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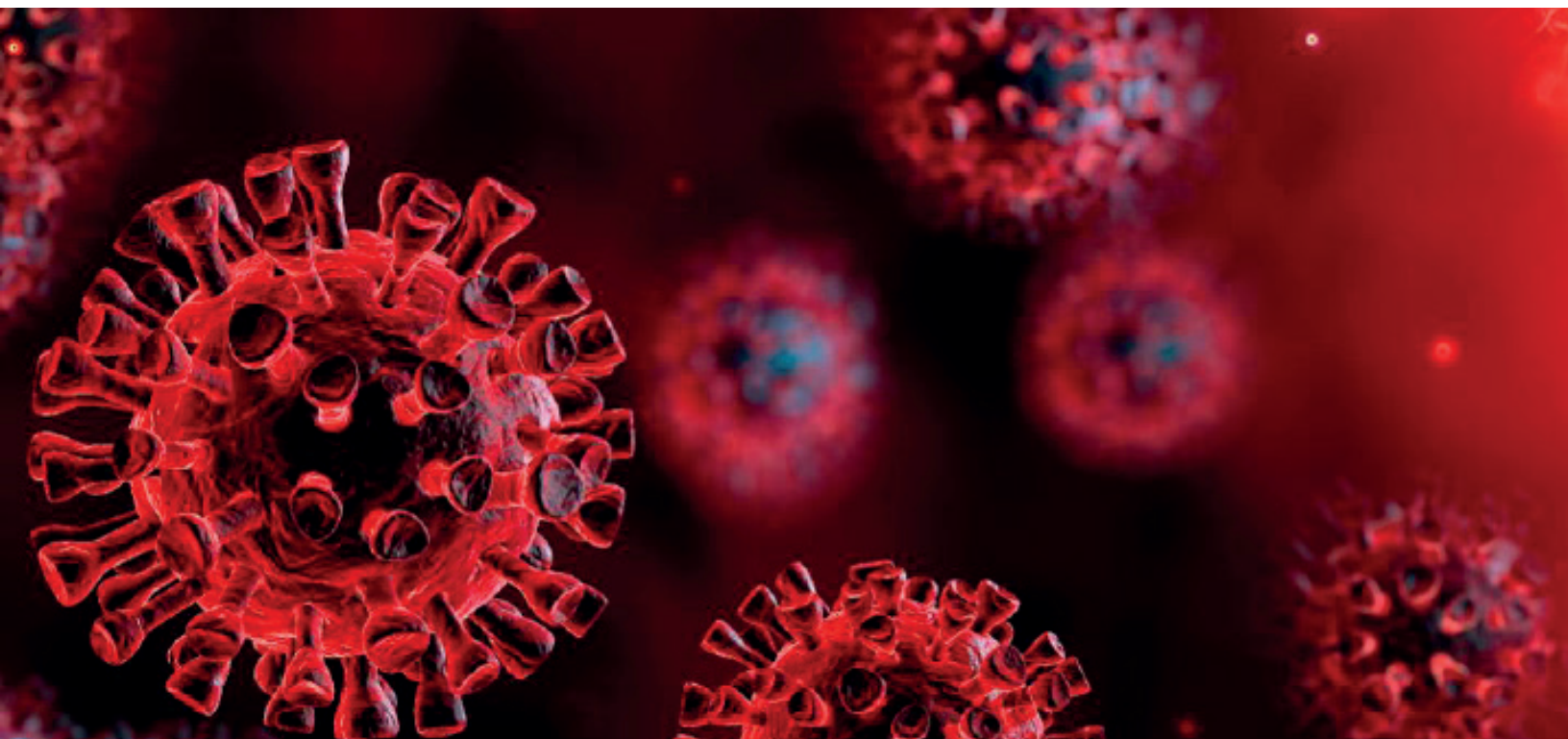


# COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



APRIL 2021



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

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

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

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# 1. Executive Summary

## KEY HIGHLIGHTS




Confirmed Cases	COVID Related Deaths	Tests Conducted
		
<b>165K</b> Total confirmed cases	<b>2K</b> Total death recorded	<b>1.9M</b> Test samples collected
<b>2.1K</b> New confirmed cases in April 2021	<b>14</b> New COVID related deaths in April 2021	<b>146K</b> New Test samples collected in April 2021
<b>-97.9%</b> Decrease compared to March 2021	<b>-86%</b> Decrease compared to March 2021	<b>-26.3%</b> Decrease compared to March 2021

Figure 1. COVID-19 overview in Nigeria

With COVID-19 cases continuing to decline across the country and including in the BAY States (Borno, Adamawa and Yobe), the major driver of humanitarian needs continues to be the ongoing conflict. Updates on the situation in [Damasak Town](#) and [Dikwa](#) covering the aftermath of recent NSAG attacks highlight the impact on humanitarian operations caused by the recent escalation in fighting. The security and humanitarian access sections give a more in-depth analysis regarding the extent of security issues and their impact on humanitarian access to affected populations.

With no major new reports published during the reporting period, this analysis relies mainly on regular assessments including those from REACH covering hard-to-reach (H2R) areas, the CCCM tracking report and the usual Health Sector Bulletin, Integrated Disease Surveillance and Response (IDSR) reports and other health updates.

## COVID-19 EPIDEMIC OVERVIEW AND VACCINATION PROGRAM

In April 2021, Nigeria recorded 2,126 confirmed new COVID-19 cases, a two-thirds drop compared to the previous month. The total number of tests conducted declined by approximately 26% to 146,189 and the test positivity rate more than halved to 1.5% for the month..

In addition, the first phase vaccine rollout continues and nearly 1.2 million people have received their first dose, accounting for approximately 67% of the target population (which consists of health workers and other front line responders such as members of the security forces).

For the BAY states (Borno, Adamawa and Yobe) the overall trend is also downwards with 99 new cases recorded in April compared to 385 in the previous month. However while cases are 80% lower in Borno and 96% lower in Adamawa, Yobe has seen a 71% rise in cases in April. The number of tests carried out in the BAY states for April was 5,750 marking a 31% fall from the previous month.

## COVID-19 CONTAINMENT MEASURES AND COMMUNICATIONS

In April the government announced phase 4 measures to contain the spread of variant COVID-19 that has been detected in the country. These measures (to be in effect from May 11) cite that bars, nightclubs, event centers, and recreation venues are to remain closed with a nationwide 00:00-04:00 curfew in place. Restrictions remain on gatherings, and government messaging continues to urge the public to follow guidelines including the mandatory use of facemask, physical distancing, avoidance of public gathering and non-essential travel. Restrictions on international travel, screening at points of entry and mandatory testing and quarantine is still in place.

Government information campaigns are also focused on informing people how to register for a vaccination, but there is a worry that misinformation and rumors may deter some from taking the vaccine.

## SECURITY AND HUMANITARIAN ACCESS

The operating environment remains extremely volatile for humanitarian actors in northeast Nigeria as increased hostilities and military operations have impacted humanitarian operations and led to waves of mass displacement. Recent NSAG attacks in Damasak and Dikwa led to the suspension of humanitarian operations and evacuation of humanitarian personnel as well as the displacement of many of the towns civilian population. Humanitarian facilities and assets were damaged or destroyed including a UN-Humanitarian Hub, and the specific targeting of humanitarian assets during the Damasak raid is particularly concerning.

The deterioration in the security landscape continues to affect the delivery of humanitarian assistance in deep-field locations. Major supply routes in Borno State have become particularly dangerous—due to risk of attacks by non-state armed groups (NSAGs), as well as from unexploded ordnance and improvised landmines..

## HUMANITARIAN NEEDS

An escalation in conflict has led to further displacements as conflict continues to be the main driver of humanitarian needs in northeast Nigeria. Macroeconomic factors including rising prices and unemployment continue to drive down household purchasing power as the northeast continues to struggle to recover from the economic downturn caused by COVID-19 containment measures.

The latest Cadre Harmonisé projects that 4.37 million people are expected to face crisis level food insecurity (IPC level 3 or above) during the coming lean season (June – August 2021), with those in garrison towns in the north of Borno state and households living in hard-to-reach areas particularly at risk. Displacement and insecurity will impact on access to farmland and the movement of goods between markets and therefore could further drive-up food insecurity. Increased food insecurity will also

impact malnutrition rates with the prevalence of acute malnutrition at emergency levels in northern Yobe.

