iMMAP/DFS COVID-19
Situation Analysis
Crisis type: Epidemic

Period: 1st Jan – 31st Jan 2021

Nigeria

Better Data, Better Decisions, Better Outcomes

Executive Summary / Highlights

Confirmed Cases	COVID Related Deaths	Tests Conducted
131K Total confirmed cases	1.5K Total death recorded	1.3M Test samples collected
46.8K New confirmed cases in January 2021	332 New COVID related deaths in January 2021	421K New Test samples collected in January 2021
+155% Increase compared to December 2020	+410% Increase compared to December 2020	+266% Increase compared to December 2020

Key highlights

This report includes detailed analysis that utilizes data from reports provided by DTM and REACH that were conducted in November 2020. This provides a significant amount of quantitative information. However, there are a number of caveats as to how this data has been used to support analysis within this report. An overview of the sources and their use can be found in Annex 1 on page 41.

In addition, an extra WASH and NFI section has been included (Annex 2 on page 42) which provides an in-depth study of WASH needs and gaps in four LGAS in northern Borno using the MSNA2020 data set (data collected in July/August 2020). The analysis attempts to look in more detail and the differences between population groups and between different LGAs to understand more about how the range of and scale of needs differs across communities. The analysis raises a lot more questions than it answers, but it is clear that the actual situation on the ground can be very different from the "average" situation faced by IDPs living in camps or within host communities.

BAY states COVID-19 epidemic overview

The number of new COVID-19 cases was increasing at the beginning of the month and has now stabilized. The last week of January saw 93 new cases, compared with an average of 100 new cases per week during the previous four weeks. Testing also increased to 1888 tests from an average of 1330 per week for the previous month. The spike in cases could be a result of the travel over the holiday period which was flagged as a concern by government health officials, but there is little hard data on the causes of the likely future trajectory. Concerns remain that crowded conditions in IDP camps could lead to large outbreak.

COVID-19 containment measures

Following the increasing number of new COVID-19 cases in the country in early January, the federal government extended restriction from the phase 3 eased lockdown guidelines by one-month on 26th January 2021. This includes the mandatory wearing of face-masks, encouraging staff to work from home, physical distancing measures and efforts (such as signage and hand washing facilities) to prevent the spread of the virus. Schools are expected to be opened but this should include a number of safety measures including the compulsory wearing of face-masks by staff and students, temperature checks, constant supply of water and sanitizers and the availability of health clinics for the isolation and transportation of suspected cases. Travel restrictions including PCR testing and quarantine remain in place.

Security and humanitarian access

In January, the security situation in northeast Nigeria remained very fragile as NSAG attacks continue to target civilians and humanitarian actors across Yobe, Borno and Adamawa. The level of conflict has increased since the end of the dry season. In one incident Armed Opposition Groups (AOG) attacked the town of Marte, located 114 km northeast of Maiduguri, the capital of Borno State, northeast Nigeria, and took control of the town until 17 January 2021 when government forces regained control. Fighting is driving further displacements, compromising livelihoods, and increasing tension and fear within affected communities.

Situation Analysis   **Country:** Nigeria   **Period:** 01/21 to 01/21   **# Update:** 04   **Report Status:** Public

With the escalating insecurity and threats of NSAG attacks against civilians, humanitarian workers, and aid facilities; humanitarian access in the conflict-affected states of northeast Nigeria has been highly constrained since the start of the humanitarian response. New waves of NSAG attacks and clashes with government forces along key supply routes however aggravated access challenges in northern Borno. Conflict has led to the delay of Several aid convoys as well as a 10-day suspension of UNHAS helicopter flights resulting in weeks of shortages for many IDPs, refugee returnees, and host community population.

The increased risks are leaving humanitarian agencies facing tough choices. It is becoming increasingly difficult to secure transport from their vendors at the agreed rates to field locations, and some humanitarian organizations have opted to travel with armed escorts provided by the Nigerian Armed Forces, which poses several challenges. The movement of personnel to field locations for routine supervision and maintenance has also been a major challenge due to COVID-19 prevention measures constraining many "non-essential" activities.

Humanitarian needs

Food security issues remain prevalent despite the recent harvests with macroeconomic factors, rising food price and reduced access to income generating activities all pushing down household purchasing power. The long-term impact of food insecurity is shown by the latest nutrition survey data that indicates high levels of acute malnutrition across the northeast and a high prevalence of longer-term chronic malnutrition (stunting). Unemployment and poverty have increased, and insecurity continues to constrain agricultural, commercial, and humanitarian activities.

With increased conflict, further displacements continue to put pressure on already crowded camps. Many households report a lack of access to adequate water and the lack of safe and clean sanitation facilities. There are also gaps in WASH provision to IDPs in host communities and returnees. In both host communities and camps households are living in makeshift and homemade shelters increasing the risk of fire during the dry season with several fire outbreaks reported in December.

Despite a rise in COVID-19 infections over the holiday period, schools are due to have opened on January 18. However, many schools and temporary learning spaces do not have the capacity to put in place the required COVID-19 prevention measures, and many also lack teaching and learning materials. Both the cost of education and the opportunity cost of sending children to school means that children from poorer families may not return to school even when they open.

The majority of IDPs and host communities have access to health services, but the cost remains a significant barrier to many. Health services are under pressure from a lack of adequately trained staff as well as difficulties accessing drugs and equipment, and many remain damaged and only partially functional.

Hard-to-reach areas are a major concern with recent assessments indicating a lack of health and education services. Many households are resorting to negative coping mechanisms including missing meals or being forced to forage for wild foods to supplement their diet. Malnutrition rates are expected to be much higher in these areas and the consequences of increased food insecurity moving into lean season (June – Aug 2021) may push households into IPC level 4 or possibly worse.

Contents

Economic Context

After a slip into recession in the third quarter of 2020, the pace of economic growth and recovery in 2021 is expected to be slow. In its budget proposal for 2021, the Federal Government has based its Gross Domestic Product growth target at 3%. (The African Report,6/11/2020)

This moderate growth expectation is largely driven by the emergence of the second wave of the pandemic and its subsequent effects on the global oil demand and oil prices. (PROSHARE, 13/01/2021) Further, decarbonization trends are expected to keep oil prices low and OPEC quotas in place, restricting oil-related activities, fiscal revenues, and export proceeds. (International Monetary Fund 8/1/2021)

Following a fall in public investment resulting from weak government revenue in 2020, constrained private investments, and subdued foreign investor confidence, the investment announcements for the year 2020 was reported at US$16.74 billion. This is 44% less than the value tracked in 2019 (US$29.91 billion), the drop in value was attributed to the economic impact of the COVID-19 pandemic, which disrupted global value chains and capital flows. A similar downward trend is expected for actual investments recorded in Nigeria and globally for 2021. (NIPC 12/2/2021)

Given the current economic situation is stuck in stagflation, the Monetary Policy Committee (MPC) of the Central Bank of Nigeria decided to leave the monetary policy rate unchanged at 11.50% to forestall the simultaneous effects of the intensifying inflationary pressures and contracting economic output as a change in the stance could worsen price pressures and further weaken the currency, or limit economic activity (Focus Economics 27/01/2021)

Inflations rate hits at near 4-Year High

In January 2021, inflation rose further for a 17th straight month to 16.47 % making it the highest inflation rate since April 2017. Despite the recent order to reopen the country's borders to trade due to spiraling food prices and the ongoing economic recession, this acceleration was largely driven by the dollar shortages, surging jihadist attacks in farming areas as well as lingering disruptions from the COVID-19 pandemic. (Trading Economics 16/02/2021)

Figure 1: Inflation rate in Nigeria within 12 months, starting in January 2021
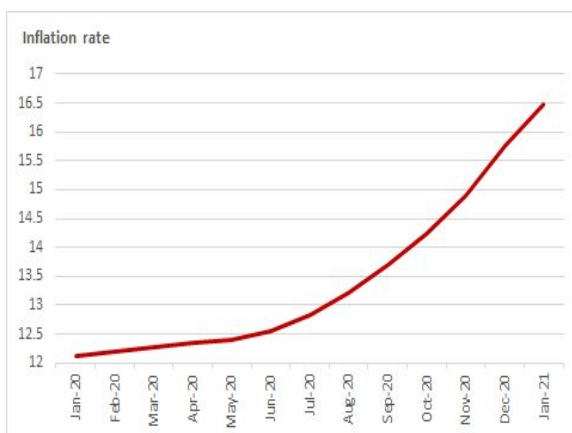
Consumer price index (CPI) increased to 361.12 points in January 2021 from 350.30 points in November of 2020, a 15.74% increase compared to December 2019. The core consumer prices increased to 312.55 points in December from 309.14 points in November 2020.(Trading Economics 15/01/2021)

The official exchange rate between the naira which is pegged to the US dollar depreciated to N410.25/$1 at the official investors' and exporters' window on December 31st, 2020. This is the third time in 12 months the naira was devalued as the Government strives to bridge the disparity between the official and black-market rates.

Figure 2: Consumer Price Index climbs further as Naira continues to weaken against dollar

Exchange Rate and Consumer Price Index

Legend: USD exchange rate, Consumer Price Index
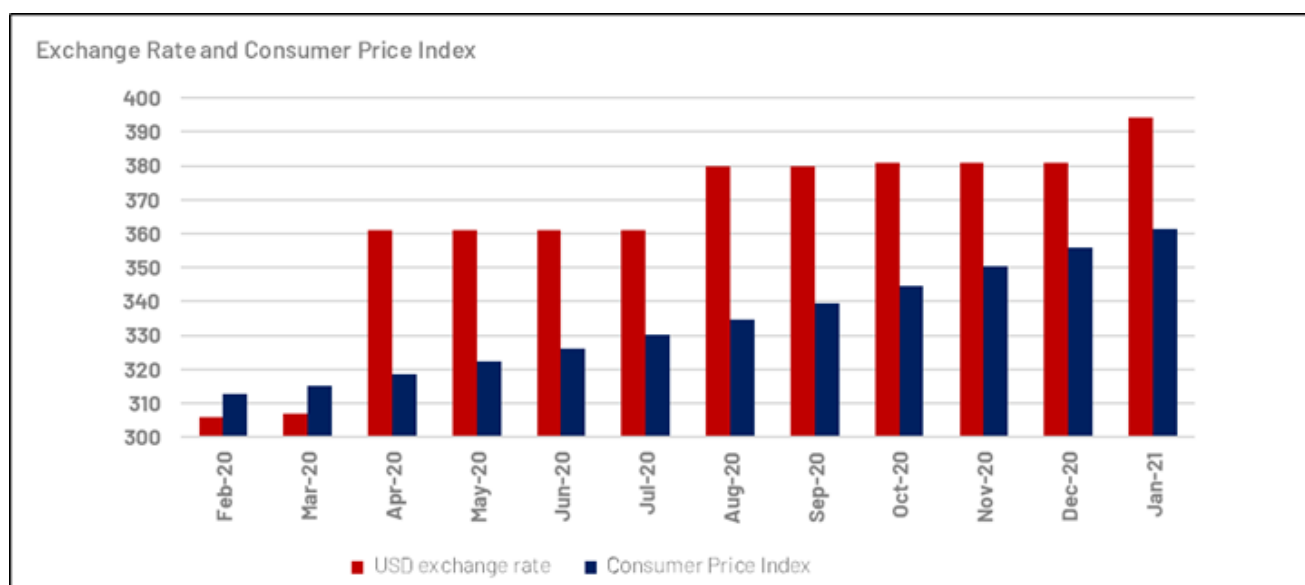
Context – Security

Nigeria is currently confronted by multiple security challenges, notably the Boko Haram Islamist insurgency in the northeast, increasing violence between herders and farming communities spreading from the central belt southward, and separatist Biafra agitation in the Igbo southeast, increased banditry, kidnapping, across the country. Violence between Nigerian herders and farmers has escalated and has evolved from spontaneous reactions to provocations and now to deadlier planned attacks, particularly in Benue, Plateau, Adamawa, Nasarawa, and Taraba states. Violence, particularly the Boko Haram insurgency, has displaced more than two million people, created a massive humanitarian crisis, and prompted the rise of civilian vigilante self-defense groups that pose new policy dilemmas and possible security risks. Nigeria's North West is suffering deadly conflict involving many armed organizations, including herder-allied groups, vigilantes, criminal gangs, and jihadists.

In January, the security situation in northeast Nigeria remained very fragile as NSAG attacks continue to target civilians and humanitarian actors. IOM reports approximately 2,541 individuals were displaced with 43 casualties in north-central and northwest regions between January 4 to 24 (FEWS 29/01/2021).

In Northeast Nigeria, which is at the epicenter of a grave humanitarian crisis, there is a landmine casualty every single day. Barely a day goes by without someone being injured or killed by a landmine or other explosive here,' says Zainab Waziri, a team leader for MAG in Borno State, Nigeria. 'People here have lived in fear for so long, that many children do not know what it is to be safe. And those who flee for their lives are at higher risk as they travel across unknown land in search of safety. Children's natural curiosity puts them at the greatest risk of all (MAG 25/01/2021). In November 2020, 41 incidents with explosive hazards were recorded, and 36 people were injured and killed predominantly by landmines of an improvised nature. Five of these accidents, such as civilians picking up explosive remnants of war, could have been prevented (UNOCHA 21/01/2021).

In Northeast Nigeria, Armed Opposition Groups (AOG) attacked the town of Marte, located 114 km northeast of Maiduguri, the capital of Borno State, northeast Nigeria, and took control of the town until 17 January 2021 when government forces regained control. More than 700 civilians were forcibly displaced due to the fighting. Security continues to deteriorate in northeast Nigeria limiting the capacity of humanitarian organizations to deliver assistance to the 10,6 million people in need, reducing the possibilities for the displaced population to return to their hometowns, and rendering large areas inaccessible for the delivery of humanitarian assistance (ECHO 19/01/2021).

On 8 December, a major health facility in Geidam LGA of Yobe State was looted by NSAG operatives who burned the only ambulance servicing the community of over 30,000 people. Several community schools were set on fire in similar attacks in Hawul and Gombi LGAs of Borno and Adamawa states on Christmas Eve (OCHA 21/01/2021)

The continuation of conflict in northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno and Adamawa states as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. Besides, general insecurity, compounded by the lack of access to basic services and infrastructure, such as healthcare and information sources, leaves people living in H2R areas highly vulnerable to the spread and impact of COVID-19 (REACH 22/12/2020). In November, 1,888 individuals (662 families) crossed the Niger, Cameroon, and Chad borders into Nigeria, of which 82% (1,548) were Nigerians while 18% (340) were Cameroonians. These cross-border movements were triggered by insecurity in the country of asylum as a result of NSAG attacks, fear of attacks, or military operations. The Nigeria Immigration Services (NIS) in partnership with UNHCR also recorded 390 refugee returnees from 155 households that spontaneously returned to Nigeria:169 individuals from Cameroon, 209 from Niger, and 12 from Chad. Damasak saw the largest number of entries, by Banki and Ngala (UNHCR 19/01/2021).

In Adamawa State, organized criminal groups continued to target civilians and humanitarian actors. The State continued to see a surge in criminal activities, especially kidnappings, and in Yola North and Yola South, while in Yobe State, NSAG attacked and destroyed properties in Buni Gari, Gujba LGA. Although the security forces repelled the attacks, it generated panic and tension among the residents. Herdsmen attacks on farmers were recorded in Goniri and Ngirbuwa return communities in Gujba LGA (UN-OCHA 21/01/2021, UN-OCHA 19/01/2021).

Humanitarian Access

With the escalating insecurity and threats of NSAG attacks against civilians, humanitarian workers, and aid facilities; humanitarian access in the conflict-affected states of northeast Nigeria has been highly constrained since the start of the humanitarian response. New waves of NSAG attacks and clashes with government forces along key supply routes however aggravated access challenges in northern Borno. Several aid trucks are unable to reach civilian locations, particularly in Mobbar, Ngala, and Monguno LGAs. Deadly armed clashes in Damasak town, Mobbar LGA near the border with Niger, forced a 10-day suspension of UNHAS helicopter flights while several aid trucks were delayed, resulting in weeks of shortages for over 78,000 IDPs, refugee returnees, and host community populations in the area (UNHCR 21/01/2021)

Areas outside of Government control inaccessible to humanitarian workers

Humanitarian organizations are restricted from operating in areas not under the federal government's control–based on a law preventing 'terrorism' – including in areas controlled by Boko Haram (ACAPS Humanitarian Access Report 15/12/2020). Similar restrictions are imposed during military and counterinsurgency operations aimed at isolating areas controlled by the armed groups to cut off their access to external resources - including humanitarian aid - without concern that civilians might be present. It is estimated that 1.2 million people in the BAY States are still living in areas considered inaccessible outside the government-controlled areas.

Borno Government facilitated the transfer of some 3,400 IDPs to Marte LGA, on the shores of Lake Chad in late November 2020, continuing unilateral relocation of civilians to hard-to-reach and inaccessible areas which started in August 2020. Marte is among the worst-affected areas of Borno State and has not been accessible to aid workers since 2014 (UNOCHA 21/01/2021). On 16th January 2021, Nigerian government forces launched a counteroffensive in the Marte Local Government Area (LGA), Borno State to retake a local military base that had been seized by militants (ISWAP) and this heavy fighting caused hundreds of civilians to flee the area (Garda 16/01/2021)

Humanitarian access affected by increased insecurity

In light of increased security incidents on many of the routes in Borno State, the transportation of humanitarian cargo to field locations became increasingly challenging. This increased risk resulted in some humanitarian organizations finding it difficult to secure transport from their vendors at the agreed rates to field locations. Due to the increased risk, some humanitarian organizations opted to travel with armed escorts provided by the Nigerian Armed Forces, which in itself, poses several challenges. Similarly, the movement of personnel to field locations for routine supervision and maintenance has been a major challenge due to COVID-19 prevention measures (UNOCHA 21/01/2021)

COVID-19 Epidemic Overview

Second wave of pandemic starts as numbers of COVID-19 cases soars
Nigeria Overview **Table 1. COVID-19 Nigeria (NCDC)**

|	Total samples tested	Total confirmed cases	Total active cases	Total discharged cases	Total deaths
Nigeria	1,356,773	131,242	24,667	104,989	1,586

Referring to table 1, During this January reporting period, the number of COVID-19 infections reached the 100,000 cases milestone. The month also saw the highest number of deaths in a single month at 332 deaths.

With an increase of 46,828 cases in January; the number of confirmed COVID-19 cases in January is 266.8% more than July 2020 which was previously the peak of the spread of coronavirus. This surge is also 145.8% more than the combination of the two months peak period in 2020. It should be noted that Nigeria is a country of over 200m people, but only 1.4m tests have been done. Given that multiple tests are carried out per person, this suggests that less than 0.7% of the population have ever been tested for the virus (World Bank 2019, NCDC 31/01/2020).

