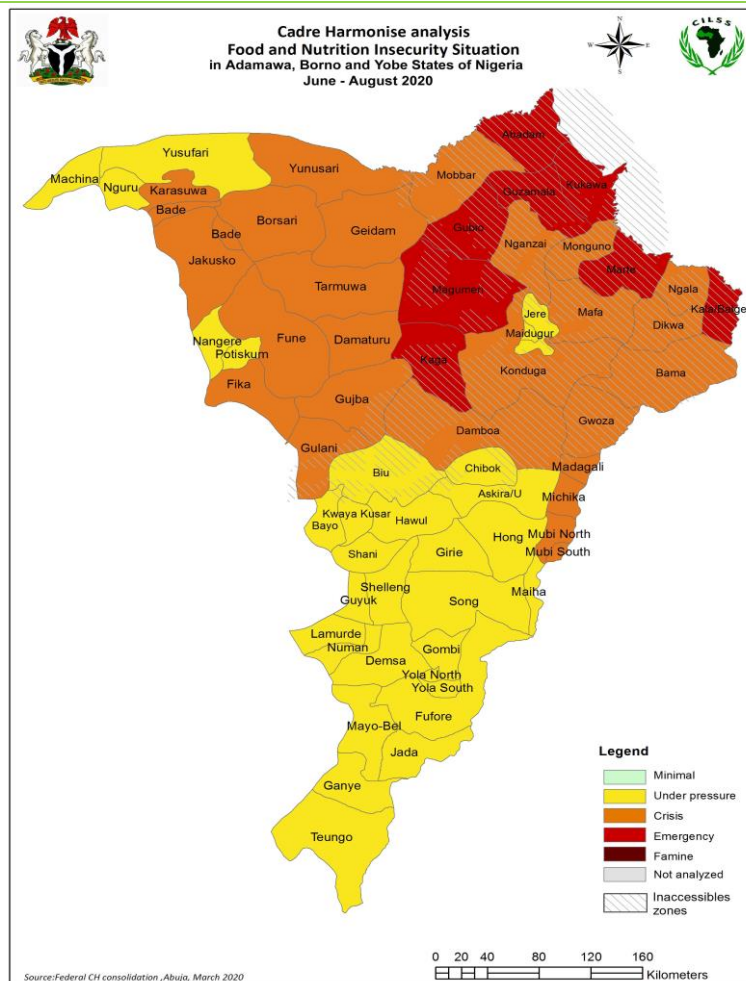


Figure 2: Phase classification for Adamawa, Borno and Yobe showing the current situation (June –August)

Adamawa, Borno and Yobe States

Of the LGAs analyzed in the three north east states, Adamawa State is largely under pressure with four (4) LGAs in crisis; Borno State is largely in the crisis phase of food and nutrition insecurity with eight (8) LGAs in emergency; while Yobe State is largely in crisis with five (5) LGAs facing pressure in their food and nutrition security situation (see map below).



Methodology

Methodology

The June, 2020 CH update was conducted at LGA level for Adamawa, Borno and Yobe States while Kano State had theirs on Zonal basis (senatorial zone). The methodology and process adopted for the analysis entails the collation of available data and information generated by partners and government Ministries, Departments and Agencies (MDAs) by the analysis team. Thereafter, four (4) teams were constituted to cater for the four (4) states involved in the update. Each team comprised of the State Cell members, two (2) National Task Force members and three (3) Regional Coaches. Partners working in the various states equally attached their members to the states of their interest. The update exercise adopted the virtual approach as the standard operating procedure (SOP) or COVID-19 protocol issued by the Presidential Task Force on Covid-19 does not allow for physical meeting of more than twenty (20) persons. In line with this, the various state teams held series of virtual meetings for consultations and review of progress. There were also plenary review meetings guided by the Regional Technical Experts. The consolidation of the results was conducted through a plenary virtual meeting of technical experts, national task force, humanitarian agencies, food security sector cluster and MDA, which held on 6th July, 2020.