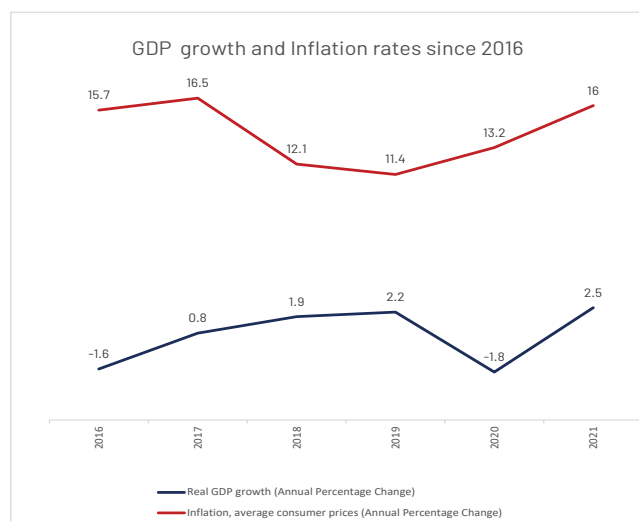
Climatic conditions, access constraints due to insecurity and further displacements are increasing humanitarian needs as sectors such as Shelter and WASH struggle to cope with existing gaps. Schools have reopened but data is still not available on the level to which children have returned to education. Poverty, food insecurity and displacement are all factors leading to the increased use of negative coping mechanisms and gaps in protection service provision leave many people vulnerable to abuse and exploitation (especially women and girls).

More than half of the children in BAY states have never been to school as the education sector struggles to recover after a year where schools were closed and access to distance learning opportunities was outside the reach of many.

Lack of livelihoods, increased poverty, overcrowded camps and lack of education opportunities are all driving an increase in protection risks, in a crisis that was already defined through a protection lens.

## 2. Economic Context

### NIGERIA'S ECONOMIC GROWTH FORECAST 2021



**Figure 2.** Nigeria's GDP growth and Inflation since 2016 ([IMF](#) 30/04/2021)

According to the IMF, Nigeria's economic forecast for 2021 was favourably reevaluated to reach 2.5% growth, from 1.5% announced in January 2021. This improvement from the initial 2021 forecast is based on the fact that the economy exited recession in the Q4 2020 with a modest 0.11 percent growth. However, real GDP is only expected to recover to its pre-pandemic level in 2022. The near-term outlook is subject to downside risks from pandemic-related developments with Nigeria experiencing a second wave of contaminations. Over the medium term, a subdued global recovery and decarbonization trends are expected to keep oil prices low and OPEC quotas in place, restricting oil-related activities, fiscal revenues, and export proceeds. According to Deloitte's report 2020, the Nigerian oil sector accounts for a half of the government's revenue and 90% of foreign exchange ([Brookings](#) 16/04/2021).

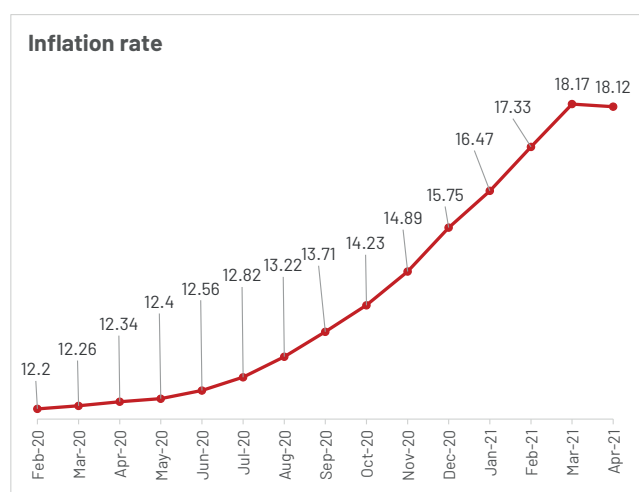
The revenue calculations in the 2021 budget, the Nigerian government assumed oil production of 1.86 million b/d, including condensate output of between 300,000 b/d and 400,000 b/d, with a benchmark oil price of \$40/barrel. This compares with a 2.3 million b/d oil output target set for

the year by the government, although output up to June in previous year averaged just 1.88 million b/d ([SP Global](#) 08/10/2020). Non-oil growth is also expected to remain sluggish, reflecting inward-looking policies and regulatory uncertainties ([IMF](#) 08/02/2021; [Premium Times](#), 04/2021). The limited gains from inward-oriented policies in terms of creating jobs and improving living standards suggest that Nigeria will need to change course to accommodate a growing number of young people entering the labor market by embracing more open trade and competition policies that would help in diversifying the economy and reinvigorate growth, particularly as the African Continental Free Trade Area takes effect.

Business operating conditions in Nigeria's private sector economy continued to improve at the outset of Q2, with the Stanbic IBTC Bank Nigeria Purchasing Managers' Index (PMI) coming in at 52.9 in April, matching March's print. Consequently, the index remained comfortably above the neutral 50-threshold that separates expansion from contraction in business conditions ([Focus Economics](#) 23/04, 2021).

## NIGERIA INFLATION RATE STABILISES FOR THE 1ST TIME SINCE 2019

**Figure 3.** 12 month Inflation rate in Nigeria, starting January 2020



Nigeria's annual inflation rate is showing signs of stabilisations, reaching 18.12% in April of 2021, therefore marking the first decline since August 2019, down slightly from a four-year high of 18.17% in March 2021.

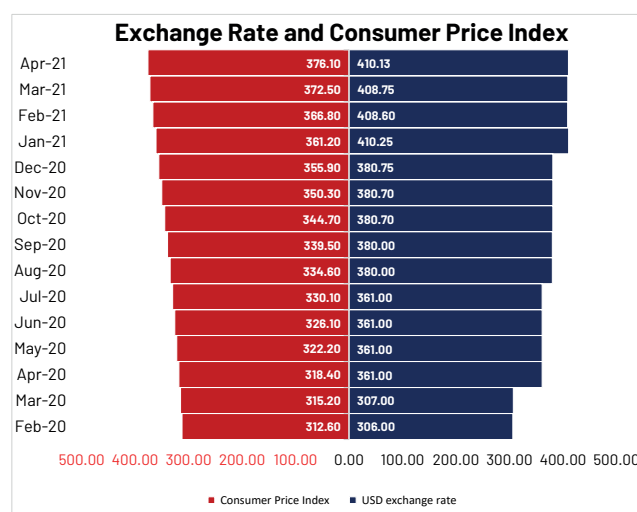
Whereas food inflation diminished slightly to 22.72% from a nearly 16-year peak of 22.95%, prices continued to rise for transport (14.9% vs 14.7%); health care services (15.9% vs 15.8%); furnishings (12.6% vs 12.2%); clothing & footwear (13.2% vs 12.9%); miscellaneous goods & services (11.5% vs 11.4%) and housing & utilities (10.1%, the same as in March).

On a monthly basis, consumer prices were up 0.97%, slowing from a 1.56% rise in the previous month. On the other hand, the Central Bank of Nigeria (CBN) maintained its monetary policy rate at 11.5% for March 2021, to help to consolidate the country's recovery process despite intensifying inflationary pressures amidst the impact of the coronavirus epidemic on global oil prices and its repercussions for the Naira currency ([Trading Economics](#) 23/04/2021)

## MONTHLY INFLATION RATE PEAKS

The Consumer Price Index (CPI) reached an all-time high of 376.1 points in April, up from 372.5 points in March 2021. Similarly, Core Consumer Prices (CCP) in Nigeria increased to 326.91 points from 323.71 points. By implication, this means that the inflation has been constantly increasing in the last months. CPI is a measure that examines the changes in the purchasing-power of a currency at the market basket of consumer goods and services that can be purchased by households. The movement of the CPI is the main measure for inflation rate ([Trading Economics](#) 23/04/2021)

**Figure 4.** Consumer Price Index climbs further as Naira continues to weaken against dollar





## NIGERIA'S POVERTY RATE INCREASED IN 2021

Data from the World Bank Poverty and Shared Prosperity report shows that Nigeria's poverty level has further increased in the wake of the COVID-19 pandemic. More specifically, 79 million Nigerians live in extreme poverty, accounting for 20 percent of the people living in poverty in SSA. COVID-19 and its associated economic crisis are enabling factors of the high poverty headcount ([World Bank](#) 2021). Data from COVID-19 phone surveys in Nigeria suggests that about 85% of households experienced higher food prices, with half reducing their food consumption as a coping strategy.