Table 2. Monthly Progression of COVID-19 Outbreak in Nigeria

	27-Feb	31-Mar	30-Apr	31-May	30-Jun	31-Jul	31-Aug	30-Sep	30-Oct	29-Nov	27-Dec	31-Jan
New cases		138	1,793	8,646	14,555	17,556	11,176	4,983	3,673	4,891	17,002	46,828
# Total confirmed cases	1	139	1,932	10,578	25,133	42,689	53,865	58,848	62,521	67,412	84,414	131,242
# Total cases discharged	0	9	319	3,122	9,402	19,270	41,513	50,358	58,249	63,055	71,034	104,989
New deaths		2	56	243	274	305	135	99	34	27	81	332
# Total deaths (COVID-19)	0	2	58	299	573	878	1,013	1,112	1,146	1,173	1,254	1,586

Figure 3. Monthly Progression of COVID-19 Cases vs Deaths

COVID-19 Cases – monthly progression

COVID-19 Deaths – monthly progression

Ratio of total number of cases to total number of deaths
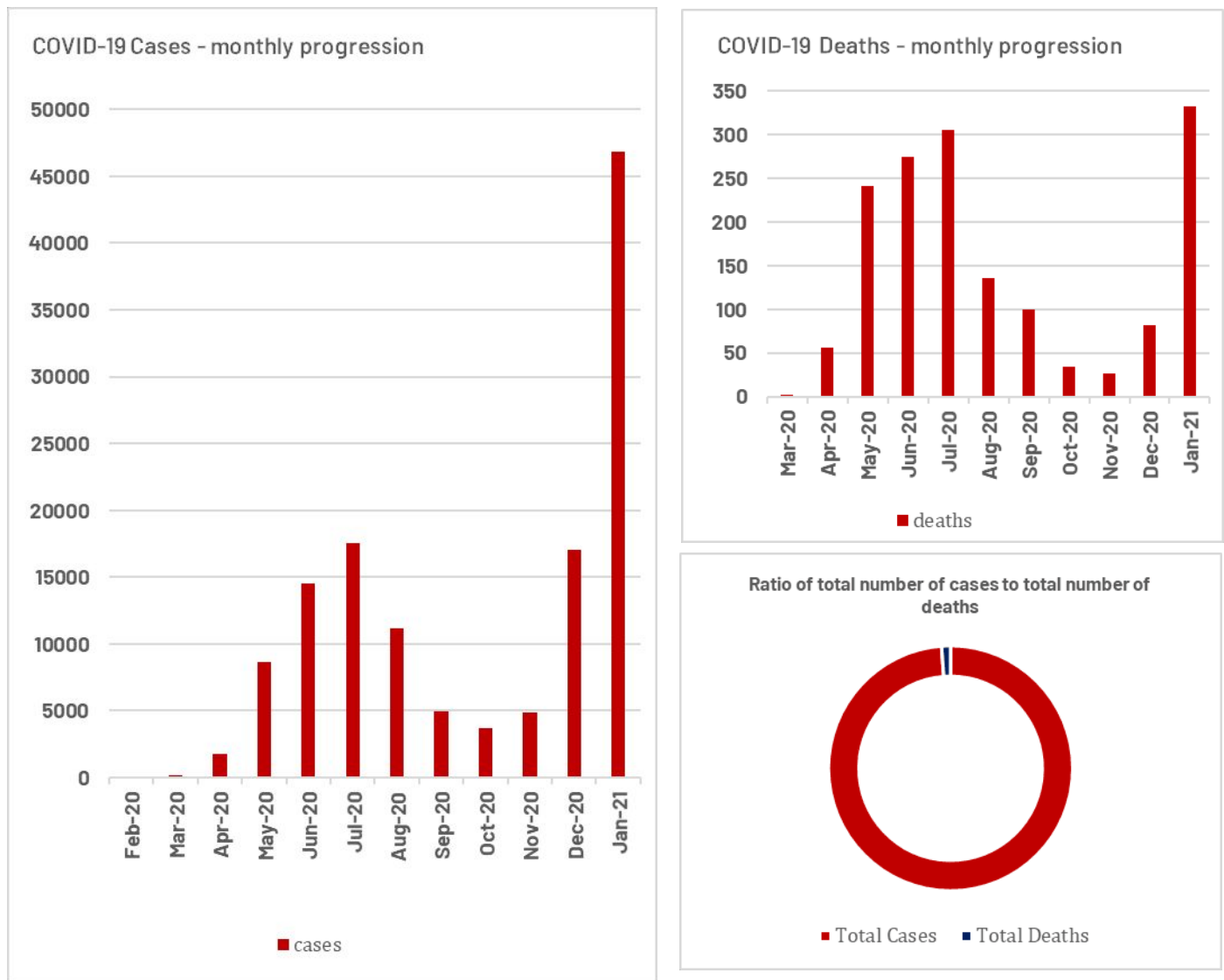
BAY States Overview Figure 4. COVID-19 Total caseload BAY States (NCDC Weekly Report 31/01/2021)

Bay State Overview
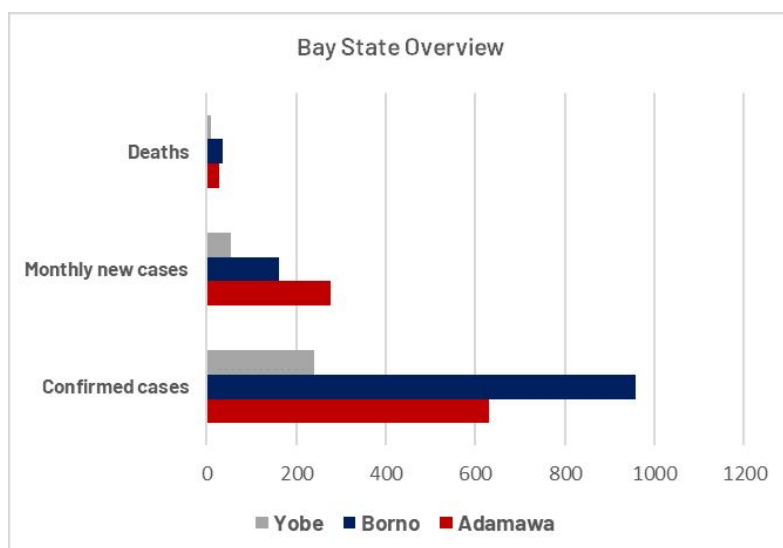
In December and January there has been a significant spike in news cases going from 22 new cases in November to 232 and 491 new cases in December and January respectively. In January 2021, new cases of COVID-19 in Adamawa state increased by 293%, 316% in Borno state and 62% in Yobe state cases compared to the previous month. In November 2020, the BAY states had a total of 22 new cases following a trend of reduction in new cases since August. However weekly totals for new cases in the BAY states stabilized over the last two weeks of January.

Figure 5. Weekly testing and caseload data for the BAY States (NCDC Weekly Epidemiological Report, 31/01/2021)
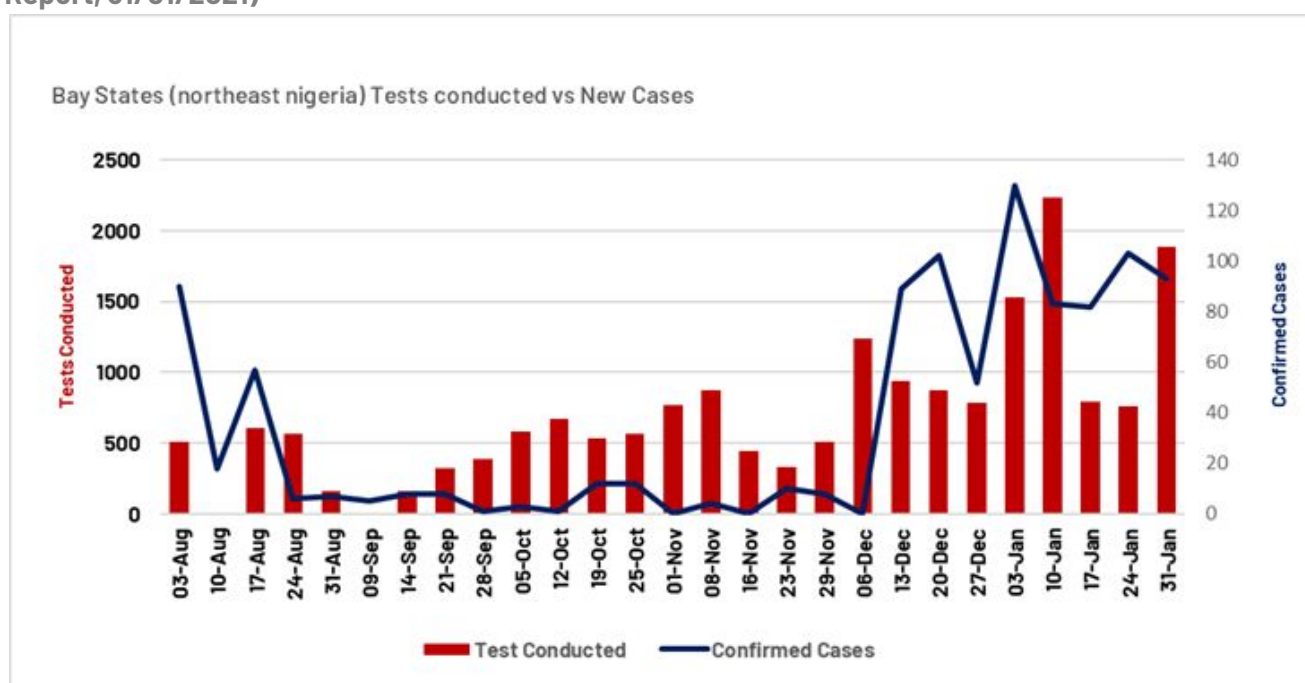
Testing & Contact Tracing

In January, 693 contacts were traced across the BAY area. There is a continued increase in the number of contacts being traced in all three states since December (452).

COVID 19 Containment Measures

NCDC urges states and institutes to share compliance responsibilities

While NCDC has increased the number of testing laboratories across several states, it urges state governments to become more proactive in response to the pandemic and maintain COVID 19 facilities. NCDC stresses active testing as an important means to measuring the severity of impact and vulnerability among the citizens.

Business owners, employees and religious leaders are urged to enforce strict adherence to the COVID 19 guidelines, which include the wearing of face masks, availability of handwashing facilities or hand sanitizers. Members of the public are advised to continue to follow previous guidelines including the mandatory use of facemask, physical distancing, avoidance of public gathering and non-essential travels are in place (NCDC 11/01/2021) .

Extension of phase 3 eased lockdown guidelines

Following the increasing trend of new COVID 19 cases in the country, the federal government extended restriction from the phase 3 eased lockdown guidelines by one-month on 26th January 2021. (Naira Metrics 28/01/2021). Other guideline observed during the reporting period includes;

- Public servants below grade level 12 are expected to stay home unless they are essential workers
- Offices must encourage staff to work from home
- Businesses and offices must ensure availability of hand washing facilities with soap and running water and/or sanitizers.
- Mandatory use of face mask/ covering for all staff at all times
- Implement physical distancing measures including seating arrangements for staff and visitors
- Ensure temperature checks at the offices on arrival
- All Business must develop an infectious disease preparedness action plan to reduce risk of exposure for the workplace and inform staff members.

- Train staff members to spot the symptoms of coronavirus and have a clear understanding of what to do if they are sick.
- Display signs for offices or business premises to remind staff and visitors to maintain good and respiratory hygiene.
- Discourage the sharing of work equipment and tools like computers, phones and desks among staffs
- Offices and business to limit number of visitors to their office
- Take advantage of delivery companies to limit staff movement outside the office (BBC 4/01/2021)

School to reopen under recommended guidelines

After over a year of closure, government owned universities are expected to be opened for learning fulling complying with COVID 19 protocols which includes;

- Compulsory wearing of Face Masks by all students, teachers and workers inside all schools.
- Temperature checks and hand washing facilities at strategic locations inside all schools
- Constant supply of water and sanitizers
- Observation of social distancing and prohibition of large gatherings like assembly and visiting days.
- Avoiding overcrowding, including limiting class sizes and hostel occupancy.
- Availability of functional health clinics equipped with facilities for isolation and transportation of suspected cases to medical facilities. (BBC 14/01/2021)

Travel restrictions introduced in December are still in place, requiring travelers to have a COVID 19 PCR test four days before departure. Such travelers are expected to observe self-quarantine for up to 14days and take another COVID 19 test before being allowed to move freely in the community.

Information and Communication for COVID-19

The NCDC and partners have sustained the ongoing communications campaign, with the theme #TakeResponsibility. The aim is to encourage Nigerians to take individual and collective responsibility for their actions, taking the necessary precautions to protect themselves, their loved ones and all those they come in contact with (NCDC 11/01/2021).

Figure 6: COVID -19 Timeline in Nigeria

COVID-19 NIGERIA Timeline — Feb 2020 – Jan 2021

- January 25 2021 — UK Variant discovered in Nigeria
- January 18 2021 — School resumption nationwide with COVID-19 guildlines in place
- January 10 2021 — 10,000 cases milestone
- December 28 2020 — Nigerian Governement introduces New Containment Measures
- December 24 2020 — New strain of COVID 19 seperate from UK and South African variant discovered
- December 17 2020 — Second wave began with record high 1,145 daily cases
- September 05 2020 — School resumption nationwide with COVID-19 guildlines in place / Resumption of International flights
- July 08 2020 — Resumption of Domestic flights
- July 01 2020 — Lifting of nationwide travel ban and resuption for graduating students
- June 02 2020 — Reopening of worship centers
- April 27 2020 — Nigerian government imposes nationwide travel ban, curfew and mandatory use of facemasks in public
- April 22 2020 — First cases in Adamawa state recorded / First COVID 19 related death reported / Borno states imposes lockdown
- April 16 2020 — Isolation center opens in Borno state
- March 31 2020 — Adamawa and Yobe states imposes lockdown
- March 31 2020 — Nigerian government imposes lockdown on hotspot states
- March 19 2020 — Nigerian government shuts down schools
- March 18 2020 — Nigerian government bans hotspot countries
- February 28 2020 — First case of COVID-19 confirmed in Nigeria

Overview of impact and humanitarian conditions

The analysis presented relies heavily on datasets collected in November 2020. Usefully this is after the end of both the lean and rainy seasons in the northeast and much of the harvest will also have been gathered. However, it does mean that the current effects of the second wave of COVID-19 infections will not clearly be illustrated in some of these findings.

Overall, the end of the rainy season has seen the expected increase in attacks by NSAG and conflict as the Nigerian military conducts offensive operations. Whilst the number of people facing acute food insecurity has dropped to 3.4 million, the continuing economic downturn has seen prices stay at higher-than-normal levels with many households facing a decrease in purchasing power. Both the conflict and economic factors have negatively impacted income generation activities (especially for farmers).

- Although most of the affected population have access to protected water sources, many households report not having enough water for daily use. In some sites however, (especially in H2R areas) there is significant use of unprotected water sources. The provision and cleanliness of latrines in camps remains a concern.

- The livelihoods situation in northeast Nigeria is still precarious. Unemployment and poverty have increased, and insecurity continues to constrain agricultural, commercial and humanitarian activities. However petty trading and the use of casual labor is slowly increasing as communities recover from COVID-19 restrictions.

- Food security issues remain prevalent despite the recent harvests with macroeconomic factors, food price rises and reduced access to income generating activities are all pushing down household purchasing power. The latest Cadre Harmonisé projections indicate that over 5.1 million people will face crisis levels or worse food insecurity (IPC Phase 4+) during the next lean season (June - August 2021).

- Recent survey data indicates there are high levels of malnutrition across the northeast and a high prevalence of longer-term issues such as stunting. Some of the worst affected areas are expected to be those inaccessible to humanitarian workers and these concerns have been corroborated by recent assessment data.

- As worries about a possible second wave of COVID-19 increase, health services are still under strain with many still either closed or only partially functional. There continues to be a critical lack of health staff in the northeast. Health service availability in hard-to-reach areas is extremely limited.

- Schools were due to open on January 18th with various measures in place to prevent the spread of COVID-19. It is likely that many schools will not be able to put all the measures in place and will face the choice of staying closed or putting students at risk. Many of the education facilities serving camps also lack teaching and learning materials.

- Increasing insecurity and NSAG attacks are continuing to drive displacement and the threat of NSAGs is highlighted as a major issue in H2R communities. Lack of formal identification and documentation is having a negative impact on movement and access to opportunities and services for affected populations.

- As displacement continues so do issues with overcrowding in camps and reception centers. Although shelter actors have stepped up service provision now the rainy season is over, the use of makeshift shelters is widespread. Several incidents of fire outbreaks have been reported and overcrowding along with the use of makeshift shelters is increasing the fire risk during the dry season.

Information Challenges and Gaps

Information Sources: January provided a wealth of new data including information from hard-to-reach areas and the comprehensive DTM round 34 report. However, analysis of these multiple data sources has proven to be challenging due to the different focus and population groups covered. An overview of the scope and utility of the sources can be found in Annex 1 on page 08.

Protection data limited: There was limited information on protection issues with the large quantitative reports including only one or two protection related questions. This is normal for such assessments as collection protection data carries risks and also faces barriers in terms of how comfortable respondents are in talking about such issues. In addition it's difficult to capture the voice of those affected by protection issues with key informants or head of household interviews.

School attendance data not yet available: Schools were due to reopen on January 18 therefore there is little data on how many schools in the BAY states successfully opened, whether COVID-19 prevention measures were put in place and how many children have been able to return to school. Hopefully, some of this data will be available for the next iteration of this report.

Livelihoods: While COVID-19 disrupted the livelihood sector, there is limited information quantifying businesses and job opportunities (formal and informal) resumed following the easing of restrictions in the northeast. Due to sustained Boko Haram attacks and military operations continue to significantly disrupt livelihood and seasonal activities, including limiting access to farmlands, population movement, and access to income and food sources, the impact of COVID-19 on the livelihood sector such as business closures and lost livelihood opportunities has not yet been thoroughly assessed.

Health Public perceptions on COVID-19 vaccines: As of 31st January, there is insufficient information on what the public perceptions are that may influence their uptake by the population as authorities and organizations prepare to procure and distribute vaccines. These may include trust in vaccination safety and efficacy in general (The Lancet 10/09/2020), trust in the different types of COVID-19 vaccines being circulated, trust in the authorities or organizations that will administer them (Nature Medicine 11/01/2021), and trust in the countries that are developing and supplying them. As these are likely to vary among the population, more information on public perceptions may support vaccination efforts and targeted information campaigns.