Cadre Harmonisé meta-analysis procedure based on the CH2.0 version of the manual is categorized into the following five steps:

- **Step 1 - Data inventory:** This entails compilation of relevant data sets required as evidence in conducting the CH analysis.
- **Step 2 - Data analysis:** This involves evaluation of the compiled evidence, their reliability scores and analysis of evidence following technical consensus.
- **Step 3 – Synthesis and Phases Classification:** Classifying the 1st, 2nd or 3rd administrative levels into the various phases of food and nutrition insecurity according to the CH reference table, depending on the interface of the indicators of outcome and contributing factors of food and nutrition security.
- **Step 4 - Estimation of Populations:** The affected populations are estimated for the current and projected periods based on the evidence available on the levels of the outcome indicators.
- **Step 5 - Validation and communication of results** - The findings of the analysis are validated and communicated to stakeholders and decision makers.

The CH update process was by the Federal Ministry of Agriculture and Rural Development, with technically facilitation jointly provided by the FAO, CILSS, WFP, FEWSNET, IPC/GSU, SCI, REACH the FSS and other partners. Several Ministries, Departments and Agencies (MDAs) were also in good representation. Notable among the MDAs that participated in the exercise include: the Federal Ministry of Agriculture and Rural Development, Federal Ministry of Health, Project Coordinating Unit, National Program for Food Security, National Agricultural Extension and Research Liaison Services, Bayero University Kano, National Bureau of Statistics, and related agencies across the 4 states.



RECOMMENDATIONS

For Action by Policy Maker:

1. Adoption of the CH analysis result for planning and formulation of appropriate policies to address food and nutrition challenges among insecure populations and zones in concerned CH states.
2. Sustained strengthening of the security operatives in troubled areas with a view to opening up access to vulnerable populations in totally and partially inaccessible areas for humanitarian assistance.
3. Create budgetary provisions for implementing CH analysis and other supporting activities at both national and state level. In this wise, adequate provision should be made for the conduct of food security assessment for all the states to strengthen the credibility of the results.
4. Provide funding for sustaining the CH process in the 16 states including the FCT and for up-scaling the CH analysis to cover all states in Nigeria so as to have a global view of food and nutrition insecurity situation in the country.
5. Given the increasing spate of the spread of covid-19 and its attendant restrictions, the government and partners should take into consideration the vulnerable population who are currently critical need of food assistance with a view to supporting them, not only with food items but with agricultural inputs. This would help them survive and develop resilience against food crisis, especially during the lean season.
6. Continue to step up actions in the health and nutrition sectors to address rising prevalence of malnutrition among vulnerable populations across the states

Technical and Financial Partners:

1. Partners should sustain the joint support for the timely conduct of Food and Nutrition Security assessments to ensure the provision of both quantitative and qualitative data for the CH analysis particularly in inaccessible areas and areas outside the northeast where incidence of banditry and displacement remains pronounced.
2. Build technical capacity of the national and state CH task force should be strengthened in analyses of emergency food security assessment (EFSA) and household economic analysis (HEA) to enhance the sustainability of the CH process.
3. Sustained synergy among technical partners guided by the outcome of the CH analysis to avoid duplication of efforts.
4. Develop strategies for efficient data sharing among partners and the CH analysis national task force (NATF) to support the conduct of the CH analysis.
5. Continue to support the national and state CH task force through training and capacity building for improved mastery of the CH processes.
6. Support the implementation of advocacy at various levels of government to elicit actions based on the outcome of CH analysis so as to address food and nutrition insecurity challenges across the states.

Lessons Drawn from the Virtual CH Update

1. The virtual CH update teaches us to understand that by collectively coming together to brainstorm, we could evolve workable solutions to national and /or institutional challenges. It took several meetings to consider or determine what should be the best action to take in monitoring the impact of covid-19 on food and nutrition security situation of Nigerians. There was also the confusion of determining the possibility or otherwise of monitoring this impact in all the states of Nigeria. Eventually, we resolved to restrict the process to the four states that were updated. This as a matter of necessity.
2. Given the experiences recorded from the virtual CH update, it would be necessary to hold a workshop on the conduct of virtual meetings and processes for CH actors to facilitate subsequent conduct of virtual CH analysis, should the present situation prevails.

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