## NAIRA GAINS AGAINST DOLLAR AT FOREIGN EXCHANGE MARKET

The exchange rate between the Naira and the US Dollar closed at N410/\$1 at the Investors and Exporters window as oil prices gained marginally by 0.09% to close at \$66.82 per barrel region. On the other hand, naira-maintained stability at the parallel market to close at N485/\$1, while forex turnover dipped by 48.6% from \$110.46 million recorded on Thursday to \$56.81 million on Friday, 30th April 2021 ([Naira metrics](#) 30/04/2021).

## NIGERIA BUSINESSES LOSE \$29BN ANNUALLY TO POOR ELECTRICITY

The World Bank has said businesses in Nigeria lose about \$29bn annually as a result of the country's unreliable electricity. It also observed that Nigeria had the largest number of people without access to electricity in the world, as 1 in 10 people without access now reside in Nigeria. The bank's positions were contained in the Power Sector Recovery Programme fact sheet presented during the World Bank virtual dialogue with energy reporters. The report also said, Nigerian utilities get paid for only a half of electricity they receive. "For every N10 worth of electricity received by the distribution companies (Discos), about N2.60 is lost in poor distribution infrastructure and through power theft and another N3.40 is not being paid for by customers. "Six in ten of registered customers are not metered, and their electricity bills are not transparent and clear. This contributes to resistance to paying electricity bills." The PSRP document presented by the bank stated that only 51 percent of installed capacity was available for generation, as an average Nigerian consumed four times less energy than their counterpart in a lower middle-income country. ([Punch Nigeria](#) 22/04/2021).

## CENTRAL BANK OF NIGERIA ISSUES MODALITIES FOR PAYOUT OF DIASPORA REMITTANCES IN USD

Since Q1 2020, Nigeria has faced an exchange rate crisis triggered by the COVID-19 pandemic and the drop of global oil prices caused by the world's largest oil producers' supply cuts, which pushed oil prices to crash to as low as under zero dollars. With oil prices down, pressure on Nigeria's exchange rate grew, leading to speculations of a devaluation to reflect the true value of the Naira. In April 2021, the price of Brent crude was down to \$64.81 per barrel (pb) from \$65.41 pb in March of 2021.

The CBN commenced one of the most significant deluges of policy pronouncements and flip-flops on the management of Nigeria's foreign currency ([Nairametrics](#) 26/03/2021)

- The apex bank has frowned at activities of some International Money Transfer Operators (IMTOs) and unlicensed companies who continue to facilitate diaspora remittances into the country in Naira instead of dollars. The apex bank's reaction follows the contravention of its earlier directive that all diaspora remittances must be paid to the beneficiaries in dollars. This disclosure was contained in a circular titled, '[Modalities for Payout of Diaspora Remittances](#)', issued by the CBN on Friday, January 22, 2021.
- It can be recalled that the CBN, had in November 2020, [amended the procedure](#) for the receipt of diaspora remittances and insisted that it must be paid in dollars to the beneficiaries, in an apparent and frantic attempt to improve liquidity in the forex market and reduce the disparity between the black market and the official window.
- Also in an [additional guideline for diaspora remittances](#), the CBN barred IMTOs from sending money to Mobile Money Operators and also stopped the integration of payment services providers to IMTO accounts. It also stopped switches and processors from getting involved in foreign remittances.
- The Central Bank of Nigeria (CBN) recently introduced '[Naira 4 Dollar Scheme](#)' for diaspora remittances, which offers recipients of diaspora remittances through CBN's IMTOs to be paid N5 for every \$1 received as remittance inflow. The measure is expected to end on May 8, 2021.

## ECONOMIC SITUATION IN NORTHEAST NIGERIA

The conflict in the northeast continues to disrupt market function and trade activities. While market function and trade activities have improved over the last year, with increased function in areas around east-central Borno State and areas of Yobe and Adamawa States, market function is still limited in many areas of the region. The continued recent attacks in the northeast region somewhat distorted market activities, however, once attacks subsided, the market function returned to levels seen prior to that of the conflict event. Where market function and trade activity is limited, market supply for most goods is limited. Income-earning opportunities remain constrained to most households in the Northeast areas while relatively normal in other areas of the country. Households in conflict-affected areas continue to engage in petty trading, labor work, firewood sale, and other menial jobs to earn limited incomes. Similarly, community support from host communities to IDPs and remittances are below average as employment remains lower than usual in urban areas. ([FewsNet](#) 28/04/2021).

While conditions in the northeast remain poor, there has been an improvement in recent years with households returning to their areas of origin, especially in some northern and central areas of Borno State with improving food and income access. Households who are in displacement camps are mainly dependent on humanitarian assistance and those in garrison towns have limited assistance and mainly depend on their own limited harvest and market purchases, with below-average purchasing power. In areas of Yobe State where some areas are inaccessible, access to normal livelihood activities is lower than usual. In inaccessible areas, some households face large-consumption gaps while in adjacent accessible areas, households have somewhat better access to markets and income and face moderate consumption gaps. Households, mainly in parts of Borno state who remain in areas that are inaccessible to humanitarian actors and consume wild foods, with little to no food stocks, are facing large food consumption gaps and those households with some access to food from own production are likely depleted. ([FewsNet](#) 28/04/2021).

### 3. Context - Security

Map 1. Concentration of Security Threats in Nigeria



**Data Source:** [ACLED](#) Composite data 2018-2021.

**Note:** Map above reflects the geographic concentration of threats, not the magnitude of each threat ([Africa center](#) 30/04/2021)

Nigeria faces an array of security challenges beyond the Boko Haram presence in the northeast. The security challenges range from violent extremism, to farmer-herder conflict, banditry, a revived secessionist movement in the south east, police repression, piracy, and attacks on oil infrastructure, among others. Much as Boko Haram, and its offshoot the Islamic State in West Africa (ISWA), continue to be Nigeria's most serious security threats, the country is reported to be in "state of emergency" according to a statement released by the presidential spokesperson in January this year ([Premium times](#) 30/03/2021). While the Global Terrorism Index 2020 ([Vision of humanity](#)) identified Nigeria as the third most affected country by terrorism in the world, the country is gradually becoming one of the most dangerous places to live. The increased insecurity incidents, prompted the president to direct security agencies to shoot anyone seen with an AK-47 as one of the latest efforts to flush out bandits ([Amnesty International](#) 26/03/2021).

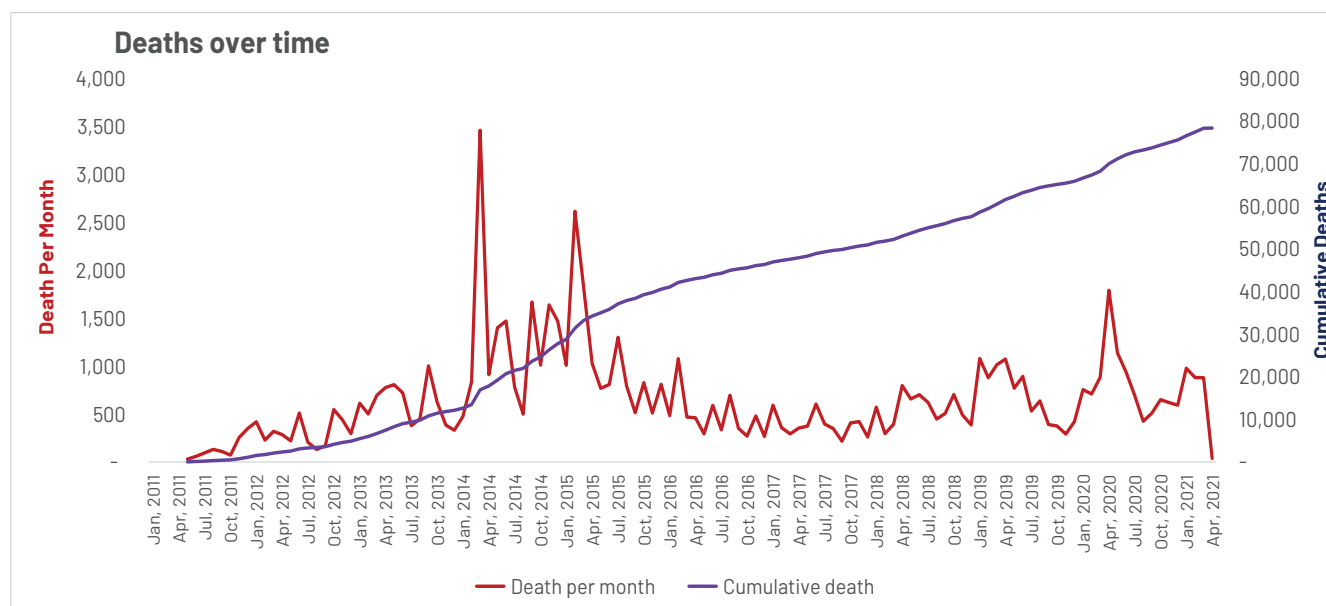
The security environment in the Northeast deteriorated, not only for civilians but also humanitarian actors. Over the last few months, intensifying conflict in the Northeast has resulted in large-scale displacements, significant livelihood disruptions, and declines in humanitarian