Aggregating COVID-19 effects from other Humanitarian drivers: The outbreak of COVID-19 in Nigeria's northeast region already experiencing fragility, protracted conflict, recurrent natural disasters (such as floods), and forced displacements, increased multiple burdens to the already affected population. However, prior COVID-19 pandemic, 35 percent of health facilities in the affected BAY states were damaged as a result of the conflict (Nigeria:2020 HRP COVID-19 Addendum). Quantifying the unique effects and related consequences of COVID-19 on humanitarian needs becomes a challenge especially in a region that is faced with multiple security and pandemic challenges. After almost a decade of conflict, economic challenges over the past years, and with high levels of vulnerabilities, it is difficult to unravel the specific effect of the COVID-19 pandemic on the humanitarian needs from other factors at play in the region. All drivers are intertwined and affect the same population: the COVID-19 related restrictions had such a disproportionate effect on the economy as well as health systems.

WASH

This section is based on selected data from the DTM displacement report-Round 34 (November) and a series of REACH reports from 6 LGAs in Borno state along with a REACH survey on Hard-to-Reach (H2R) areas. A focus has been made on "*access to sufficient drinking water and the type and condition of sanitation facilities*". For more details the reader can reference further analysis in the reports and the DTM dataset is also available.

What is clear from contrasting the main two sources (DTM and REACH) is that there is significant variation between LGAs in terms of access to water. Boreholes are the main water source and latrines are the main sanitation facility, but for specific population groups within an LGA, this can be quite different. Also, the proportion of settlements in H2R areas that have access to "protected" water sources is much smaller than the rest of Borno/Adamawa, with safety concerns affecting access to water in the majority of settlements in half the assessed LGAs. Lack of access to latrines in H2R areas is also a concern.

Access to drinking water

Based on DTM survey data, the majority of IDP communities had access to drinking water sourced from Improved water sources - either piped boreholes, hand pumps, or via water trucking. Since the previous round, water trucking has seen a small increase for IDPs in camp settings with access to piped water similarly decreasing. In total, these sources accounted for 94% of drinking water sources for IDPs and 84% for Host communities. The other main source of water for host communities was wells, with 7% of sites using protected wells as the main water source and 6% using unprotected wells (IOM 28/01/2021).

These findings align with similar data from REACH assessment of settlements in Borno state. The tables provided below shows the variation in main water sources between LGAs. In Hawul 21% of IDP households and 14% of Non-displaced households rely on an unprotected well. In Dikwa 12% of IDP households and 22% of the Non-displaced households rely on water sellers REACH 19/01/21).

Table 3. Main water source by % of responding households for IDPs and non-displaced (REACH 19/01/21)

Non Displaced	Hand Pumps / Borehole	Public tap / Stand pipe	Unprotected well	Moya/ Water seller kiosk
Biu	41	32	14	
Dikwa	39	39		22
Hawul	50	26	14	
Konduga	63	18		8
Mafa	82	17	1	
Ngala	81	15		2

Displaced	Hand Pumps / Borehole	Public tap / Stand pipe	Unprotected well	Moya/ Water seller kiosk
Biu	50	25	9	
Dikwa	63	21		12
Hawul	31	26	21	
Konduga	69	24		4
Mafa	71	27	1	
Ngala	77	19		4

Do households have access to sufficient drinking water?

According to sphere standards, households need access to a minimum of 15 litres per person per day, although access to 7.5litres may be appropriate for a short time. DTM survey data indicates that the average amount of water per day in both camp settings and the displaced in host communities is often falling below this standard.

Table 4. Liters of water per person per day (% sites per state/setting) (IOM 28/01/2021).

	Camp Setting				Host Community			
	<5ltr	5-10ltr	10-15ltr	>15ltr	<5ltr	5-10ltr	10-15ltr	>15ltr
Adamawa		4%	50%	46%		6%	67%	27%
Borno	1%	10%	63%	26%	5%	19%	48%	26%
Yobe		10%	62%	28%	30%	4%	20%	46%

Yobe state shows the worst statistics with 34% of host community sites having an average of 10 litres of water or less available, this is also true in 24% of host community sites in Borno state. In terms of camp settings, approximately one in ten sites in both Borno and Yobe have a similar issue. The majority of sites across the BAY states have between 10 and 15 litres of water available per person, either equal to or more likely just below sphere standards (IOM 28/01/2021).
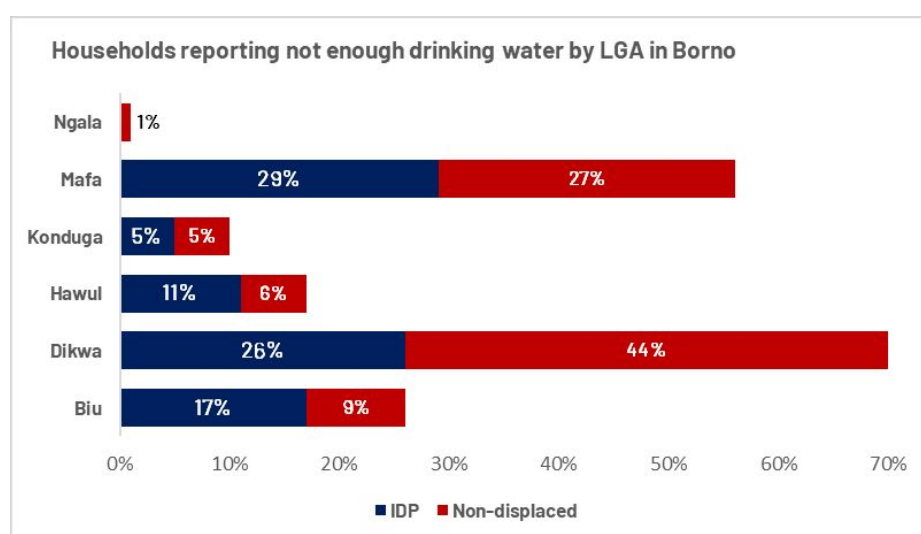

Figure 7. % Households reporting not enough drinking water, by LGA in Borno State (REACH 19/01/21) This data shows that in some states over a quarter of households are lacking access to enough water which is unsurprising given the DTM survey data indicating low water provision for much of the displaced community. In Mafa 29% of IDP households and 27% of Non-displaced households reported not having enough drinking water. A similar picture is found in Dikwa (26% of IDP households and 44% of Non-displaced report not having enough drinking water). However, in Konduga and Ngala relatively few households flag issues with drinking water again showing how issues vary from one LGA to another. On water collection, the longest wait times were found in Dikwa and Mafa LGAs which are the same LGAs flagging lack of sufficient water so it is likely that distance/time queuing is a contributing factor to lack of sufficient water. However, Konduga bucks this trend as the LGA had relatively long collection times especially for IDP households but this was not reflected in the proportion of households that had a lack of water.

Table 5. time spent collecting water by % IDP Households by LGA in Borno State (REACH 19/01/21)

IDP	BIU	Dikwa	Hawul	Konduga	Mafa	Ngala
Within dwelling	12%	11%	3%	1%	2%	0%
< 5 minutes	14%	12%	20%	8%	13%	22%
5 - 10 minutes	47%	17%	33%	33%	31%	58%
16 - 30 minutes	19%	30%	29%	41%	25%	13%
> 30 minutes	8%	30%	15%	16%	29%	4%
DNK/ no response	0%	0%	0%	0%	0%	2%

**Table 6. Time spent collecting water by % Non-displaced Households by LGA in Borno State (REACH 19/01/21)**

Non-displaced	BIU	Dikwa	Hawul	Konduga	Mafa	Ngala
Within dwelling	10%	0%	9%	18%	0%	2%
< 5 minutes	14%	7%	26%	16%	12%	30%
5 - 10 minutes	36%	17%	38%	32%	26%	60%
16 - 30 minutes	23%	18%	17%	29%	32%	7%
> 30 minutes	17%	52%	10%	5%	30%	1%
DKN/ no response	0%	6%	0%	0%	0%	0%

Access to Sanitation and Hygiene Materials

Across the six assessed LGAs in Borno state, pit latrines are the most common sanitation facilities for both IDPs and Non-displaced households. There are some outliers with IDP households in Dikwa and Konduga using open holes and for IDP households in Mafa and Non-displaced households in Konduga 22% of households use flush/pour toilets. Hawul has the highest proportion of pit latrines without slabs.

For both camp settings and host communities, the majority of sanitation facilities were listed as not so good (unhygienic). In Yobe state 10% of sanitation facilities in camp settings and 7% in host community settings were rated as unusable (IOM 28/01/2021). In general, relative to data provided by the last DTM report (round 33), the proportion of unhygienic sites remained stable or had increased in all states. As the survey was taken at the end of the rainy season, flooding and wet conditions may well have contributed to the unhygienic conditions.

Figure 8. Conditions of toilets by state and type of site (IOM 28/01/2021)
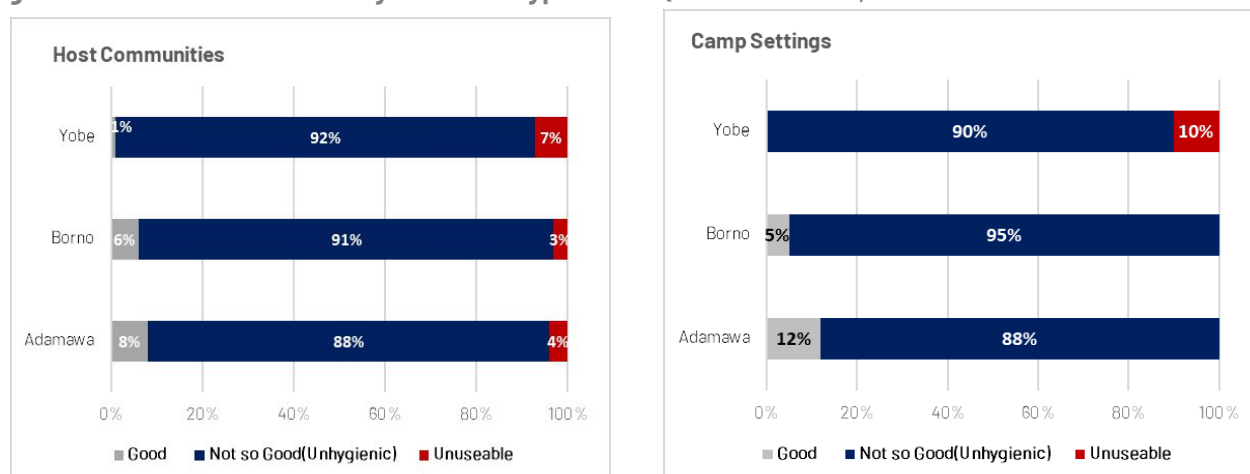
Quality and availability of latrines can vary from site to site. Data indicates that in managed IDP camps, 20% of latrines in Adamawa and 16% in Borno are non-functional. In addition, a survey of 62 sites across 16 LGAs in Borno identified that 17% of latrines needed desludgement. Finally 4 sites in 3 LGAs (Girei in Adamawa state, Jere and Konduga in Borno state) do not have latrines on site (CCCM 29/01/2021).

Figure 9. Most commonly used main latrine facility type reported by IDP households (REACH 19/01/21)
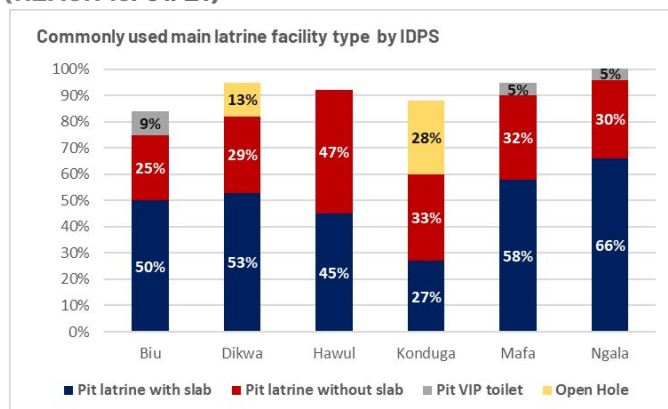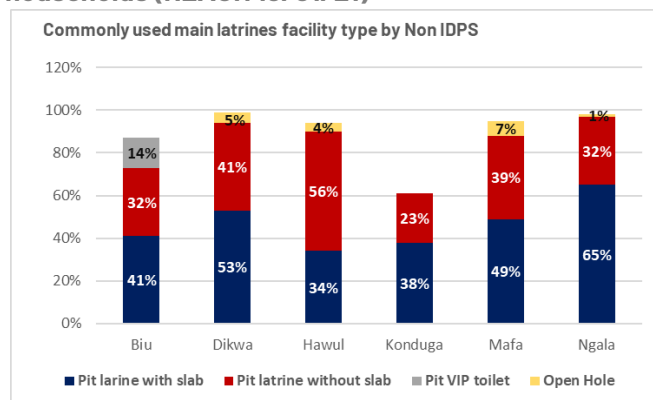

Figure 10. Most commonly used main latrine facility type reported by Non-displaced households (REACH 19/01/21)

Access to hygiene materials

Access to soap and water has increased in importance due to the COVID-19 environment. In camp settings approximately a third of sites indicated that only a few or no one had access to soap and water. The situation was similar for host communities in Borno, but better for Adamawa (only 7% of sites fell in these categories) and Yobe (25% of sites fell into these categories). Perhaps the most worrying statistic was for Borno state where only 4% of sites in camp settings and 8% of sites in the host community indicated that all households had access to soap and water (DTM 28/01/2021).

Figure 11. Access to soap and water (DTM 28/01/2021)
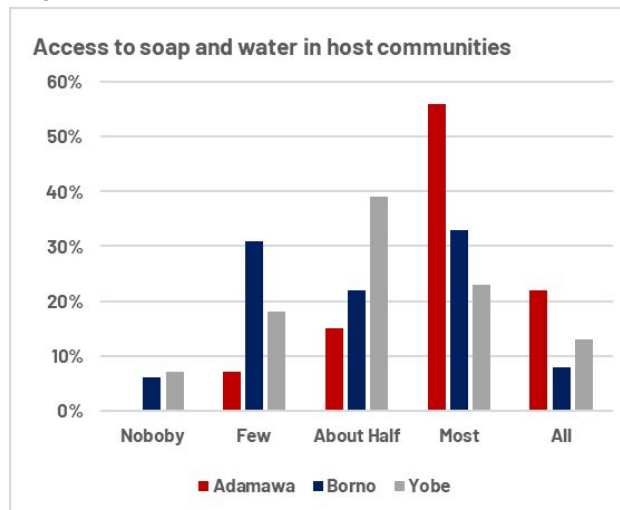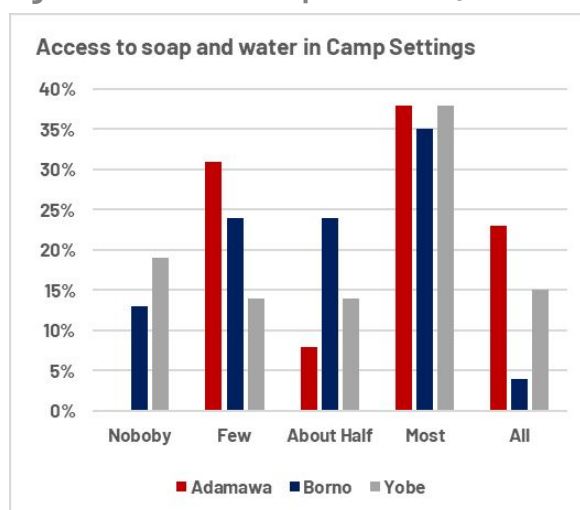
WASH in Hard-to-Reach areas

Access to protected water sources is much lower in H2R areas compared to the rest of Borno and Adamawa. Of 16 LGAs where there was sufficient assessment data, 3 LGAs indicated that none of the settlements used a protected water source (e.g., protected well, tap stand) as the main source of drinking water. For 8 LGAs the proportion of settlements with a "protected" main water source in the range of 1 – 20%. The remaining 5 LGAs reported 21 – 40% of settlements accessing a protected water source as their main source of drinking water (REACH 27/01/2021). These proportions are far below those for IDPs or Non-displaced households provided by the REACH surveys or the DTM displacement report.

One factor that is negatively impacting settlements ability to access safe water sources is insecurity. In all LGAs surveyed, at least some of the settlements reported that safety concerns were preventing households from accessing their preferred water source. In half (8) of the assessed LGAs this proportion was between 61 – 100% of assessed settlements.

Table 7. LGAs by proportion of assessed settlements where it was reported that safety concerns prevented at least some of the population from accessing their preferred water source (REACH 27/01/2021)

81% to 100%	61% to 80%	41% to 60%	21% to 40%	1% to 20%	0%
Mafa	Konduga	Damboa	Bama	Abadam	
Magumeri	Dikwa	Gwoza	Kukawa	Madagali	
Marte	Ngala	Gubio	Guzamela		
	Askira/Uba				
	Michika				

Access to latrines was also a prevalent issue in some LGAs, but the wording of the questionnaire makes it difficult to provide an accurate estimate of the proportion of settlements affected. When asked for reasons as to why people were not using latrines over a quarter (28%) of the assessed settlements stated/claimed cultural reasons for not using the latrines, while just under a fifth (19%) of the assessed settlements claimed no access to communal latrines. Additional reasons (by proportion of assessed settlements) included overcrowding (17%), damaged (6%), none available (3%) and other reasons (9%) (REACH 27/01/2021).

WASH situation for Returnees

WASH facilities were provided in 73 percent of sites where returnees were residing (a small decrease of 1% from the previous round) meaning that no WASH facilities were present in roughly a quarter (27%) of returnee sites. The situation was worse in Adamawa state which is home to the largest number of returnees. Here 38% of sites indicated no wash facilities compared to 25% of sites in Yobe and 10 of sites in Borno state (IOM 28/01/2021).

WASH and NFI MSNA Analysis

Included in this report is an analysis of the WASH needs of different population groups (IDPs, Returnees and Non-Displaced) during the 2020 lean season (July – August) when MSNA data collection took place. It attempts to understand the differences or similarities between the needs of the various population groups and across different geographical locations.

The analysis looks at data from Bama, Gwoza, Monguno and Mobbar, four LGAs in the north of Borno. It should be noted that sampling was not conducted to ensure each group was representative in the findings at LGA level so results should be treated as indicative only.

Livelihoods

Recent assessments indicate that farming continues to be the predominant livelihood activity but, in some areas, conflict and restricted access to land are major constraints. Casual labor is gradually increasing as is petty trading as communities recover from COVID-19 restrictions. In general, IDPs in camps have fewer livelihood options than either IDPs in Host communities or the Non-displaced. IDPs however have more regular access to food distributions (see food security section). There is limited data available for Hard-to-Reach areas but the loss of income, debt, and constraints on agriculture are major issues in almost all such areas.

Conflict continues to hamper livelihood activities driving the adoption of negative coping mechanisms

Sustained Boko Haram attacks and military operations continue to significantly disrupt livelihood and seasonal activities, including limiting access to farmlands, population movement, and access to income and food sources. Households worst-affected by the Boko Haram conflict in the Northeast continue to have constrained livelihoods and have limited ability to engage in unskilled labor work (FEWS Net 31/12/2021). Lack of livelihood opportunities, food insecurity and inflated prices have increased tension across IDP camps and host communities, forcing affected and vulnerable populations to adopt negative coping mechanisms including transactional sex and street begging (UN OCHA 21/01/2021).

Agriculture is still the primary income generating activity

Based on data from 6 LGAs in Borno state (see Table 8) agriculture is still the predominant income-generating activity. Casual labor was the second most common option supporting the observation that informal labor opportunities for poor urban households impacted by the COVID-19 pandemic are gradually improving, though still limited (FEWS Net 31/12/2021). Small businesses were also flagged, and this was more common for Non-displaced households. The sale of food assistance appeared as a common answer in Ngala for both population groups and Dikwa for IDPs.

Table 8. Percentage of households most commonly reported primary source of income in last 30 days (more than one answer was permissible) (REACH 26/01/2021)

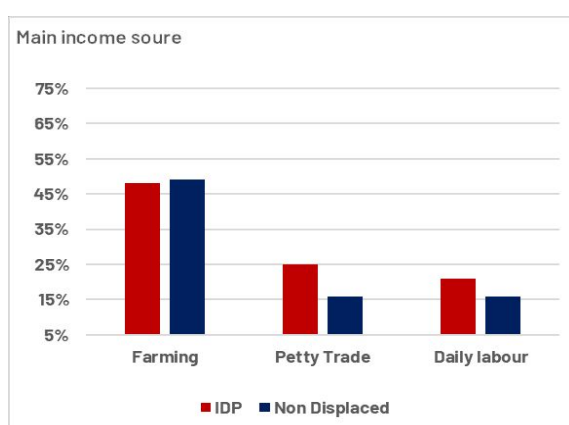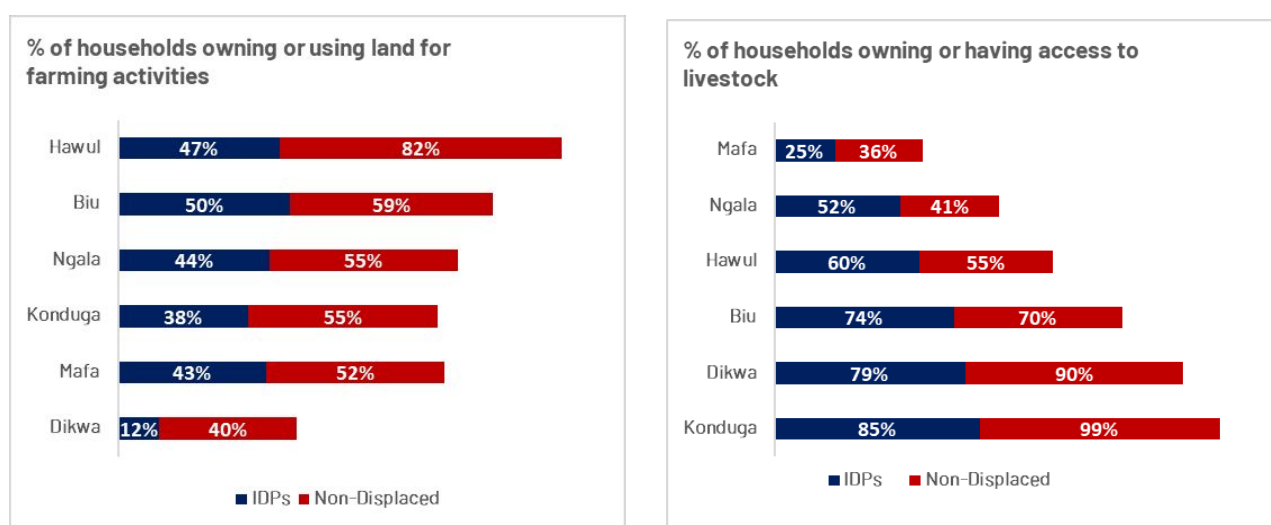| IDPs	Biu	Dikwa	Hawul	Konduga	Mafa	Ngala
Agriculture / sale of crops	85%	28%	85%	40%	73%	37%
Casual labor	46%	0%	38%	44%	28%	0%
Small business	26%	0%	20%	0%	29%	45%
Sale of food assistance	0%	22%	0%	0%	0%	40%
Skilled labor	0%	22%	0%	17%	0%	0%
Non-Displaced						
Agriculture / sale of crops	91%	32%	96%	38%	80%	28%
Casual labor	26%	25%	0%	48%	32%	0%
Small business	27%	35%	25%	35%	20%	58%
Sale of food assistance	0%	0%	0%	0%	0%	40%
Sale of livestock	0%	0%	40%	0%	0%	0%

Figure 12. Main Income source for IDPs in Camp Settings and Host communities. Source: (IOM 28/01/2021)

Data from the recent DTM round 34 (covering all six states in the northeast) concurred with these findings with farming, petty trade, and daily labor the three most common income-generating activities for IDPs in both camp settings and host communities: For returnees 98% indicated that their main livelihood activity was farming and just 2% indicated trading or petty trading (IOM 28/01/2021).

Access to land and livestock

DTM survey data suggests that almost all IDPs in camp settings (96%) and IDPs in host communities (95%) have livestock on-site and that the majority (59% for IDPs in camp settings and 82% for IDPs in Host communities) have access to land for cultivation (IOM 28/01/2021). This data covers all 6 states in Northeast Nigeria. However, looking specifically at the 6 LGAs from Borno covered by the REACH assessment the data shows this access to farming is much more limited (and more in line with the percentages of those citing farming as a primary income source). Hawul and Biu in southern Borno (generally less affected by NSAG attacks) have much higher percentages of households with access to farmland and livestock (somewhat in line with the DTM data) but in other locations (Dikwa being the most striking) the percentage of the population with access to land (IDPs in particular) is much lower (REACH 26/01/2021), however this may be due to methodological issues with the REACH assessment.

Figure 13. Access to agriculture/livelihood at current location/time of survey (REACH 26/01/2021)

% of households owning or using land for farming activities

	IDPs	Non-Displaced
Hawul	47%	82%
Biu	50%	59%
Ngala	44%	55%
Konduga	38%	55%
Mafa	43%	52%
Dikwa	12%	40%

% of households owning or having access to livestock

	IDPs	Non-Displaced
Mafa	25%	36%
Ngala	52%	41%
Hawul	60%	55%
Biu	74%	70%
Dikwa	79%	90%
Konduga	85%	99%

Income generating activities are still constrained and many households have taken on debt

Many households have gone into debt to cover essential costs, with loss of income due to COVID-19 containment measures a contributing factor. In Borno state, many households have lost their main source of income since Ramadan (April 23 to May 23, 2020). (REACH 26/01/2021) Loss of income can lead to debt and in five of six LGAs, the majority of both population groups are in debt. The proportion of households in debt loosely correlates with the higher proportion of those who lost their main income source although Biu (in particular) and Dikwa are exceptions to this (REACH 26/01/2021).

Figure 14. Households losing their main source of income or in debt by LGA and population group (REACH 26/01/2021).
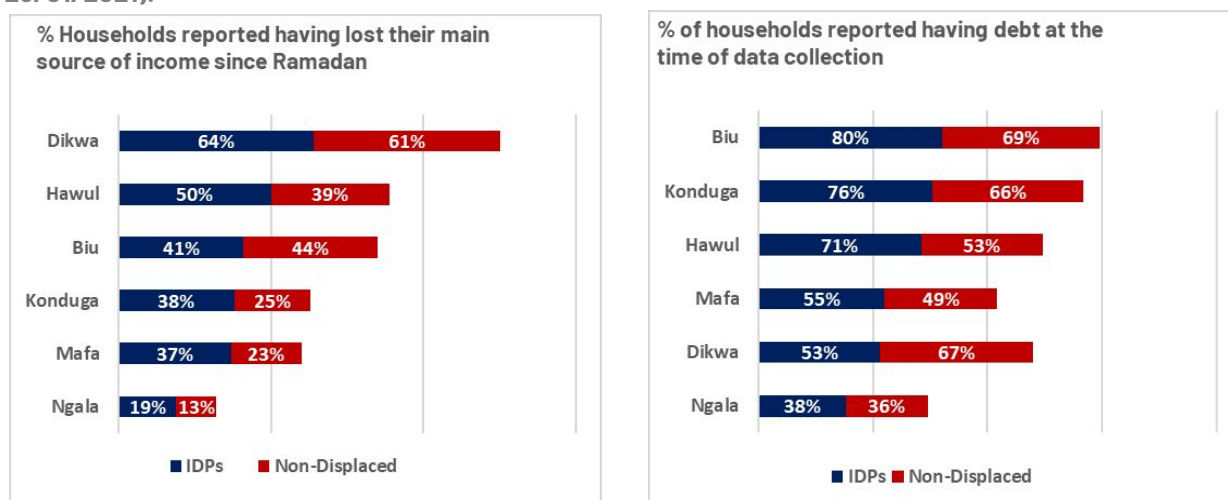
Livelihoods profiles differ in Hard-to-Reach areas

As with other groups and areas, agriculture is the most common livelihood activity with subsistence farming being practiced in 94% of the assessed settlements. Casual Labor (43%) and Livestock rearing (38%) are the next most prevalent. This is followed by Hunting (17%) and Fishing (13%) (which don't feature in other assessed areas) and market trading (10%) (REACH 26/01/2021).

In all LGAs, at least some settlements reported people's ability to engage in livelihood activities had reduced in the last month. This was most prevalent in Dikwa, Mafa, Magumeri, Michika where 80 – 100% of settlements reported this constraint (REACH 26/01/2021).

In terms of business and being able to sell produce access to markets was poor. In 4 LGAs all settlements reported that they did not have access to a functional market within walking distance. For 10 of the other LGAs between 1 and 40% of settlements reported access to a functioning market and in the two remaining LGAs (Michika and Madagali) the majority (61 – 100%) of settlements reported a functioning market within walking distance (REACH 26/01/2021).

Clearly, the profile in H2R areas is different with hunting and fishing playing a prominent role in livelihoods and access to markets is constrained for many settlements. Data from food security indicates a wide prevalence of negative coping mechanisms echoing the difficulties faced by these populations.

Food Security

Food security issues remain prevalent despite the recent harvests. Macroeconomic factors, food price rises and reduced access to income generating activities are all pushing down household purchasing power. This allied to the negative impact of conflict on farming and as a driver of population movement are contributing to reduced food consumption across the BAY states. In addition, concerning data from Hard-to-Reach areas underlines Cadre Harmonisé projections that populations may face IPC phase 4 and there is a possibility of IPC phase 5 should populations remain isolated by the conflict for a prolonged period in the coming lean season.

3.4 million people in the BAY States are facing acute food insecurity, famine remains a risk

The latest Cadre Harmonisé analysis (October 2020) indicates that over 3.4 million people are currently (Oct – Dec 2020) facing acute food insecurity at crisis or worse levels (IPC Phase 3+) in the three northeastern states, a figure that is projected to rise to 5.1 million in the 2021 lean season (June–August 2021) if adequate assistance is not provided (FAO 22/12/2020). Households in hard to reach areas have little to no access to humanitarian food assistance. They are mainly consuming wild foods and face wider food consumption gaps, and elevated levels of malnutrition are likely facing Emergency (IPC Phase 4) outcomes. A risk of Famine (IPC Phase 5) persists in the event there is a shift in conflict that isolates households and further restricts already limited food and income sources for a prolonged period (FEWS Net 31/12/2020, FAO 29/01/2021). Figure 15.

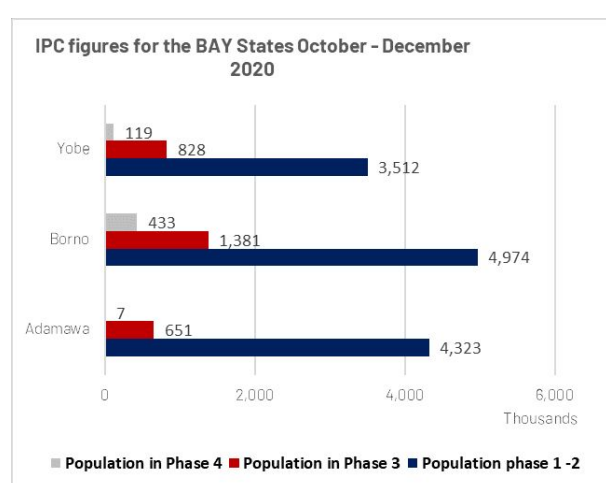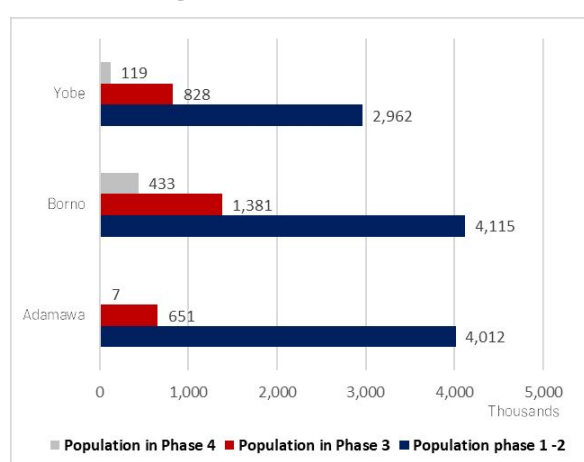**IPC figures for the BAY States October – December 2020**

IPC figures for the BAY States October – December 2020

Figure 16. IPC figures for the BAY States June - August 2021

Conflict continues to drive food insecurity

Insecurity caused by conflict continues to limit access to farmland and has strained the people's capacity to engage in income earning activities leading towards food consumption gaps in the BAY states. Increased conflict observed in early December led to further displacement in the Northeast, particularly in Borno state, limiting access to farms, reducing the already expected below-normal harvest (FEWS Net 31/12/2020). NSAG attacks have increased in number and scale. On November 28 over forty rice farmers were killed during an insurgent attack near Maiduguri. This and other attacks have disrupted both the harvest (some farmers in the area did not continue the harvest of rice due to fear of attack) and dry season land preparation. The supply of vegetables has been especially impacted and availability in some markets in Maiduguri remains lower than usual (FEWS Net 31/12/2020).

Reduced purchasing power negatively impacting household food consumption

The economic recession continues in the country, characterized by a negative growth rate of 6.10 percent in the second quarter and 3.62 percent in the third quarter of 2020. The Naira continued to depreciate from NGN 461/US dollar in October 2020 to NGN 482/US dollar in November 2020 (See Economic section) (FAO 04/01/2021). The annual inflation rate increased for the 16th straight month to 15.75 percent in December 2020, the highest since November 2017. Prices of most staple food remain atypically high in January, about 50 to 100 percent above average. As well as poor macroeconomic conditions other factors

include a below-average 2020/21 harvest, market supply issues and atypically high market demand (FAO 29/01/2021).

Income opportunities across the northeast remain limited, given persisting and continued high levels of conflict with sustained displacement. Despite the recent harvest, many households continue to be market dependent with lower than usual purchasing power (FAO 29/01/2021).

Climate is also a contributing factor to poor agricultural production

Nearly 60 percent of the land area in Adamawa, Borno and Yobe States experienced dry spells for up to 14 days, which have severely impacted yields. Flooding has also affected yields in a number of local government areas (LGAs). In addition, pests and diseases have affected crops such as cowpea, maize, okra and sesame. Compounding these challenges is severe climate variability that is negatively affecting production systems, resulting in reduced crop yields and livestock productivity (FAO 22/12/2020).

Main sources of food for IDP and Non-displaced households

Data from the REACH multi-sector assessment of 6 LGAs in Borno state (shown in Figure 24) indicates that farming and cultivation are still the main food source for the majority of residents (both IDPs and Non-displaced). However, food assistance in the primary food source in Dikwa and Ngala, and for approximately a third of households in Mafa (REACH 19/01/21). These LGAs are characterized by limited humanitarian access with the majority of the population living in small urban centers areas and camps making it harder to pursue farming activities.

Table 9a. Most commonly reported primary source of obtaining food for IDP households in Borno (REACH 19/01/21).

	Farming/ Cultivation	Personal Money/ Markets	Support from friends & family	food assistance	Livestock
Biu	74%	16%	5%		
Dikwa	18%	18%		49%	
Hawul	85%	11%			2%
Konduga	38%	52%	8%		
Mafa	58%		6%	32%	
Ngala	15%	30%		38%	

Table 9b. Most commonly reported primary source of obtaining food for Non – Displaced households in Borno (REACH 19/01/21).

	Farming/ Cultivation	Personal Money/ Markets	Support from friends & family	food assistance	Livestock
Biu	83%	13%	1%		
Dikwa	15%	38%		42%	
Hawul	93%	3%			2%
Konduga	17%	81%			2%
Mafa	60%	12%		31%	
Ngala	18%	32%		42%	

Conflict, Climate and COVID-19 contributing to irregular food assistance

The same REACH survey also asked if households were regularly receiving food assistance with the responses are shown in Table 9[1]. While feedback from field teams indicates that food distributions are typically carried out once per month, some households responded that they were regularly receiving food assistance, while also reportedly not having received food assistance in up to the previous 3 months (REACH 19/01/21). Insecurity and climatic conditions along with COVID-19 restrictions have all impacted food distributions. Procurement challenges, limited availability of military escorts and poor road conditions during the rainy season, led to delayed distributions to beneficiaries, particularly in Rann and Damasak. Communal asset creation activities are still limited by COVID-19 restrictions (UN OCHA 21/01/2021).

Table 10 Percentage of households receiving regular food support, Borno (REACH 19/01/21).

	Biu	Dikwa	Hawul	Konduga	Mafa	Ngala
IDPs	12%	50%	25%	13%	72%	73%
Non-Displaced	9%	35%	7%	16%	71%	66%

As would be expected the biggest problems are in those areas where there is the highest reliance on food distribution, however Dikwa stands out as the LGA where regular food support was lowest in proportion to where it was the main food source.

These figures align with the state data provided by the recent DTM round 34 report. For Borno state 32% of IDP households in camp settings and 91% of IDP households in host communities cite food distribution as irregular. The situation is even more problematic in Adamawa (IOM 28/01/2021).

Table 11: Frequency of food or cash distribution for IDPs (IOM 28/01/2021)

	Camp settings			Host communities		
	Adamawa	Borno	Yobe	Adamawa	Borno	Yobe
Every 2 weeks	0%	1%	0%	0%	0%	0%
Once a Month	3%	48%	48%	5%	18%	24%
Irregular	81%	32%	48%	70%	55%	68%
Never	12%	19%	4%	25%	27%	8%

Food insecurity concerns for Hard-to-Reach areas

There is widespread use of negative coping mechanisms amongst households in H2R areas. Although there are difficulties in estimating the prevalence of food security issues based on the wording of the survey and limitations of the methodology the findings can still give an indication of the scale of the issue.