access. The Nigerian military's withdrawal to "super camps" in 2019 has given Boko Haram and ISWAP freer range to move through the region's hinterlands. At times, these fortified garrison towns are targeted by large-scale attacks. In April, the Islamic State West Africa Province (ISWAP) ambushed a military convoy transporting weapons to Mainok town, outside the regional capital Maiduguri, killing at least 31 soldiers in the deadliest attack this year

against Nigeria's army ([Africa News](#) 27/04/2021). On 10 April 2021, non-state armed group (NSAG) operatives attacked the brigade headquarter of the Damasak "super camp", killing at least eight civilians and causing thousands to flee to neighboring Niger. In the same attack, the newly renovated police barracks and the general hospital were attacked, carting away medical supplies and the hospital's ambulance ([UN OCHA](#) 11/04/2021).

**Figure 5. Death from Non-State Armed group actions**



Source: [NST](#) 30/04/ 2021

In addition, the fighters from the Islamic State West Africa Province (ISWAP) stormed the town of Geidam, killing at least 11 civilians as residents were preparing to break their Ramadan fast on Friday, leading to a gunfight with troops from a nearby base ([Punch Nigeria](#) 24/04/2021). In Adamawa State, several abductions and kidnappings, with demands for ransom were reported in Mubi North (Mayo-Bani and Digil Wards), Mubi South (Lamorde Ward) and Madagali (Duhu/Maiwandu Ward) LGAs. An alleged NSAG attack in Kirchinga Ward of Madagali was repelled by military forces resulting in panic and tension in the community. Another attack by members of an NSAG forced people to flee from Madagali LGA into Michika town for safety which created some tension ([UNHCR](#) 19/04/2021).

In Borno State, several NSAG attacks, ambushes, and illegal checkpoints continued along main highways such as Maiduguri-Monguno, Maiduguri-Damasak, and Gubio-Magumeri where NSAG collected ID and SIM cards from commuters, robbed motorists of cash, phones, food and

other valuables. They also attempted infiltration into IDP camps and host communities, resulting in death, looting, abduction, and other related incidents in Dikwa, Rann and Ngala ([UNHCR](#) 19/04/2021).

The Nigeria Security Tracker ([NST](#)) estimates that the number of deaths caused by different political, economic and social grievances, continue to rise since 2011. The number of deaths reported over the years since 2011 by states have increased steadily for instance, Borno state has registered 33,755 deaths followed by Adamawa with 4,033 deaths and Yobe with 3,062 deaths. Figure 4 below illustrates deaths and cumulative deaths over time attributed to violence. The blue line shows the number of deaths per month, and the red shows the cumulative total deaths. The number of deaths is a conservative estimate, based on numbers reported by the press.

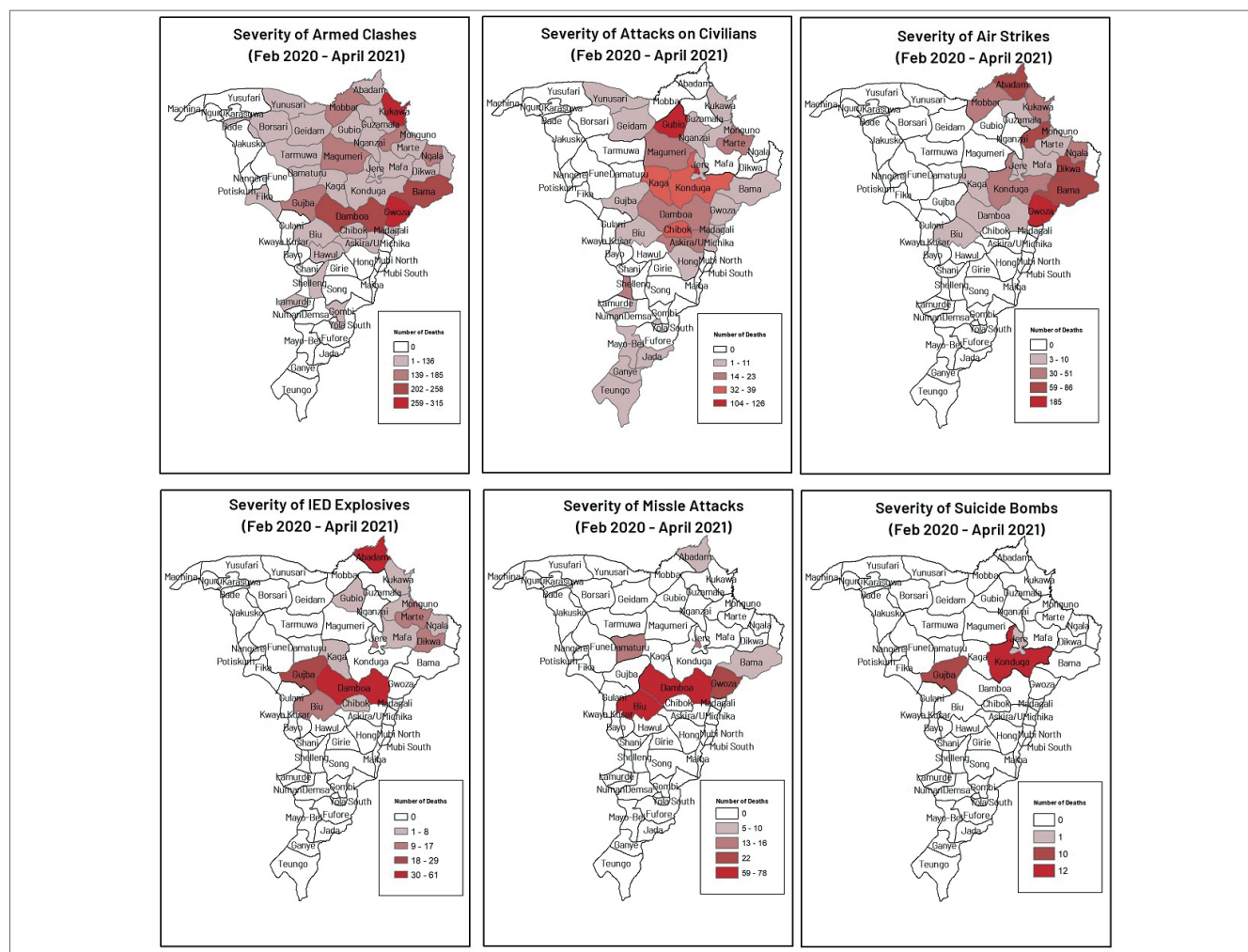
## SECURITY INCIDENTS SINCE THE OUTBREAK OF COVID-19 IN NIGERIA

The data used in this report was collected by the Armed Conflict Location & Event Data ([ACLED](#)) to show the impact of armed-conflict inflicted on the affected population. According to ACLED, data on conflict events are collected from publicly available secondary reports, and therefore may represent an underestimation of the true number of events (ACLED 2021). The maps below indicate that from February 2020 to April 2021, approximately 4,620 people lost their lives in different security incidents in the northeast.