Zero percent of settlements in six LGAs (out of 16 surveyed) answered positively to the question "Do some people have access to enough food", indicating that all households in the surveyed areas have food

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[1] "Regularly" was not defined.

security issues. In another 7 of LGAs included in the survey only between 1 and 20% of settlements indicated that some people had enough access to food (REACH 26/01/2021).

Figure 17 shows the prevalence of negative coping mechanisms. There is a high prevalence of households relying on wild foods with more than half the LGAs falling into the top two brackets. Currently going without food is less prevalent, although two LGAs indicated that the majority of settlements (61 – 80%) had some people going an entire day without eating (REACH 26/01/2021). However, it should be noted this survey took place in November during the harvest when food insecurity generally reduces.

Figure 17. Number of LGAs indicating the proportion of assessed settlements reporting negative coping mechanisms (REACH 26/01/2021)
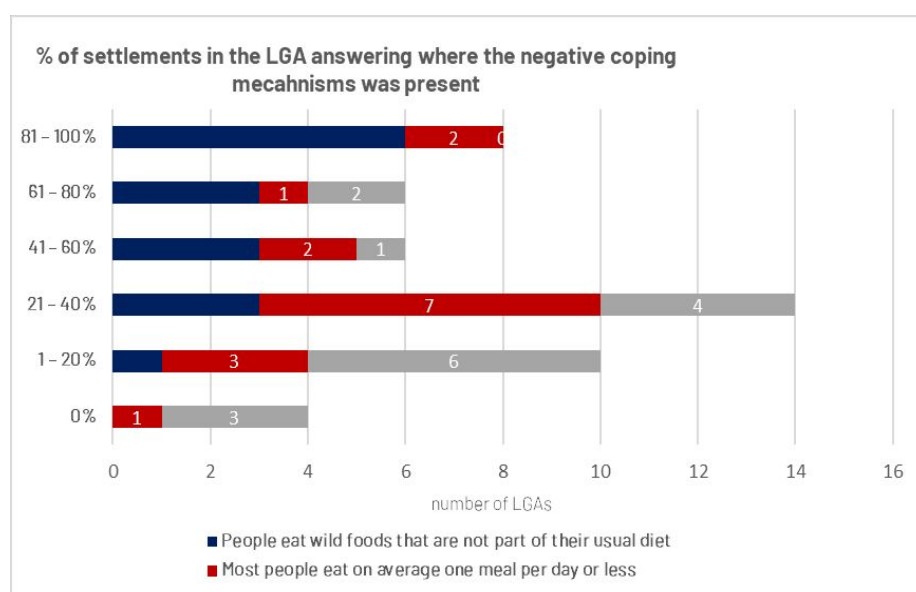
The prevalence of negative coping mechanisms during harvest season allied to the widespread perception that most or almost all households do not have enough food underlines the warnings described in the latest food security outlook and analysis where settlements and communities could be pushed into IPC 4 and IPC 5 if they remain isolated from humanitarian assistance and their normal livelihood activities are compromised (FEWS Net 31/12/2020).

Protection

Protection risks remain rife, especially for women and girls, whilst boys face heightened risks of being conscripted into NSAGs and or being drawn into crime. The lack of civil documentation is having a negative impact on movement and access to opportunities and services for affected populations.

Northeast Nigeria continues to deteriorate in the face of increased attacks

Organized criminal groups continue to target civilians and humanitarian actors around the BAY states. Non- state armed groups (NSAGs) continue to set up illegal checkpoints to loot and rob passengers along main supply routes, causing panic and apprehension in communities (OCHA 21/01/2021). In Borno State, NSAGs carried out various attacks and attempted to infiltrate IDP camps in several LGAs. The identified threat of abduction remained high, including for humanitarian staff operating in the designated areas. The UNHCR reports that over 10% of the 81 major incidents reported in November were incidents of abduction (UNHCR, 19/01/2021).

Protection risks, especially for women, girls and boys are widespread as the COVID-19 situation continues to increase risks of exploitation

Both genders face multiple protection risks across the BAY states. In a REACH assessment in hard-to-reach areas of 16 LGAs of Borno and Adamawa states, only 24% of assessed settlements reported

having no safety concerns for girls and 28% reported no safety issues for boys. The protection risks are particularly high in the Northeast, both for boys and girls. The most concerning risks flagged for boys younger than 18 was violence by AOGs and the fear of being conscripted. In 42% of the settlements, women 18 and over also reported violence by AOGs as a major concern while those younger than 18 reported forced marriage in 30% of the assessed settlements (REACH Initiative, 26/01/2021). In a protection monitoring assessment conducted by UNHCR, 48% of the 81 incidents reported by the 2,152 key informants interviewed were gender-based violence related. The next biggest types of reported incidents were NSAG attacks (12.8%) abduction of civilians (10.4%), physical assault (9.6%). The LGA with the highest numbers of recorded incidents were Bama, Dikwa, Mobbar, Kala-Balge and Jere (UNHCR, 19/01/2021).

Additionally, women are adopting negative coping mechanisms including begging and transactional sex due to the hardship brought about by the widespread loss of livelihoods, food insecurity, inflation, unavailability of essential relief materials and other critical challenges (OCHA, 21/01/2021). This is also increasing tension across IDP camps and host communities.

The COVID-19 pandemic is hindering efforts to halt children's enrollment and exploitation at informal Islamic "almajiri" schools. With few other choices' children are more at risk of delinquency or resorting to petty crimes for survival and are vulnerable to recruitment by NSAGs (All Africa, 29/01/2021).

The protection risks for children are worsened by the unavailability and inaccessibility of child protection services. This is coupled with the severe needs for psychosocial and mental health support and community-based reintegration services (OCHA, 21/01/2021).

The lack of birth certificates and other civil documents is becoming increasingly pronounced among affected population

Many displaced households lost vital documents as they fled the crisis. This means that such IDPs are unable to benefit from services that require proof of identification such as jobs and school enrollment. Travelling also becomes difficult for such households as they get harassed by security personnel for being unable to (formally) identify themselves.

Available evidence from a survey done by REACH (REACH 19/01/21) shows that higher gaps for such IDs among IDPs than among host communities. The most affected LGA is Dikwa, Borno State, where as many as 59% of IDPs and 53% of non-IDPs reported that at least one adult household member did not have a valid form of identification. The assessment also revealed that 91% of IDPs reported that at least one household member under the age of 18 was without a birth certificate, compared to 74% of non-displaced households. This assessment shows a greater gap in legal documentation among IDPs than host communities.

In other LGAs, responses ranged from 9 - 30% of households reporting at least one adult household member did not have a valid form of national identification and 25 – 65% of households reporting that at least one member of their household under 18 did not have a birth certificate. Ngala was an exception where 90% of IDPs reported that at least one household member under the age of 18 was without a birth certificate, compared to 80% of non-displaced households. Part of the problem stems from ineffective/non-existent civil registration and ID management systems in areas hosting IDPs and returnees (UNHCR 19/01/2021).

The Borno State Government's unilateral relocation of IDPs is exacerbating vulnerabilities

The Borno State Government's plan to return IDPs to some LGAs has led to concerns as many of those LGAs are witnessing escalating clashes and attacks. Concerns have been raised about the safety and continued access of the affected IDPs to critical assistance and services as many of the areas listed are still inaccessible to aid agencies due to ongoing insecurity (OCHA 21/01/2021).

Education

Formal education resumed in October/November 2020 and data indicates that school attendance was not much changed from the same period in 2019. However, there is uncertainty over how and when schools will open in 2021 even though there is a formal directive to open schools on January 18. Precautions to halt the spread of COVID-19 should be in place however limited resources might limit the implementation of such precautionary measures in numerous schools. As yet there is no information on the impact that COVID-19 containment measures have had on children's development and progress towards learning outcomes.

COVID-19 second wave is causing uncertainty for the education sector

The uncertainty caused by the second wave of COVID-19 infections represented a challenge for sector partners as there is a lack of clarity in terms of when and how schools will open in the northeast. In addition, the response to be provided in the temporary learnings spaces that serve as camp schools needs to be defined. Mobilizing radio and TV stations to provide distance learning is also problematic without a clear timeframe and will run up against previous issues such contracts being in place for other services making scheduling of education programs difficult (UN OCHA 21/01/2021).

Schools in the northeast may fail to meet new COVID-19 guidelines

With the announcement of the January 18 resumption date for schools around the country, schools in the northeast are expected to be unable to meet the new guidelines necessary for reopening. The new guidelines include compulsory face masks for all students, teachers, and workers, daily temperature checks, and hand- washing facilities at all schools. It also includes ensuring constant supply of water and sanitizers, enforcement of social distancing measures, suspension of large gatherings such as assembly and visiting days, and avoiding overcrowding of classrooms (Premium Times 15/01/2021). Schools will face a tough choice of either not opening, or putting children at risk, therefore education in emergencies actors and the wider humanitarian community are looking to support a safe school reopening initiative (Education Sector 26/01/2021).

School attendance figures are mixed but remain relatively stable compared to 2019

School attendance across the BAY states varies, however it is proportionally highest in Yobe state for camp based IDPs (although the number of camp based IDPs in Yobe is quite small). In Borno state 61% of sites have 50% of the children or less attending school. Figures for IDPs in host communities are generally better in Adamawa and Borno but worse in Yobe. This may be partly explained by the long distance to schools outside of camps in Yobe State. Even so for Borno state 64% of sites for IDPs in host communities have 50% or less of the children attending school (IOM 28/01/2021).

Figure 18. Percentage of children attending school in Camps/Camp-like settings **(IOM 28/01/2021)**
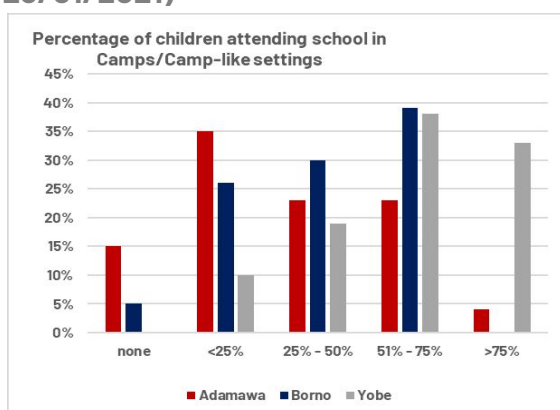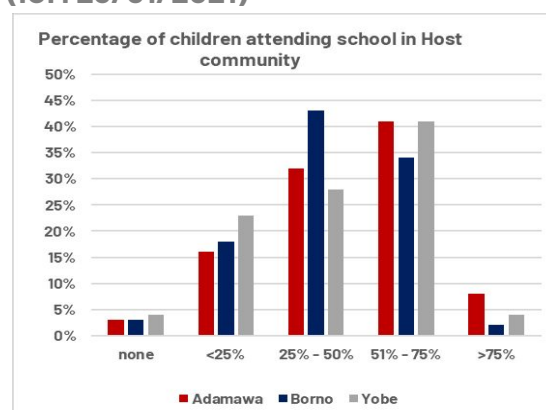

Figure 19. Percentage of children attending school in Host Communities (IOM 28/01/2021)

Given the impact of COVID-19 and that some schools may not have reopened, it is hard to infer any trend compared to the previous round when most schools were closed (DTM round 33 data was collected in July/August 2020). However, analysis can be carried out against the DTM round 30 report from December 2019.

As portrayed in the figure below, in camp settings in Borno and Adamawa less children attended school (there was a 15% increase in sites reporting that no children were attending school, in parallel to a 27% decrease in sites reporting attendance rates reaching >75%). Yobe on the contrary witnessed a large increase in attendance rates (33% more sites reported that >75% of children attend school).

Figure 20. Actual change in percentage of children attending school (IDP in camp setting) compared to data from December 2019 (DTM 12/2019)
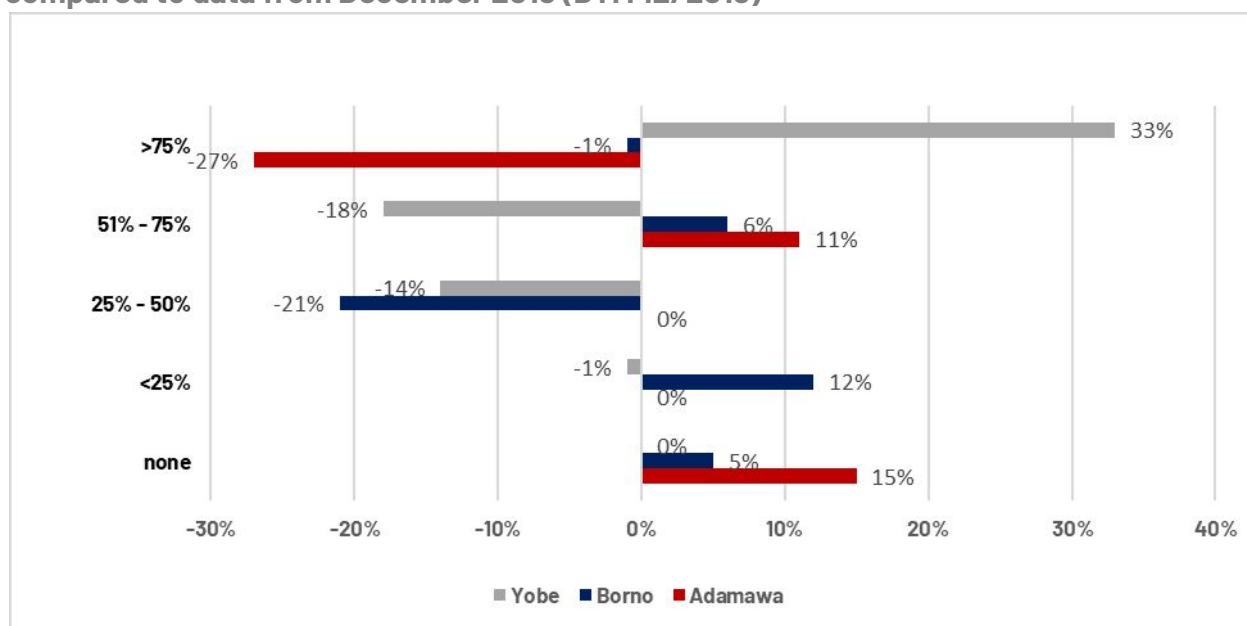
For Host communities the picture remained relatively unchanged for Borno and Adamawa, whereas in Yobe a lot less IDP children in host communities are attending school with an increase of 21% in the number of sites that have <25% or none of the children attending school.

Figure 21: Actual change in percentage of children attending school (IDP in host communities) compared to data from December 2019 (DTM 12/2019)
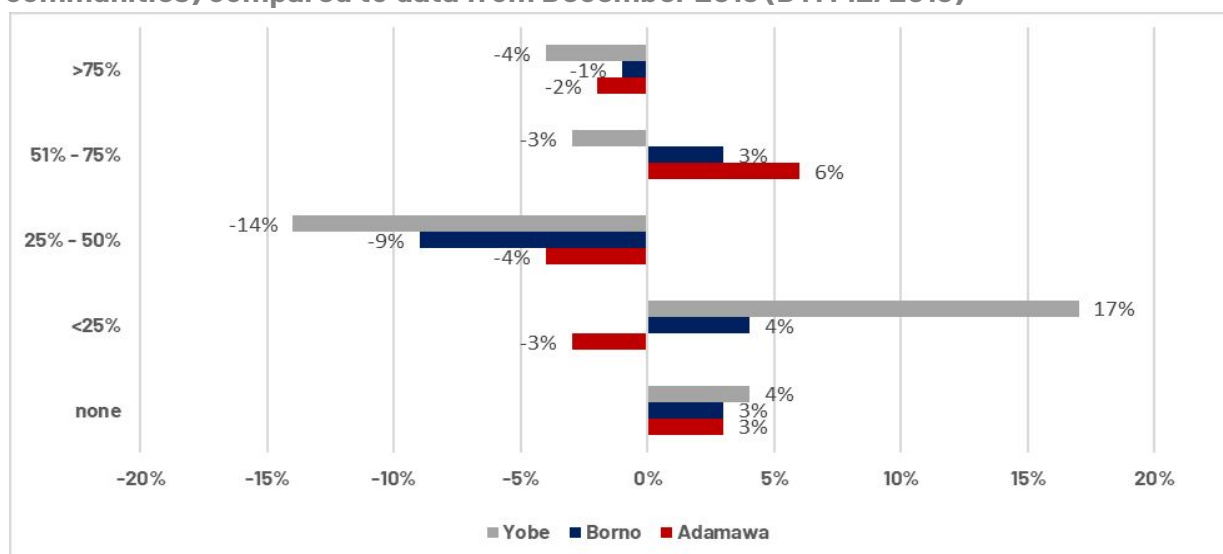
Finally, without definitive age ranges and gender disaggregation it cannot be determined whether these school attendance rates run through primary and secondary schools, whether some grades are more affected than others or whether girls or boys attend less or more. Other factors (such as harvest or planting season when children may be needed on the farm) can also impact school attendance.

Education Services in many camps either not available or under resourced

There is somewhat contradictory information between the DTM round 34 survey and the recent CCCM monitoring reports. According to DTM data there is access to formal or informal education in 99% of camps/camp-like settings in Borno state and in 73% of camps/camp-like settings in Adamawa (IOM 28/01/2021). CCCM data which covers humanitarian supported camps in Adamawa and Borno states found that only 68% of camps had access to a form of education in the camp or nearby. The situation for secondary education was worse with 50% of the camps not having access to a functional secondary school ((CCCM 29/01/2021). For those camps that do have access to education services CCCM data showed that over 60% of the camps were in need of instructional and writing materials (CCCM 29/01/2021).

Reasons why children do not attend school

Data from November's REACH survey of 6 LGAs in Borno state examined reasons for children not attending school. Households with at least one school-aged child were asked why the children did not attend school and were allowed to provide more than one answer. Findings were relatively similar for both IDP and Non-displaced households. The cost of schooling was clearly the biggest barrier, this was followed by "Child is not allowed to attend school" (although it is not clear from the assessment why the child would not be allowed to go to school). The requirement for the child to undertake domestic chores was the third most mentioned reason followed by the school being too far away. The school has been destroyed and the school never existed were both mentioned in Ngala LGA.