Within Borno state, which is the epicenter of the conflict, the LGAs with the highest number of lives lost in violence include: Gwoza with a total of 526 (where 315 were lost

in armed clashes and 185 were lost in airstrikes among others), Damboa with a total of 402 (where 258 were lost in armed clashes and 59 were lost in missiles attack), Kukawa with a total of 321 (where 259 were lost in armed clashes and 51 were lost in airstrikes), Bama with a total of 288 (where 202 were lost in armed clashes and 75 were lost in airstrikes), and Monguno with a total of 251 (where 170 were lost in armed clashes and 64 were lost in airstrikes), while in Dikwa, about 233 people lost their lives (where majority 136 died in armed clashes followed by 86 in airstrikes while 11 dies in landmines). In Yobe, the LGA with the highest number of fatalities is Gujba with a total of 225, where approximately 185 lives were lost in armed clashes followed by 29 lives lost in landmine/IED explosives. In Larmude LGA, Adamawa, 37 people lost their lives through armed clashes.

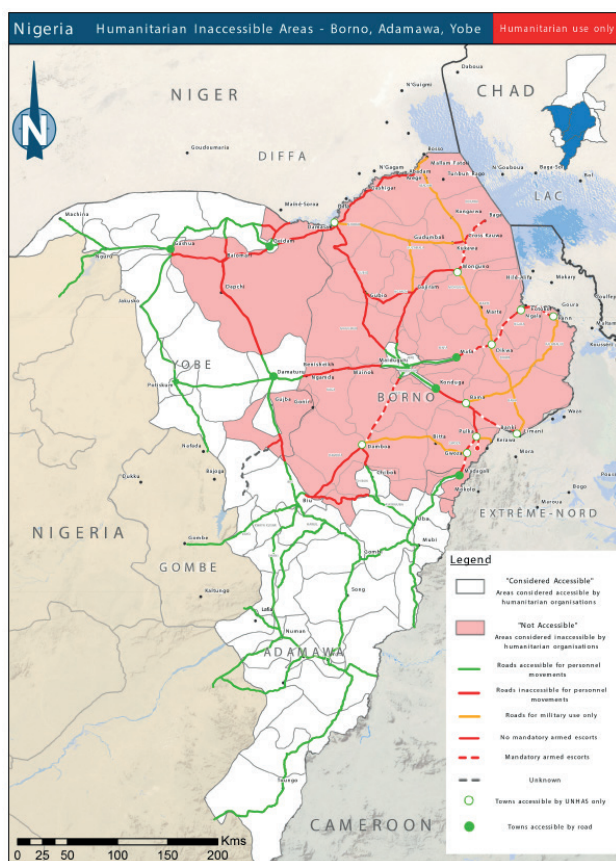
**Map 2. Severity of security fatalities {Feb 2020 – April 2021}** Data source: ACLED April 2021



Data source: [ACLED](#) April 2021

## 4. Humanitarian Access

**Map 3.** Areas Inaccessible to Humanitarian Organisations (Borno, Adamawa and Yobe states)



The operating environment remains extremely volatile for humanitarian actors in Northeast Nigeria with increased hostilities and military operations that have led to waves of mass displacement and continued to impact humanitarian operations. The increasing insecurity in recent months in northeast Nigeria and around the border areas of Lake Chad Basin poses additional protection challenges for most vulnerable person of concern, with clashes between armed elements and government forces preventing the timely delivery of lifesaving humanitarian aid to those in need ([UN Office of the SRSG for Children and Armed Conflict](#) 30/04/2021).

Over the last few months, conflict in the Northeast has increased tremendously resulting in large-scale displacement, significant disruption to livelihoods, and decline in humanitarian access. The attack on Damasak on 10th April led to the evacuation of humanitarian actors, suspension of life-saving assistance and consequently increasing the vulnerabilities of the already affected population. The violent attacks pushed an estimated 65,000 people from Damasak on the road. Thousands

of families and elderly people in dire need, and largely dependent on humanitarian aid, crossed Yobe river towards Niger for safety. NGO staff managed to hide and escape the town, but their private houses were set ablaze after house-to-house searches, demonstrating an unprecedented level of targeting of humanitarian workers ([NRC](#) 16/04/2021).

### RIISING INSECURITY HINDERS HUMANITARIAN OPERATIONS IN DEEP FIELDS

The deterioration in the security landscape continues to affect the delivery of humanitarian assistance in deep-field locations. The attacks on hospitals and PHC centers by the Non-State Armed Groups (NSAGs) are disrupting COVID-19 response and health services in some LGAs (Geidam, Yunusari, and Gujba LGAs). Besides, the escalation of insecurity and military operations limit contact tracing, active case search, and community sensitization in security-compromised LGAs. The Geidam town attack, during which NSAG opened sporadic fire when looting food from many shops leading residents to flee the town for safety while in Kaliyari community along Babbangida-Dapchi road, commuters were stopped and robbed of their phones, money, and other valuables at an irregular checkpoint. Two civilians were killed when one driver attempted to escape ([UNHCR](#) 19/04/2021).

The unpredictable security situation continues to hamper movements of health workers, drugs and other medical supplies. Despite improvements of the health situation under the North East Nigeria Health Sector 2019 Strategy', the delivery of health services continues to be affected by the damages to health facilities and infrastructure caused by NSAG attacks ([WHO](#) 18/04/2021). The direct attacks targeting humanitarian workers and facilities by armed groups have forced humanitarian and non-governmental organizations out of the region, leaving communities relying on such aid even more vulnerable ([UN Office of the SRSG for Children and Armed Conflict](#) 30/04/2021). The restriction on the quantity of fuel transported per organization continues to adversely impact humanitarian operations especially medical facilities ([OCHA](#) 30/04/2021).

The recent NSAG operatives in Damasak destroyed humanitarian facilities and assets, including a UN-Humanitarian Hub, ACTED warehouse, guesthouses of NRC, AAH, GISCOR, INTERSOS and FHI360, as well as two water tanks at the humanitarian hub. After the attack,

NSAGs conducted a house-to-house search, reportedly looking for aid workers which raises concerns over the safety and security of civilians identified as humanitarians. Due to that attack, approximately 29 humanitarian staff from the UN, international and national NGOs were relocated from Damasak to Maiduguri on three UNHAS rotational flights which affected the continuation of provision of life-saving humanitarian services (UN OCHA 11/04/2021). UN operations were suspended since the relocation exercise on April 11 and INGOs operations were immediately halted, such as INTERSOS's food distribution activities, and FHI360's nutrition, health, protection and WASH programs ([UNHCR](#) 14/04/2021)

## CAMP CONGESTION AS A RESULT OF INCREASED ATTACKS

The first week of April 2021 witnessed in the displacement of nearly 48,000 civilians, comprising 2,533 arrivals and 2,264 departures, with about 40 percent displacees citing the intensifying conflict in Borno and Adamawa as the reason for their movement ([FEWS](#) 30/04/2021). Congestion of camps continues to pose great challenges in every aspect of standardizing camp management in the Northeast, and decongestion of highly congested camps and reception centers in the BAY states remains a key priority. Over 179,000HH require shelter and NFI support to cope with the harsh weather conditions. The fluid state of security has limited the sector partners' access to locations of interventions. Additionally, sector partners are faced with funding constraints which are slowing down the response to the needs identified ([CCCM: Shelter and NFI](#) 23/04/2021).