Table 12: Reasons why children were not attending formal education (REACH 19/01/21)

	IDP	Non-Displaced
Cost of schooling is too high	114	57
Child is not allowed to attend school	45	30
Child is needed to perform domestic chores	11	12
School is too far away	4	10
Child does not meet enrolment criteria	1	0
School has been destroyed	2	2
School never existed	0	2
Total number of households with at least one school aged child consulted	237	237

There is a lack of access to education services in Hard-to-Reach areas

Based on a REACH survey of H2R areas in 16 LGAs in Borno and Adamawa Table 13 shows the proportion of settlements in each LGA that reported people had access to "any educational services". 12 LGAs indicated that approximately 50% of settlements or less had access to educational services. Only in Dikwa, Marte. Gubio and Gwoza did this percentage of settlements rise above 60%. Overall access to education services was reported for 48% of assessed settlements. It should be noted that many children will be sent to informal Islamic schools outside of the formal education system (this is the case throughout northern

Nigeria), so positive answers to "do you have access to educational services" would most likely include those schools (REACH 26/01/2021).

Table 13. Proportion of assessed settlements where it was reported that people had access to any educational services (REACH 26/01/2021)

81% to 100%	61% to 80%	41% to 60%	21% to 40%	1% to 20%	0%
Gubio Gwoza	Dikwa Marte	Konduga Madagali Magumeri Ngala	Askira/Uba Bama Damboa Guzamala Kukawa Michika	Abadam Mafa	

Health

Introduction

Malaria was the largest reported health concern according to data from November; however, cases are dropping as the region moves out of the rainy season. Data from the recent DTM displacement report (November) alongside REACH surveys conducted at the same time in Borno state (including Hard-to-Reach (H2R) areas) has given a more updated picture of health service provision in the BAY states. The presence of health facilities is generally good, especially for Host communities, although 24% of camp based IDPs in Yobe and 12% of those in Adamawa report no access to health facilities. Other barriers to health services remain and data from recent surveys by REACH indicate than cost is a barrier for many households.

Health service provision for returnees and households in H2R areas remain poor with the majority of both population groups reporting no access to health services. In-line with nutrition survey data malnutrition is flagged as an issue by one fifth of respondents in Yobe. Malnutrition was also highlighted as a main health concern by 11% of households surveyed in H2R areas.

Finally, child vaccination coverage was relatively good over 5 out of 6 LGAs surveyed in Borno state, although poorer for IDP households compared to Host communities. However, in Dikwa LGA the majority of IDP households with children under 5 reported that their children had not received three of the four vaccines discussed.

Malaria is the main health issue for camps and host communities

According to November DTM survey malaria is the most common health problem in both the camps and camp-like setting and host communities in North East Nigeria with 69% of the assessed camps and 70% of the host communities reporting it as the most common health issue (IOM 28/01/2021). It was also the leading cause of morbidity reported through the Early Warning Alert and Response System (EWARS) accounting for 37% of the reported cases during week 51 of 2020 (Health Sector 19/01/2021).

Table 14. Main Health Issues: Camp and camp-like settings (IOM 28/01/2021)

Health Problems	Adamawa	Borno	Yobe
Malaria	73%	71%	62%
Fever	15%	17%	5%
Cough	12%	10%	9%
Diarrhea	0%	2%	0%
Malnutrition	0%	0%	19%

Table 15. Main Health Issues: Host community (IOM 28/01/2021)

Health Problems	Adamawa	Borno	Yobe
Malaria	71%	68%	77%
Fever	11%	20%	10%
Cough	5%	9%	7%
Diarrhea	5%	2%	2%
Hepatitis	8%	0%	1%
Malnutrition	0%	1%	1%

Malaria cases are dropping as the region moves into dry season with cases reported in 12% of camps at the end of December, dropping to 7% of camps during the first two weeks of January (CCCM 08/01/2021, CCCM 29/01/2021).

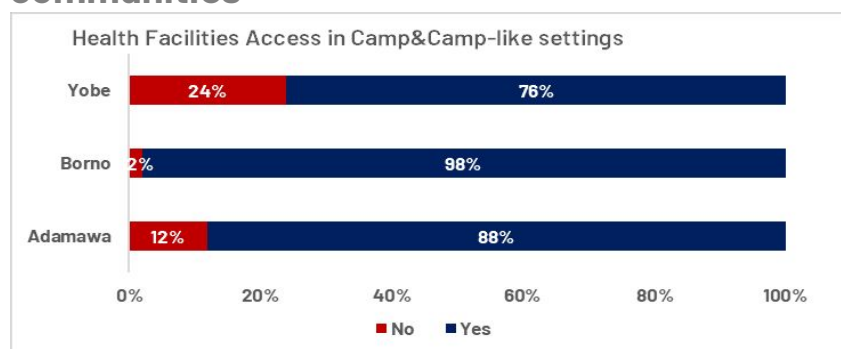## Camp based IDPS have more limited access to health facilities than Host communities

Figure 22. Health facilities access: Camps and camp-like settings (IOM 28/01/2021)

Feedback from the DTM survey indicates that the large majority of IDPs in camps have access to health facilities except in Yobe state where roughly one quarter (24%) of respondents indicated they did not have access to health facilities compared to 12% in Adamawa.

In host communities 100% of respondents in Borno, 96% of respondents in Yobe and 95% of respondents in Adamawa indicated they had access to health facilities.

Access to health services varies between LGAs

Data from a REACH survey indicates that access to health care varies from LGA to LGA. Of 6 assessed LGAs, 20 – 26% of households assessed indicate at least one barrier to health care in Hawul, Dikwa and Biu (this was true for both IDPs and Host Communities). In half of LGAs, the primary barrier was that healthcare was expense.

Health access for returnees and in Hard-to-Reach areas is limited

Roughly two thirds of returnees respondents across the three BAY states indicated that health facilities were not available (see Fig 23)

Figure 23. Health facilities access: Returnees (IOM 28/01/2021)
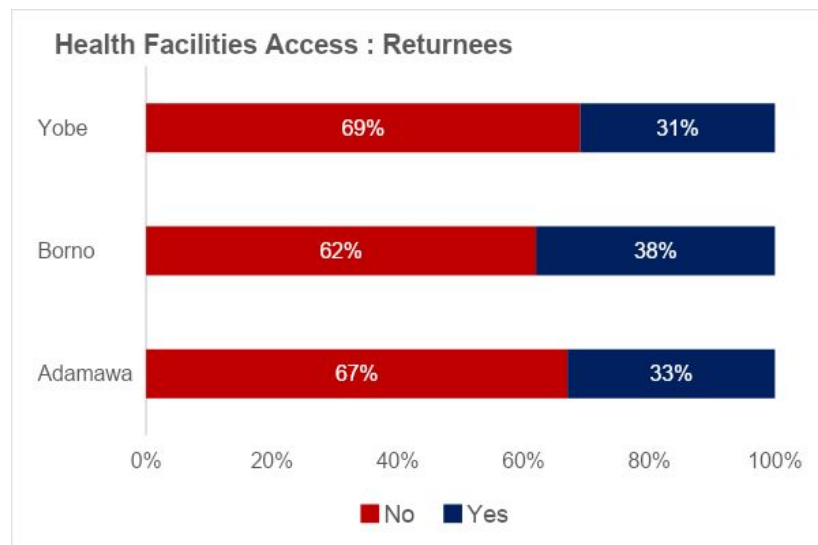
The vast majority of settlements in hard-to-reach areas of Borno state are without access to health services. Out of 16 LGAs sufficiently covered in a November survey, all assessed locations in 10 LGAs reported no access to health services. 3 LGAs reported that health services were accessible for between 1 and 20%. In the last 3 LGAs (Askira/Uba, Madagali and Michika) roughly half of the assessed settlements reported access to health services (REACH 26/01/2021).

The most common barriers to accessing health services cited were:

- Never had health facilities nearby (71%)
- Facilities destroyed by conflict (13%)
- No health care workers in the area (5%)

The most commonly reported health problems by percentage of assessed settlements were:

- Malaria or fever (70%)
- Malnutrition (11%)
- Waterborne diseases (6%)

As the rainy season was coming to an end in November, the incidence of malaria is likely to reduce, however malnutrition as a health problem was not mentioned in Borno state in either camp or by host community settings in the DTM November survey. Waterborne diseases as a concern also ties in with the lack of access to protected water sources in hard-to-reach areas (see WASH section) (REACH 26/01/2021).

Finally, the survey asked whether there was a higher perceived number of deaths than normal in the settlement. It is hard to know the level of accuracy of such perception questions that also rely on recall. However, within the survey significantly higher proportions of settlements indicated perceived higher mortality rates in the north half of Borno than the south, with Dikwa, Mafa and Magnumeri indicating all or almost all settlements had a (perceived) higher than normal mortality rate.

Child vaccinations coverage is mixed but the vitamin A and deworming campaign achieved good coverage rates

Households with children under 5 were asked if their child(ren) had not (fully) received the following vaccines: PENTA, Polio, BCG (Tuberculosis) and Measles. Mafa and Ngala LGAs had close to full coverage (answers ranged from 91% - 100%). Biu and Hawul reported between 87 - 98% of non-displaced households were fully covered with a slightly lower proportion for the displaced (85% - 92% of households). In Konduga, coverage was very good for the non-displaced (90% - 100% of households reporting children fully vaccinated) whereas coverage for displaced households was closer to four in five (77% - 82%).

Dickwa was the only LGA where more than half of IDP households reported a lack of coverage for some vaccinations, with full BCG coverage at only 34% of households. The situation was better for non-displaced households but still much worse than other LGAs. Therefore, findings indicate that displaced households are finding it more difficult to get their children vaccinated. It would be useful to follow up to see what issue caused Dikwa to fall so much further behind other LGAs and whether indeed there were other gaps in coverage across the BAY states (REACH 19/01/21).

A vitamin A and deworming campaign was undertaken in December 2020 covering Borno state. Although targets were metor exceeded in many LGAs, in four (Abadam, Guzamala, Kukawa and Marte) children were not reached due to insecurity. In addition coverage was between 49 – 75% for deworming and vitamin A in Bama, Gubio, Gwoza and Kala/Balge, and for deworming only in Kaga (Borno State PHCDA 20/01/2021).

Various factors are negatively affecting health service provision

- Unpredictable security situation hampers movements of health workers, drugs and other medical supplies; this is coupled with a serious shortage of skilled health care workers, particularly doctors, nurses and midwives.
- Health service delivery continues to be hampered by the breakdown of health infrastructure and continuous population displacements and influxes of returnees and/or refugees disrupts and further challenges health program implementation (Health Sector 19/01/2021).

Nutrition

Data from the October emergency nutrition survey remains the most recent analysis for the sector. However, nutrition status in hard-to-reach (H2R) areas is presumed to be significantly worse although limit data is available (OCHA 12/19). With the majority of the harvest collected, food security levels have increased, although macroeconomic factors and other issues continue to stress populations in the northeast. Insecurity and its disruption of farming, humanitarian aid and commerce continues to be the biggest driver of malnutrition in the BAY states.

Nutrition status deteriorating as nutrition services remain constrained in conflict affected areas

The main challenge facing the Nutrition sector is the lack of capacity to effectively respond to sudden onset emergencies due to escalating insecurity. Insecurity has resulted in disruptions of nutrition services in places including Gubio, Magumeri, Mafa, and Mobbar LGAs in Borno State and in Geidam and Gujba LGAs in Yobe State. The number of severely acutely malnourished children admitted into the nutrition treatment program increased by 30% in September compared to August, clearly indicating a seasonal period of high prevalence of malnutrition lasting longer than in previous years; data is not yet available for Oct – Dec 2020 to see if that trend has continued (UN OCHA 21/01/2021).

Global and Severe Acute Malnutrition rates high

The Preliminary Report for the Nutrition and Food Security Surveillance: Northeast Nigeria – Emergency Survey (October 2020 round 9) covers the following geographic regions:

- **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

The highest rates for acute malnutrition amongst children <5 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 and all domains in Adamawa recorded SAM rates below 1%, whereas all domains in Yobe SAM rates were over 1.5%. (NBS 17/12/2020)

Table 16. Prevalence of global and severe acute malnutrition in children Source: National Bureau of Statistics 17/12/2020

	Acute Malnutrition WHZ (Children aged 0-59 months)		Acute Malnutrition MUAC (Children aged 6-59 months)	
State	GAM	SAM	GAM	SAM
Adamawa	6.2	0.8	1.6	0.6
Borno	10	1.5	3.7	0.9
Yobe	12.3	1.6	5.2	2.1

Table 17. Prevalence of chronic acute malnutrition and stunting in children aged 6 to 59 months Source: National Bureau of Statistics 17/12/2020

	Chronic Malnutrition		Underweight	
State	Stunting	Severe stunting	Underweight	Severe Underweight
Adamawa	29.2	7.9	12.9	2.1
Borno	33.1	10.7	21.9	4.5
Yobe	43.7	15.5	28.6	7.4

Chronic Malnutrition 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 was highest in Yobe (43.7%). Underweight refers to the proportion of children with low weight-for-age. It can be interpreted as the number of children that are too thin for their age. The prevalence of underweight children was also highest in Yobe (28.6%) by state. In terms of domain within states, all domains with Yobe showed high prevalence for stunting (ranging from 42.7% to 44.6%) and underweight (ranging from 27.8% to 35.9%). Outside of Yobe, Central Borno had the highest prevalence of stunting (35.9%) and Northern Borno had the prevalence of underweight (26.2%) (NBS 17/12/2020).

Interestingly, in-line with nutrition survey data that highlighted Yobe as the state with the highest prevalence levels of acute and chronic malnutrition, almost one in five respondents (19%) from camps in Yobe cited malnutrition as the second main health issue, this was not flagged as an issue at all in Borno or Adamawa (IOM 28/01/2021).
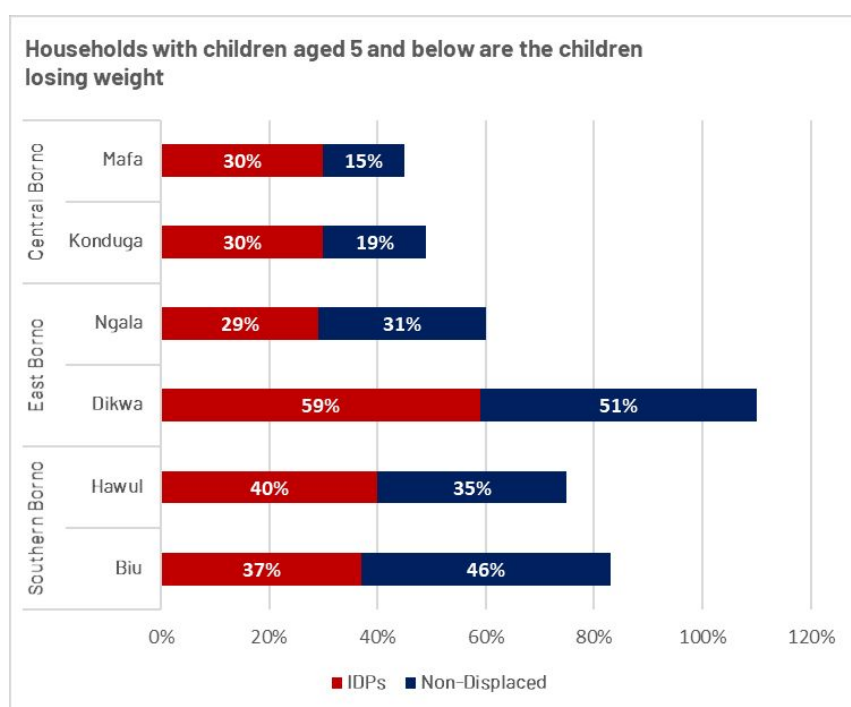
Malnutrition Perceptions in Borno state

A REACH assessment carried out in November 2020, (the month following round 9 of the emergency nutrition survey) asked the question "In what % of households with children aged 5 and below are the children losing weight (within 30 days of data collection)". Using the geographic domains identified in the recent emergency nutrition survey, the results indicated that this perception was generally higher in East Borno LGAs, closely followed by Southern Borno LGAs. The perception was lower in central Borno, especially for Non Displaced households (REACH 19/01/21).

Table 18. Allocation of LGAs by geographic domain in Borno State (NBS 17/12/2020)

Southern Borno	Askira/Uba, Bayo, **Biu**, Chibok, **Hawul**, Kwaya Kusar, Shani
East Borno	Bama, **Dikwa**, Gwoza, Kala/Balge, **Ngala**
Central Borno	Damboa, Gubio, Kaga, **Konduga**, **Mafa**, Magumeri, ~~Marte~~, Monguno,

Figure 24. Percentage of households with children aged 5 and below are the children losing weight (REACH 19/01/21)

If these results are compared with the malnutrition rates identified in the emergency nutrition survey (see Table 19) we see that the results are somewhat contradictory. Central Borno (significantly lower perception rates of weight loss amongst children) has the highest GAM and chronic malnutrition rates and is close to highest for SAM. Southern Borno has the lowest acute malnutrition rates, yet perception of child weight loss was relatively high across both LGAs and both population groups. Therefore, it is likely that the perception of child weight loss is a somewhat rough instrument with a number of factors (respondent bias, short 30-day period for weight loss, smaller sample rate) that could distort findings. However, two caveats are (i) the perception survey covered only 2 of the LGAs per region and is therefore not a direct comparison and (ii) the emergency malnutrition survey was not disaggregated between IDPs and Non-displaced.

Table 19. Acute and Chronic Malnutrition rates in selected areas of Borno State (NBS 17/12/2020)

	GAM (WHZ)	SAM (WHZ)	stunting	underweight
Southern Borno	8.8	1.1	32.2	18.3
East Borno	9.6	1.8	30.8	19.8
Central Borno	10.7	1.6	35.9	22.2

Malnutrition Perceptions in Hard-to-Reach areas

Households in hard-to-reach areas have little to no access to humanitarian food assistance. They are mainly consuming wild foods and face wider food consumption gaps, and elevated levels of malnutrition are likely facing Emergency (IPC Phase 4) outcomes (FEWS Net 31/01/2020). Data from a November assessment indicates widespread concern amongst the population over malnutrition in H2R areas. Out of 16 LGAs assessed six were identified as hotspots of malnutrition (affected more than half or all the children). In a further seven the proportion of assessed settlements identifying the same malnutrition rates was between 1 – 40%. Only three LGAs reported no settlements where this was the case, but it should be noted this was where the perception was half or more of children were malnourished (this percentage would be above that of the worst area for chronic malnutrition identified in the recent emergency survey). (REACH 26/01/2021).

A second question asked in what proportion of settlements in the LGA was malnutrition perceived as a cause of death amongst children. In 3 LGAs (Ngala, Dikwa and Magumeri) approximately half of the settlements assessed identified this as an issue. In five other LGAs the proportion was between 21 – 40% of settlements perceiving this as an issue. For six others the rate was 1 – 20% of assessed settlements and in Damboa and Guzamala no settlements identified malnutrition as the cause of death of children (REACH 26/01/2021).

It is difficult to make concrete analysis of such perception surveys. As they continue, trend analysis will at least show how perceptions are changing. Although the numbers above are not particularly high it should be noted that the survey took place during the harvest season when food would generally be most abundant.