## 5. COVID-19 Epidemic Overview

### NEW CASES CONTINUE TO DECLINE

Table 1. COVID-19 Nigeria (NCDC )

	Total samples tested	Total confirmed cases	Total active cases	Total discharged cases	Total deaths
Nigeria	1,924,294	164,719	7,731	154,926	2,062

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

	30-Apr	31-May	30-Jun	31-Jul	31-Aug	30-Sep	30-Oct	29-Nov	27-Dec	31-Jan	28-Feb	28-Mar	25-Apr
New cases per month	1,793	8,646	14,555	17,556	11,176	4,983	3,673	4,891	17,002	46,828	24,415	6,936	2,126
# Total Prevalence (confirmed cases)	1,932	10,578	25,133	42,689	53,865	58,848	62,521	67,412	84,414	131,242	155,657	162,593	164,719
# Total cases discharged	319	3,122	9,402	19,270	41,513	50,358	58,249	63,055	71,034	104,989	133,742	150,308	154,926
New Deaths	56	243	274	305	135	99	34	27	81	332	321	141	14
# Total deaths	58	299	573	878	1,013	1,112	1,146	1,173	1,254	1,586	1,907	2,048	2,062

In April 2021, Nigeria recorded 2,126 confirmed new COVID-19 cases (Incident rate of 1.0 per 100,000), as the total number of COVID-19 cases reached 164,719 cases. Compared to March, the confirmed cases recorded

declined from 72% to 69%. Following two months of all-time high mortality rates in January (332) and February (321), COVID-19 related deaths dropped by 90% to 14 in April. Most of the deaths occurred in Lagos state (21.3%),



Edo State (8.9%) and Abuja (8.05%), even though Lagos and Abuja remain the COVID-19 hotspots. Nigeria remains the second most severely affected country in Africa after South Africa.

## POSITIVITY RATES CONTINUE TO DROP BY 2% AS TESTING REDUCES BY 26%

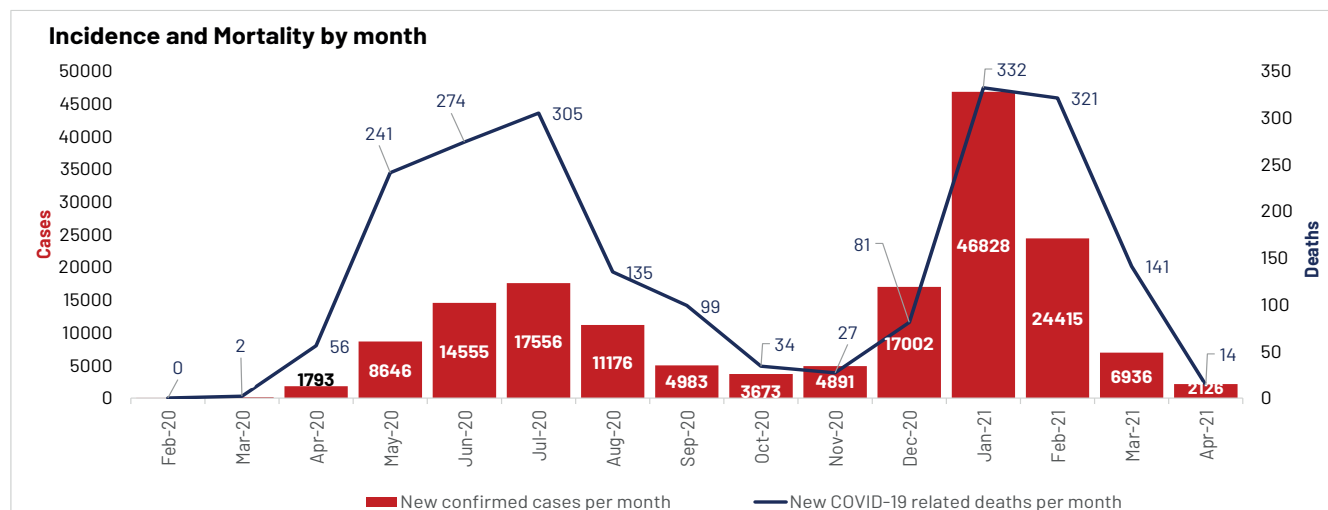
In the last three months (February–April), a steady decline in the positivity rate was recorded as indicated in the figure below. This might be a result of decline in the testing conducted during this period.

Table 3. Monthly Progression of COVID-19 Outbreak in Nigeria

	February	March	April
Positivity rate	10.9	3.5	1.5
Testing	223,669	197,663	146,189

Following 3 months with positivity rates averaging 5.3%, positivity rates decreased from 10.9% in February to 1.5% in April. This confirms a trend of reduction in the number of tests conducted, reducing from 223,669 in February to 146,189 in April. This decline might be attributed to reduced government funding for testing, stigmatization of people testing positive, personnel shortage due to ongoing vaccination roll out, and insecurity among other potential contributing factors.

Figure 6. Monthly Progression of COVID-19 Cases vs Deaths



## NIGERIA'S COVID-19 VACCINATION OVERVIEW

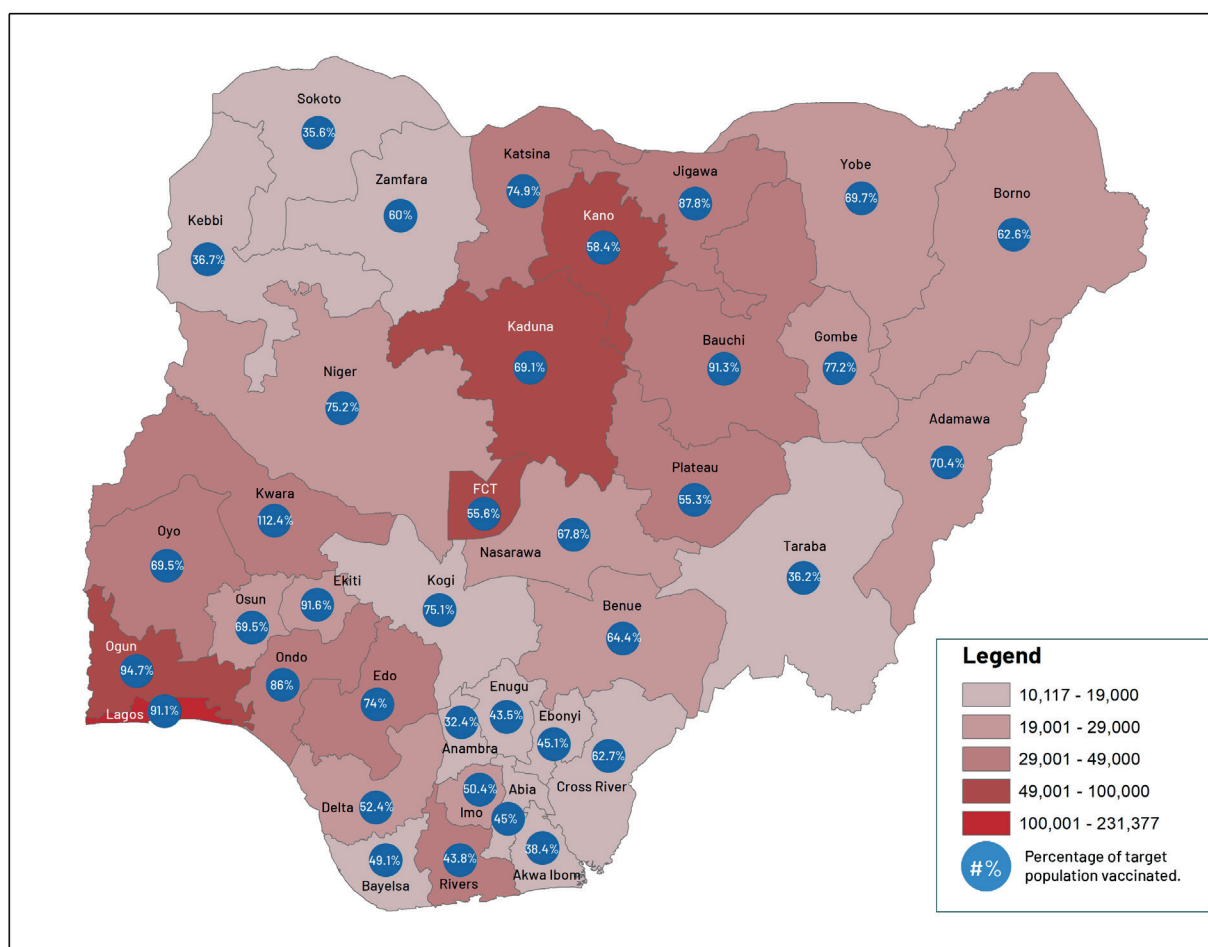
Since the COVID-19 vaccination began in the US in mid-December 2020, Nigeria's first batch of 3.9 million doses of AstraZeneca's COVID-19 vaccine arrived in the country from the Serum Institute of India on 2nd March 2021. The delivery is part of the COVAX facility arrangement, spearheaded by GAVI and the World Health Organization (WHO), to ensure a fair and equitable distribution to all countries globally and the country expects approximately 84 million doses of COVID-19 vaccines from AstraZeneca and Johnson & Johnson.

Following the delivery of 3.92 million doses of the AstraZeneca vaccine on March 2, 2021 through the COVAX

scheme, Nigeria had vaccinated about 1,191,513 persons with the first dose as of April 28th ([NPHCDA 07/03/2021](#)). This represents about 67% of the target population (1,781,732), which includes health workers as well as first responders in the military, paramilitary and other security agencies in the first roll out phase. The campaign targets adults aged 50 and older (with or without an underlying disease), but starting with those aged 60 and older as well as anyone aged 18–49 with a comorbidity (such as hypertension, diabetes, lung disease, cancers and heart conditions) and lastly anyone in that age group without such conditions. Pregnant women are exempted (WHO, 30/04/2021). Hence, a number of states (5) have exceeded 90% of their target population namely Bauchi, Ekiti, Ogun and Kwara.



**Map 4. Vaccinated Individuals against Eligible Population Per state**



Source: (NPHCDA 28/04/2021)

## BAY STATES OVERVIEW

Ninety nine new cases were reported for the BAY states in April, highest in Yobe (77), followed by Borno (12) and Adamawa (10) respectively. The 99 cases reported was about 74% declined compared to 385 cases reported in the previous month. However, there were corresponding decreases in Adamawa (96%) from 289 to 12, and Borno (80%) from 51 to 10 except in Yobe with an increase of 71% from 45 to 77 compared to previous month. As cases continue to decrease in Adamawa and Borno, Yobe state accounts for 13.9% of the total confirmed number of COVID-19 cases in BAY states for April, increasing from 11.6% in March. This is followed by Adamawa state which declined from 39.1% in March to 38.1% in April, while a

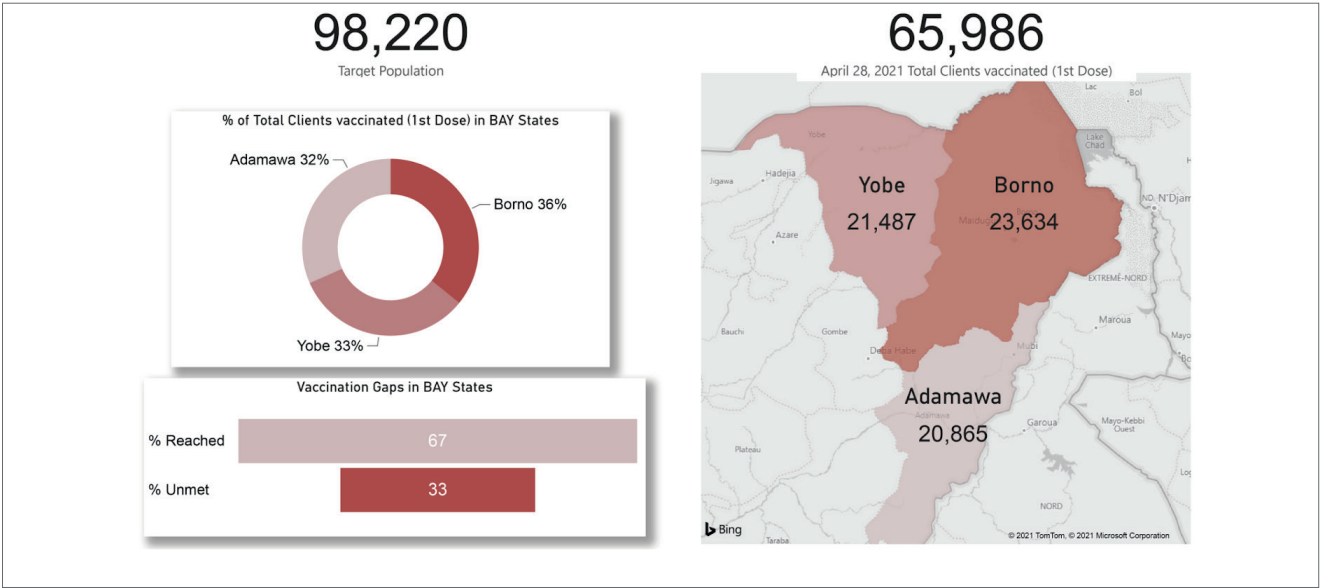
decline from 49.3% in March to 47.9% in April was reported for Borno. No death was reported for March and April.

The number of health-workers infected by COVID-19 in April has remained unchanged from what was reported in the previous month. Highest cases were reported in Borno (81), followed by Adamawa (59) and Yobe (19).

## COVID-19 VACCINATION IN BAY STATES

As at 28th April, Adamawa has reached 70.4% of its target population (29,638), about 16,715 increase from what was reported in March (4,150). Yobe and Borno recorded 69.7% and 62.6% reach of their target population respectively ([NPHCDA 31/04/2021](#)).

Figure 7. Nigeria COVID-19 Tracking in BAY State

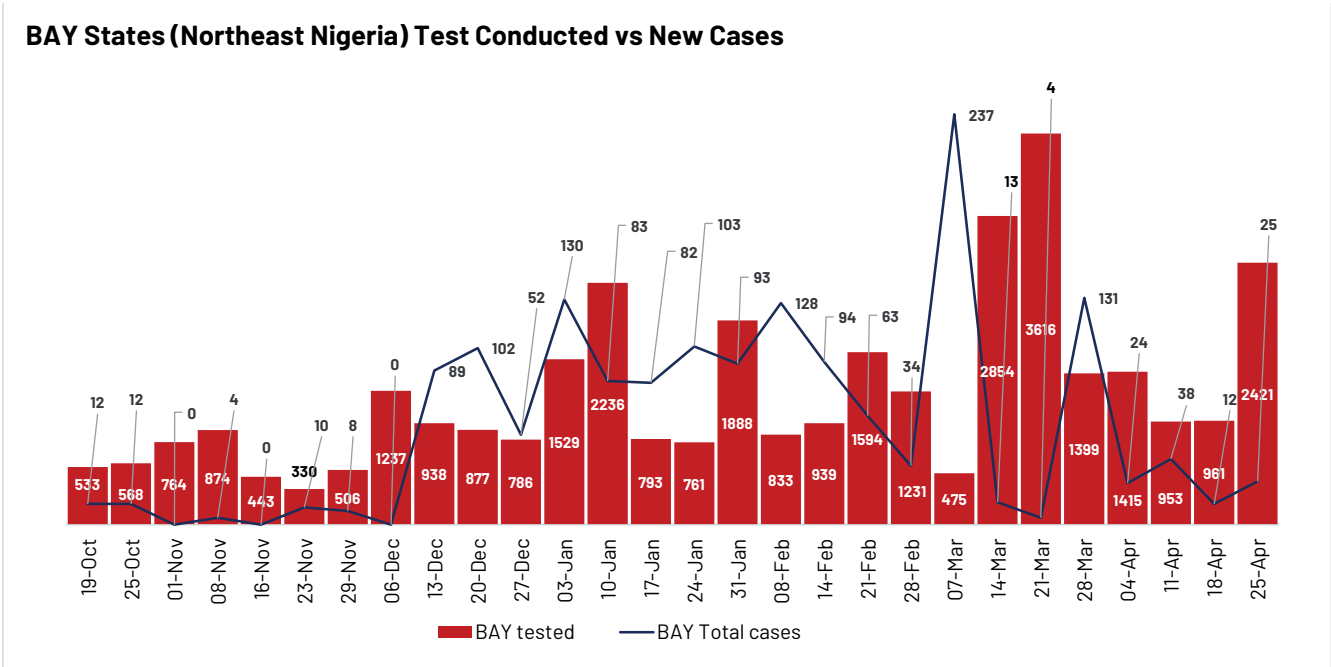


Source: ([NPHCDA](#) 28/04/2021)

As of 28th April 2021, Borno had the highest number of individuals (23,634) who were administered the first dose of the vaccine, followed by Yobe state, with 21,487, and

Adamawa, with 20,865. Besides, Borno accounts for approximately 35.82% of individuals vaccinated with the first dose in BAY states given the initial total target population of 98,219.