Shelter

Data from a number of sources paints a mixed and somewhat contradictory picture of the shelter situation in the northeast. It is clear that there are problems of overcrowding with IDPs forced to live in makeshift shelters or sleep in the open. As the harmattan season passes to hot season, there is an increasing fire risk which overcrowding and makeshift shelters will only exacerbate. Many households are reporting damage or issues with shelter. The shelter situation in hard-to-reach areas seems to be quite poor, while the deterioration of the national economy causes many households to fear eviction. .

Overcrowding is increasing the risk of fire and some households are sleeping in the open

Influxes of returnees mean that many households end up in makeshift shelters while others remain without shelter and hence are sleeping in the open (UN OCHA 21/01/2021). The construction of these makeshift shelters, mostly built from raffia and bamboo, exacerbates the fire risks, as such materials become dry and highly flammable during the harmattan season. (UN OCHA 21/01/2021). CCCM site tracker data for 1-15 January, 2021 recorded 9 fire outbreaks in two (2) LGAs; Jere (3) and Monguno (6), impacting a total of 104 shelters (CCCM 29/01/2021).

Types of shelter used by IDPs remains mostly unchanged

According to the DTM round 34 survey conducted in September/October the type of shelter being used by IDPs remains mostly unchanged. In camp and camp-like settings self-made/makeshift shelters are the most common (38%), followed by emergency shelters (34%). Government and school buildings make up a total of 12% of shelters. For host communities the clear majority live in host family houses (63%), with rented housing making up 22% of the shelters used, independent houses accounted for 12% and "others" the remaining 3% (IOM 28/01/2021).

This high proportion of rented accommodation puts many IDPs at risk of eviction due to the economic downturn brought on, in part, by the COVID-19 pandemic, making it more difficult for them to afford rent payments (UN OCHA 21/01/2021).

Damage to shelters appears widespread

Data from the most recent CCCM monitoring report (January) and from a REACH multi-sector assessment conducted in November indicate that there is widespread damage to shelters. Rainy season and windstorms are a common cause of damage in addition to houses impacted by conflict. CCCM data (covering only 58% of those camps supported by humanitarian agencies) indicated that 10% of shelters surveyed were reported as damaged (CCCM 29/01/2021). In six LGAs in Borno state (see Table 20) respondents (both IDP and Non-displaced) reported much higher levels of damage (although what constitutes "damage" is not clear in either assessment) (REACH 19/01/21). Dikwa indicated the greatest need with 11% of IDPs reporting their shelter was unsafe and in Mafa none of the respondents reported an undamaged shelter. By far the most common issue reported was "shelter leaks during rain", but "Lack of insulation from outside" was also a common complaint and "lack of ventilation" feature prominently in some LGAs. (REACH 19/01/21).

Table 20. Percentage of households reporting housing damage, by reported severity of damage (REACH 19/01/21)

IDPs	Biu	Dikwa	Hawul	Konduga	Mafa	Ngala
Not damaged	23%	14%	30%	10%	0%	33%
Partially damaged (safe)	72%	75%	67%	86%	97%	59%
Partially damaged (unsafe)	5%	11%	3%	3%	3%	8%
Completely destroyed	0%	0%	0%	1%	0%	0%
Non-Displaced						
Not damaged	27%	10%	38%	33%	13%	42%
Partially damaged (safe)	72%	88%	60%	66%	87%	53%
Partially damaged (unsafe)	1%	1%	2%	1%	0%	4%
Completely destroyed	0%	1%	0%	0%	0%	1%

Eviction fears continue to be an issue

Various factors have driven increased unemployment, reduced purchasing power and a loss of income generating activities. This has left many households living in rented accommodation in fear of eviction. Data from REACH shows the percentage of households fearful of eviction by LGA. These figures are influenced by a number of factors including the prevalence of those squatting either legally or illegally in houses as well as those paying rent whilst sharing accommodation (REACH 19/01/21).
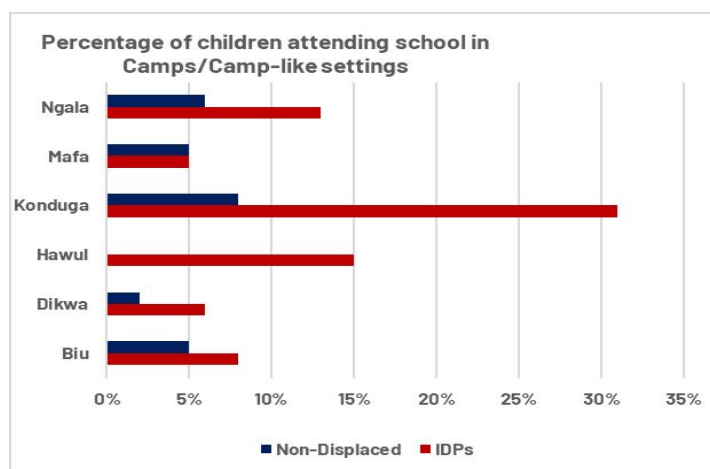
Percentage of children attending school in Camps/Camp-like settings

Figure 25. Percentage of households who reported fearing being forcefully evicted from their homes (REACH 19/01/21)

The most common reasons for this fear (out of 89 responses) were (REACH 19/01/21):

- The rental agreement is over: 33
- Tensions between IDPs and host community: 14
- Can no longer afford to pay rent: 12

According to an IOM assessment conducted between 9 November and 21 November 2020, data from the six northeastern states indicated that 96% of respondents reported no threats of evictions from the sites they occupied. This number would suggest that evictions threats are not as problematic as the numbers shown in the REACH assessment, however (i) this is based on KI information per site (not actual households), (ii) the assessment only targeted IDPs (iii) data tends to vary widely between LGAs and sites, hence one scenario could be that an high number of HH eviction threats were given at a limited number of sites impacted the overall assessment results,, and finally (iv) being fearful of eviction is not the same as being actually threatened with eviction (DTM 18/01/2021).

Blankets and mosquito nets are the most needed basic necessities

Both IDPs in camps settings and IDPs in host communities cited blankets as the most needed NFI.
- IDPs in camp settings identified most needed NFIs as blankets (56%), mosquito nets (18%), kitchen sets (10%) and mattresses (9%).
- IDPs in host communities identified most needed NFIs as blankets (40%), mosquito nets (22%), mattresses (16%) and kitchen sets (12%) (IOM 28/01/2021).

It should be noted that the data was collected towards the end of the rainy season, coming into harmattan, at a time when the prevalence of malaria will start to reduce. The end of harmattan will bring hot weather from roughly late February/early March.

Conflict continues to impact Hard-to-Reach areas where makeshift shelters predominate

Data from a survey of hard-to-reach areas covering 16 LGAs in Borno state found that 79% of settlements identified makeshift shelters as the main shelter type, followed by permanent house/shelter (15%).
- Only 39% of settlements identified that residents' own home was their main shelter.
- In 30% of settlements, a makeshift shelter in their settlement was identified as the main shelter.
- 12 percent of settlements indicated that living in the bush was the prevalent shelter location. (REACH 26/02/2021).

This data indicates that many households are living in vulnerable situations with shelter solutions that are insecure and exposed to climatic factors.

Conflict continues to take a toll in H2R areas. Data from the same survey found that at least one shelter had been damaged or destroyed by conflict (in the previous month) in the majority of settlements for 6 LGAs out of sixteen surveyed. Shelters had been lost in approximately half of settlements in four other LGAs and all LGAs had settlements that reported at least some shelter damage.

Table 21 Proportion of assessed settlements where it was reported that at least one shelter had been damaged or destroyed by conflict in the month prior to data collection

81% to 100%	61% to 80%	41% to 60%	21% to 40%	1% to 20%	0%
Damboa Mafa	Dikwa Konduga Magumeri Marte	Bama Gubio Madagali Ngala	Abadam Askira/Uba Kukawa Guzamala Michika	Gwoza	

Annex 1: Overview of Information Sources

January provided a wealth of new data including information from hard-to-reach areas and the comprehensive DTM round 34 report. However, analysis of these multiple data sources *together* has proven to be challenging and the notes below are here to serve as a brief outline to the coverage and limitations of each main data source and to examine how the data was broken down and disaggregated between the various affected groups and geographical areas. All subsequent analysis should be viewed through the lens provided by this summary.

It is important to note that each of these reports/assessments focuses on a slightly different set of populations groups and that sampling was designed to be representative of population groups at state level or for LGA populations overall (it is extremely difficult to capture a representative sample of each population group at the LGA level). This provides a robust set of findings at a macro level but it is more difficult to see the range of situations that are faced by different population groups in different geographical areas across northeast Nigeria.

The **DTM report round 34** is the most comprehensive recent study. It provides information at state level (the BAY states plus Bauchi, Gombe and Taraba); and by three different populations groups. (i) **IDPs in camp and camp-like settings**, (ii) **IDPs residing in host communities** and (iii) **Returnees** (those who were previously displaced and who have returned home, but not necessarily to the same house or land they left). What is missing from this study is any data on host communities (non-displaced persons) or persons living in H2R areas.

REACH LGA Host Community profiles give details about six LGAs in Borno state. The data is disaggregated between (i) **IDPs living in host communities** and (ii) **Non-displaced populations**. Camp settings and H2R areas are not covered. Returnees are not differentiated.

REACH H2R assessments as the title implies gives information on populations living in areas that are not accessible to humanitarian organizations. It covers LGAs in Borno and Northern Adamawa. Data is usually drawn from those who have returned or who are in contact with those living in these areas. No disaggregation of the population is provided.

The CCCM Bi-weekly Tracker Report provides information on **IDPs in camp situations**. It only covers camps where humanitarian organizations are active and is therefore a subset of the DTM camp/camp-like data set. Geographically Borno and Adamawa states are included.

The J-MSNA is a comprehensive assessment of 60 LGAs across Adamawa, Borno and Yobe states which house the largest number of IDPs. Data is broken down by LGA or by affected group (but not by affected group at LGA level). The population groups are (i) **IDPs (this includes IDPs in camps and those residing in host communities)**, (ii) **Non-displaced** and (iii) **Returnees**.

As can be understood from the above descriptions making exact comparisons between the datasets is difficult. Despite this challenge the analysis within this report attempts to utilize the datasets available to determine if there are similarities or differences between population groups at the LGA level and therefore between LGAs. Findings should be taken as indicative only and will probably throw up as many questions as answers. Suggestions and corrections to this analysis are most welcome so as to improve analytical methods moving forward.

Annex 2: WASH and NFI MSNA Analysis

Introduction

This analysis is making use of the MSNA dataset generously provided by Reach and the ISWG. It attempts to identify the needs of different population groups (IDPs, Returnees and Non-Displaced) during the 2020 lean season (July – August) when the data collection was undertaken. This timeframe is important as it was both after the impact of Lockdown/COVID-19 containment measures and during the worst period of the year in terms of food security. In some respects, this may help in looking forward to the same period in 2021.

The analysis is not an overview of the current situation. Rainy season and attendant flooding as well as a scaled-up response post COVID-19 containment measures will have altered the landscape considerably. However, it should help to provide a better picture of how needs are different between population groups and how they can vary between different LGAs.

The analysis looks at data from Bama, Gwoza, Monguno and Mobbar, four LGAs in the north of Borno in an attempt to understand how different (or similar) the population profiles and needs can be in geographically adjacent LGAs. All the LGAs assessed are predominantly inaccessible (in terms of geographic coverage) to humanitarian agencies, with the majority of the population living in small towns/peri-urban settings.

Finally, it should be noted that sampling was not conducted to ensure each group was representative in the findings at LGA level so results should be treated as indicative only.

Demographics

Each LGA has 3 distinct population groups:
- **Internally Displaced Persons** (IDPs) that have been displaced from their homes and currently reside either in camps or within the host community.
- **Returnees** have been previously displaced but have now returned to their LGA of origin (they may not be in their actual home).
- **Non-Displaced** have not left their LGA and usually reside in their homes.

Figure 26: Population split by affected group
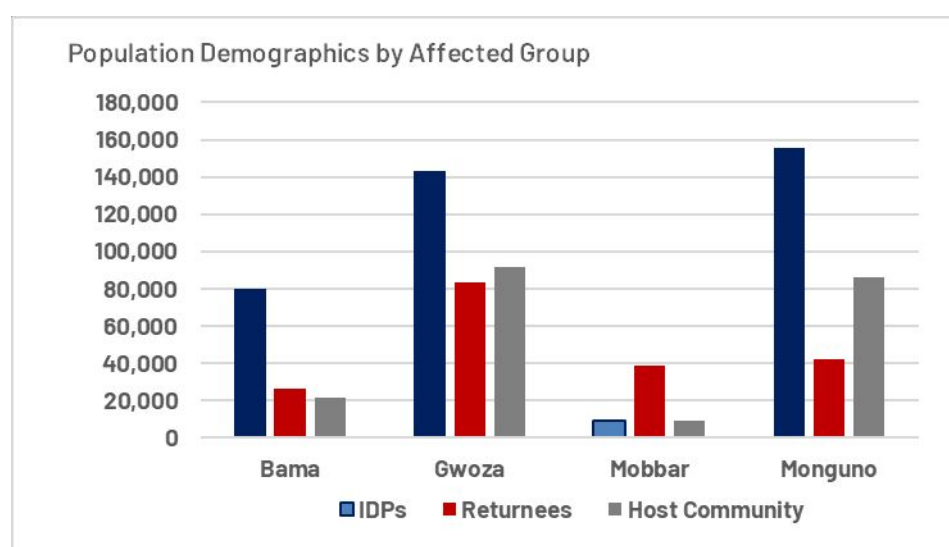
As can be seen from figure 6 for most of the LGAs the predominant group is IDPs. However, Mobbar is an exception and is made up primarily of returnees). In Monguno and Bama the majority of the population is IDPs. In Gwoza the split is more even with approximately 50% of the population being IDPs, the rest are evenly split between Non-Displace and returnees.

Even from this simple graphic it is clear the population dynamics of Borno's northern LGA are quite varied. Table 22 shows the number of respondents per population group across each of the LGAs.

Table 22. Demographics for MSNA Data

	IDP	Returnee	Non-displaced	Total
Bama	87	44	4	135
Gwoza	72	94	10	176
Mobbar	13	149	4	166
Monguno	116	12	15	143
Total	288	299	33	

In addition, it should be noted that each LGA has a sizable "inaccessible" population that live in areas that humanitarian organizations cannot reach. This population size is estimated and shown below, note it is not part of the demographic numbers used for the analysis.

Table 23 Accessible and Inaccessible Population Figures (source UN OCHA 20/09/2020)

LGA	Accessible Population	Inaccessible Population	Total
Bama	127,559	78,023	205,582
Gwoza	317,636	59,274	376,910
Mobbar	55,892	64,865	120,757
Monguno	283,647	11,703	295,350

Access to Sanitation

Table 24 illustrates the differences between LGAs and population groups. Pit latrines are the most common sanitation facility, but this varies considerably within population groups as for example 70% of IDPs in Bama access a Pit latrine with a slab, compared to only 35% in Monguno. There is clearly a sanitation issue in Mobbar where IDPs (31%) and Returnees (14%) practice open defecation. Given that this is not the case for non-displaced (where the highest proportion of any group has access to a Pit latrine with slab) this is probably related to access to facilities.

Perhaps somewhat surprisingly, the non-displaced have the largest proportion of population relying on an open hole as their primary sanitation facility, and this is highest in Gwoza where non-displaced make up about a quarter of the population.

Table 24. Main Sanitation Facility by LGA and Population Group

	IDPs				Returnees				Non-Displaced			
	Bama	Gwoza	Mobbar	Monguno	Bama	Gwoza	Mobbar	Monguno	Bama	Gwoza	Mobbar	Monguno
Flush/Pour flush toilet	0%	1%	0%	4%	9%	3%	7%	0%	0%	0%	0%	7%
Pit latrine without slab	8%	24%	8%	41%	16%	34%	34%	58%	50%	10%	0%	33%
Pit latrine with slab	70%	65%	38%	35%	48%	39%	26%	8%	25%	40%	75%	20%
Open hole	18%	8%	23%	10%	20%	18%	14%	17%	25%	50%	25%	27%

Pit VIP toilet	3%	0%	0%	2%	7%	1%	0%	17%	0%	0%	0%	13%
Bucket toilet	0%	0%	0%	1%	0%	0%	3%	0%	0%	0%	0%	0%
Plastic bag	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%
Hanging	0%	0%	0%	4%	0%	2%	3%	0%	0%	0%	0%	0%
Open defecation	0%	1%	31%	3%	0%	0%	14%	0%	0%	0%	0%	0%

Sanitation Risk Indicators

Two questions were taken from the MSNA dataset to examine areas where the risk of the spread of disease (especially diseases such as Cholera and COVID-19). These were:
1) Where an open hole was the main sanitation facility and it was shared between households. This increases the likelihood of the spread of disease through close contact between households in somewhat unsanitary conditions.
2) Where households did not utilize a specific hand washing device. This inhibits the ability of households to practice good hygiene important for the prevention of Cholera and COVID-19.
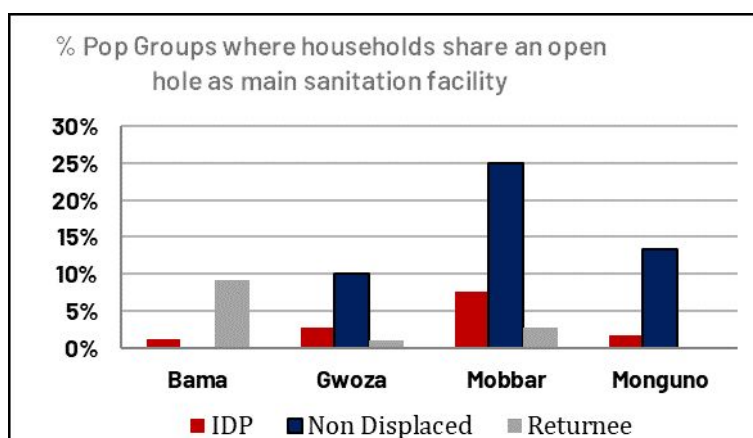

Figure 27: Sharing an open hole as the main sanitation facility by population group and LGA

Figure 27 shows that in Mobbar 25% of the non-displaced population share an open hole as their main sanitation facility and the issues are also noticeable for non-displaced populations in Monguno (13%) and Gwoza (10%). Returnees in Bama (9%) and IDPs in Monguno (8%) are the other numbers of note.
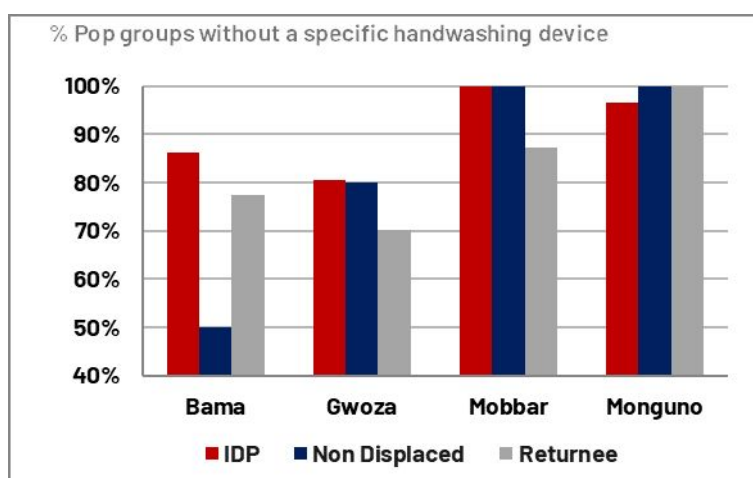

Figure 28: No specific hand washing device by population group and LGA

Figure 28 shows that the availability of handwashing for individual households is very low. Only for the non-displaced in Bama do more than half the population have a specific hand-washing device. This is concerning given washing of hands is one of the best ways to prevent both the spread of COVID-19 and Cholera with Mobbar and Monguno having almost no specific handwashing devices available.

Access to Water

Table 25 shows the main water sources by LGA and population group. The vast majority of the population utilize hand pump boreholes, but there are some clear exceptions. 61% of IDPs in Monguno and 100% of the non-displaced rely on public taps. Use of unprotected water sources is low, but 6% of the IDPs in

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Gwoza (who number 140,000 in total) do so. Reliance on water sellers is high in Mobbar (IDPs) and Monguno (non-Displaced), water trucking is a significant source for IDPs and the non-displaced in Gwoza.

Table 25. Main Water Source by LGA and Population Group

	IDPs				Returnees				Non-Displaced			
	Bama	Gwoza	Mobbar	Monguno	Bama	Gwoza	Mobbar	Monguno	Bama	Gwoza	Mobbar	Monguno
Bottled	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Handpump borehole	92%	47%	46%	30%	86%	38%	42%	50%	100%	60%	0%	33%
Piped to house	0%	0%	8%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Protected well	0%	8%	15%	4%	0%	2%	1%	0%	0%	20%	0%	0%
Public tap	7%	15%	8%	61%	9%	48%	54%	42%	0%	10%	100%	47%
Rainwater	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Surface water	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%
Unprotected well	0%	6%	0%	0%	0%	2%	1%	0%	0%	0%	0%	0%
Water seller	1%	3%	23%	2%	5%	7%	1%	8%	0%	0%	0%	13%
Water truck	0%	15%	0%	3%	0%	1%	0%	0%	0%	10%	0%	0%

Although understanding the source of water is important, it is also significant to know whether households have enough water. For the purposes of this analysis two questions have been analysed, whether households have enough water to drink (therefore avoiding contaminated sources) and whether households have enough water to bathe (practicing good hygiene).
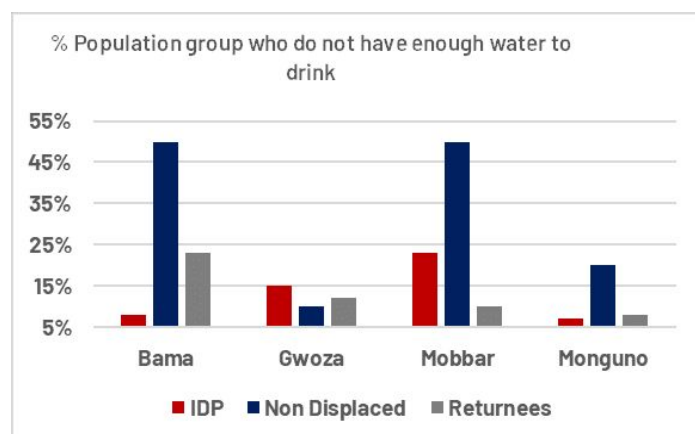

Figure 29: percentage of households who report not having enough water to drink by population group and LGA

From figure 9 it is the non-displaced in three of the 4 LGAs who identify as not having enough water to drink. This could be linked to a reliance on public taps in Mobbar and Monguno. Gwoza has relatively low levels of those without enough to drink across all population groups. In Mobbar just over 20% IDPs and in Bama just over 20% of returnees also report a lack of drinking water.
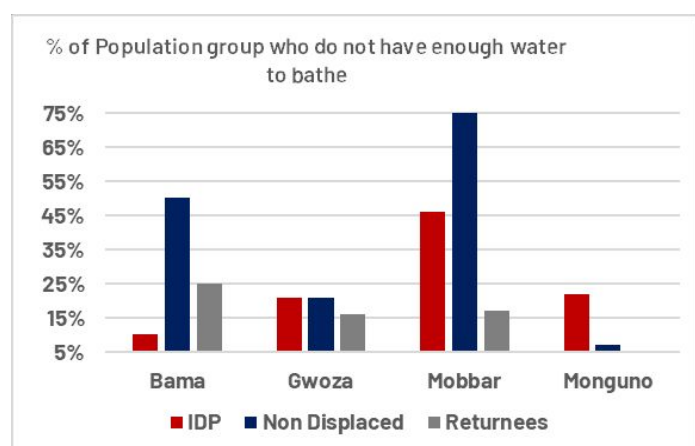

Figure 30. percentage of households who don't have enough water to bathe by population group and LGA

In terms of bathing, lack of water is a bigger issue (possibly because drinking water is prioritized). Again, it is the non-displaced population reporting the worst situation with over 70% in Mobbar and 50% in Bama indicating that there is not enough water for bathing. The only real change from drinking

water is Monguno where IDPs are the largest group without enough water to bathe.

Hygiene NFI Needs

Respondents were questioned as to whether they needed essential NFIs. Answers were recorded against a number of categories. These include the following NFIs related to hygiene: (1) Buckets, (2) Aquatabs, (3) Laundry detergent / bars, (4) Jerry Can, (5) Soap, (6) Menstrual hygiene product. Table 26 shows the proportion of households indicated:

- They needed none of the items.
- They indicated a need for one or two items from the list
- They indicated a need for three or four items from the list
- They indicated a need for five or six items from the list

These are the columns shown in **Table 26.**

	IDP				Non-Displaced				Returnee			
	0	**01-2**	**03-4**	**05-6**	**0**	**01-2**	**03-4**	**05-6**	**0**	**01-2**	**03-4**	**05-6**
Bama	30%	37%	26%	7%	0%	75%	25%	0%	14%	39%	27%	20%
Gwoza	7%	60%	18%	15%	0%	70%	20%	10%	26%	41%	28%	5%
Mobbar	8%	62%	23%	8%	0%	25%	25%	50%	8%	41%	50%	1%
Monguno	15%	47%	28%	10%	13%	27%	53%	7%	8%	42%	33%	17%

The picture is quite mixed across the LGAs although the most common answer in total appears to be around 1 –2 items. Roughly equal proportions of IDPs and returnees need no NFI items, but for the non-displaced only Mongono had any proportion of the population indicating no need of hygiene items. In Bama returnees indicated the most need with 20% requiring 5 items or more, this compared to only 7% of IDPs and no non-displaced households. Contrast this with Mobbar where 50% of the non-displaced required 5 items or more compared to only 8% of IDPs and 1% of returnees.

Summary

The analysis presented is limited and more could be done to determine the causes behind some of the patterns observed. In addition, as the sample size is not enough to be fully representative one must bear in mind that the results are indicative only. However, they do illustrate the o varying needs between population groups and within and between LGAs, as well as commonalities within population groups, for example:

- Returnees and the non-displaced are far more likely to rely on a public tap as a main water source than IDPs, although there is an exception - Monguno LGA.
- Open defecation does not appear to be a major issue in most LGAs, though it does have a significant prevalence amongst IDPs and returnees (but not the non-displaced) in Mobbar.
- In most LGAs the non-displaced report the highest number of households without enough drinking water, except in Gwoza where levels are relatively low for all population groups.
- In terms of Hygiene NFIs, returnees report the highest need followed by non-displaced, perhaps indicating easier access to humanitarian aid for IDPs.

This analysis therefore underlines the importance of good information and that the needs of the populations will differ from one LGA to another and between population groups, but there are patterns and commonalities that can be used to guide programmatic decision making.

There are two areas that would strengthen the analysis. Firstly, no distinction can be made from the data to determine if the IDPs are camp based or in host communities. This would be a useful addition to the disaggregation and enable a more nuanced understanding of IDP needs. Secondly if possible representative sampling for the groups (possibly a sub-state level such as the domains used in the nutrition survey which grouped 5 – 8 LGAs together) would allow more confidence in the results.

This analysis is focused mostly on what could be possible and what organizations may wish to take into consideration when planning assessments and subsequent analysis.

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 completer 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 14.

Figure 14 – IMMAP/DFS Secondary Data Analysis Framework
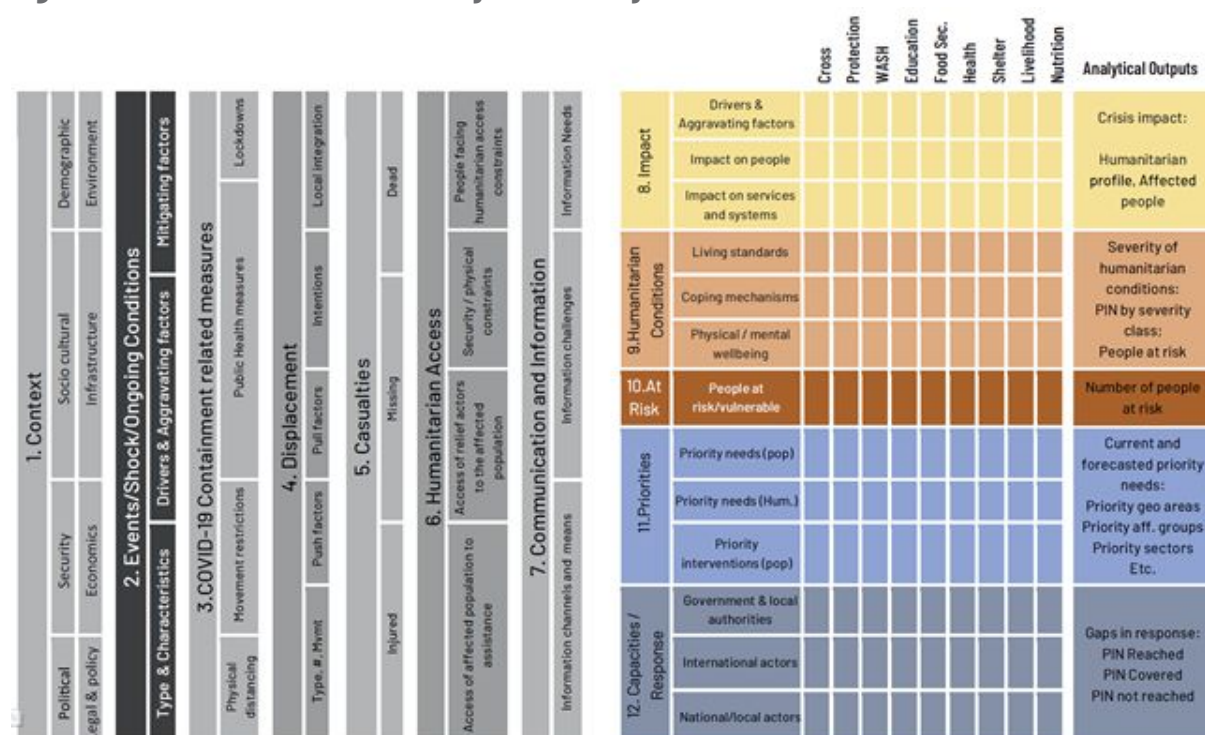
On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. In addition, all the captured information receives additional tags, allowing 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 household, 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. Details of the information captured for the report are available below (publicly available documents from the 01 January to the 31 January were used).

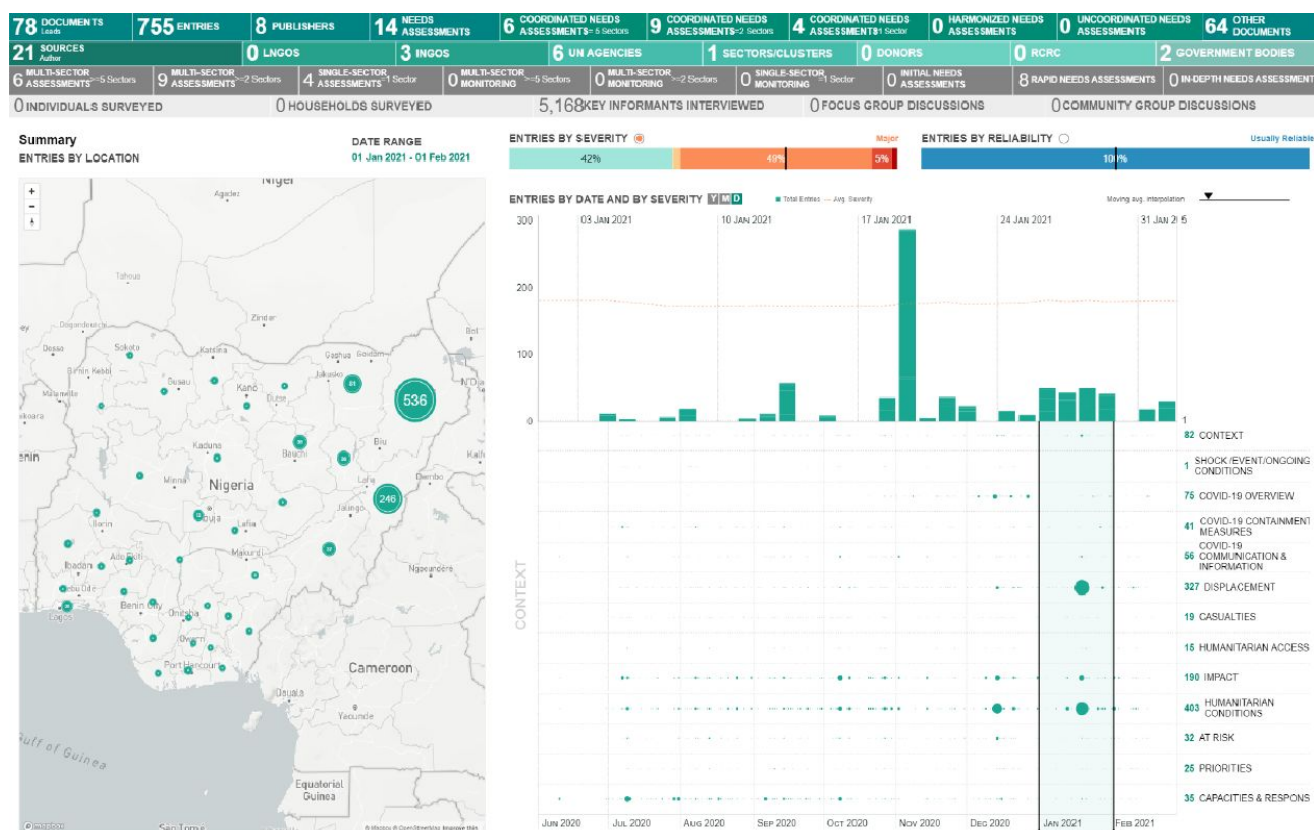## Figure 15: Documents by Location, Timeline and Primary Categories (Analytical Framework)

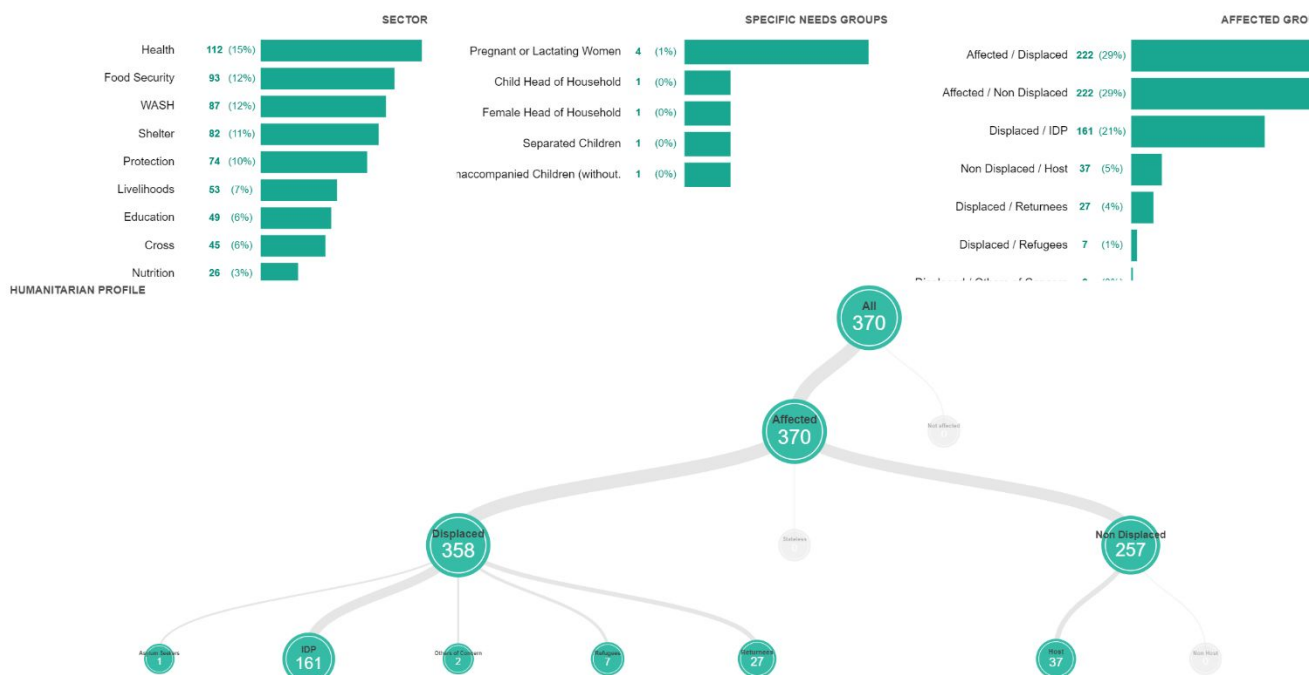## Figure 16: Documents and Entries by Sector and Affected Group

Figure 17: 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 27).

Table 27. IMMAP/DFS Analysis Workflow

Situation Analysis   **Country:** Nigeria **Period:** 01/21 to 01/21 **# Update:** 04 **Report Status:** Public

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 78 relevant documents (articles, reports) from 21 sources	Categorization of the available secondary data (755 excerpts)	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 3 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 3 key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop, recommendations for next round
Tools	Analysis Framework Analysis Canvas Data sharing agreements Report template	SDR folder Naming convention	DEEP (SDAF) DEEP (Assessment registry) Coding scheme	Interpretation sheet Black hat	Revised report template Analytical writing guidance Lessons learnt template