Figure 8. Weekly testing and caseload data for the BAY States (NCDC Weekly Epidemiological Report, 25/04/2021)



## TESTING & CONTACT TRACING

COVID-19 testing in the BAY states during April declined by 31%, from 8,344 to 5,750 samples. Yobe accounted for 78% of these samples, followed by Borno (12%) and Adamawa 10%.

There was a decline in the number of contacts traced by 42% in April compared to the figure reported for March in BAY states. This decline was reported in Borno only from 554 to 115, while Adamawa and Yobe reported increases from 13 to 19 and 90 to 245 respectively.

Figure 9. COVID-19 testing across the BAY states

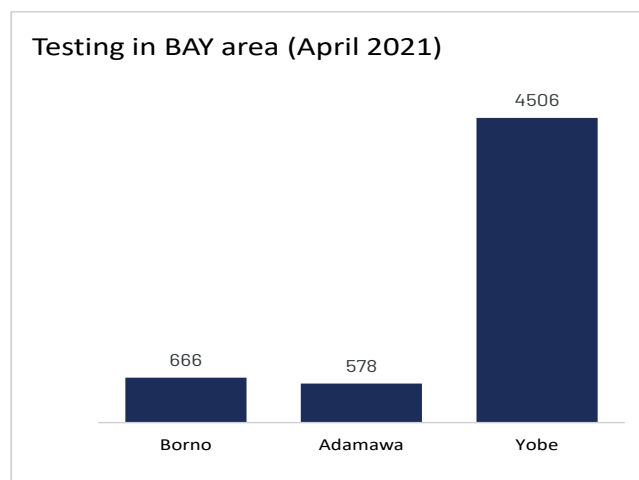
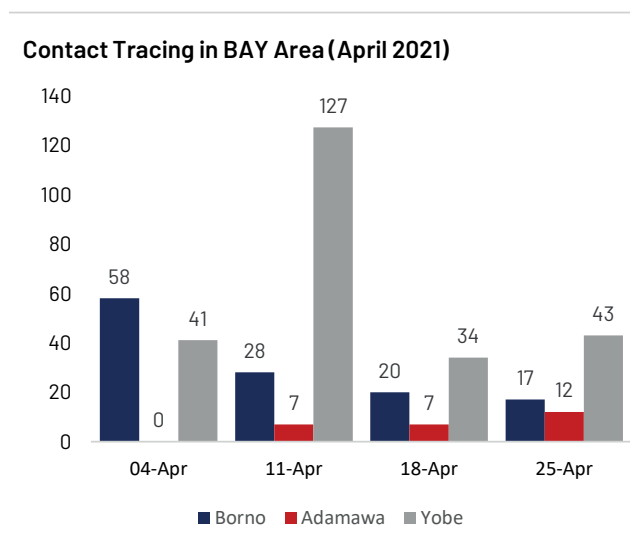


Figure 10. Contact tracing across the BAY states



## 6. COVID-19 Containment Measures

### NIGERIA GOVERNMENT ANNOUNCED PHASE 4 COVID-19 MEASURES

In the month of April, the government announced phase 4 measures to contain the spread of variant COVID-19 that has been detected in the country. The measures came with restricting travel from Brazil, India and Turkey – where there is a high incidence of cases, high fatality rate and widespread prevalence of the variants of concern. According to the [circular](#) released on 26th April 2021, the government declared phase 4 of restriction of movements across the country with the re-introduction of curfew, among other restrictions aimed at curbing the spread of the deadly variants of COVID-19 recorded in some parts of the world.

Under new Phase 4 measures which came into effect on May 11, 2021, bars, nightclubs, event centers, and recreation venues are to remain closed with a nationwide 00:00–

04:00 curfew in place. Outdoor sporting activities are allowed; public gatherings remain restricted. Gatherings in enclosed spaces are limited to 50 people, provided they observe adequate social distancing measures and wear facemasks. Civil servants have returned to working on-site at public offices; public transport systems are required to limit their capacity to 50 percent.

Some of the other measures include mandatory seven days quarantine in a Government approved facility at the point-of-entry city and at cost to the passenger; COVID-19 PCR test within 24 hours of arrival, while the passenger shall be monitored for compliance to isolation protocol by appropriate authorities. On false declaration, passenger(s) who provided false or misleading contact information will be liable to prosecution, person(s) who willfully disregard or refuse to comply with directions of Port-Health staff, security agencies or evade quarantine shall be prosecuted in accordance with the law.

Compliance with COVID-19 precautions is low, increasing the risk of the virus spreading. Almost a year after the first case of COVID-19 in Nigeria, people have stopped complying with the mitigation measures such as wearing masks in public, limiting large social gatherings and following good hygiene practices. This is a particular worry for populations living in overcrowded IDP camps ([WHO](#) 16/04/2021, [Punch](#) 27/04/2021).

## LEVEL OF MITIGATION MEASURES IN CAMPS IS MIXED

Based on the latest DTM assessment, approximately 65% of respondents in the BAY states stated that there were

no specific COVID-19 mitigation measures set up in their locality. However, there was a big difference between camp-based IDPs and Host Communities. In Borno state (where the vast majority of IDP camps are located) 53% of camp-based IDPs reported mitigation measures were in place, compared to only 24% of host communities ([IOM](#) 19/04/2021).

Hand washing and temperature screening for new arrivals is in place at many IDPs camps. Fifty two percent of key informants from H2R areas reported that they were asked to wash/sanitise their hands when they arrived at the IDP and 40% of KIs reported that their temperature had been measured when they arrived at the IDP camp ([REACH](#) 16/04/2021)

## 7. Information and Communication for COVID-19

### THE PRESIDENTIAL STEERING COMMITTEE (PSC) AND NPHCDA HOLDS MEETING ON COVID-19

The Presidential Steering Committee (PSC) on COVID-19 in collaboration with the National Primary Health Care Development Agency (NPHCDA) commenced a nationwide advocacy campaign on the safety and benefits of the COVID-19 vaccines in the six geopolitical zones of the country with the inaugural edition held in Lafia for the North-Central zone. The Chairman, PSC and Secretary to the Federal Government of the Federation urged all stakeholders to educate, sensitize and mobilize people to take responsibility for their loved ones by taking the vaccine against the virus to stop the transmission. In addition, the Minister of Health, noted that since the outbreak of the virus, COVID-19 had claimed the lives of millions across the globe, battered economies including Nigeria resulting in the fall of the country's GDP by 23%, hence the need for people to take the vaccine for the country to achieve herd immunity necessary for socio-economic growth and development. The minister disclosed that both President and Vice President have already taken the vaccine and those who have taken are all well, sound and healthy. The minister urged stakeholders to take it as their civic responsibilities to sensitize the general public on the safety and benefits of the AstraZeneca vaccine and to respect and observe COVID-19 protocols by wearing face masks, engaging in regular hand washing and maintaining physical distancing.

### NEW GUIDELINES FOR PASSENGERS ARRIVING IN NIGERIA FROM BRAZIL, INDIA AND TURKEY OTHER PARTS OF THE WORLD.

In the week of 26th April 2021, the Presidential Steering Committee on COVID-19 took a precautionary step by restricting travel from three countries – Brazil, India and Turkey – where there is a high incidence of cases, high fatality rate and widespread prevalence of variants of concern. The government declared phase four of restriction of movements across the country with the re-introduction of curfew, among other restrictions aimed at curbing the spread of the deadly variants of COVID-19 recorded in some parts of the world. Among the restrictions, here are the following;

- Effective from Tuesday 27th April, the government re-imposed a 12 midnight to 4 a.m. curfew across the country and revived other restrictions to hinder the spread of the deadly variants of COVID-19 recorded in India and Brazil.
- The closure of event centers and non-essential public places such as nightclubs in the country will commence till further notice
- The gathering of religious groups has been reduced to 50 percent attendance, while official engagements, meetings, and conferences should continue to hold virtually.
- The schools which are currently in session in the country, have been ordered to continue the use of

approved antigen-based rapid diagnostics tests as recommended by NCDC

- All recreational venues, gyms, and indoor sports facilities are to close until June 11 when the situation will be reviewed. However, non-contact outdoor sports such as golf, polo, and tennis are not affected.
- The security agencies in the country have been tasked to enforce the measures while state governments are to set up a mobile tribunal for the prosecution of violators.

On the same day 26th April, the Presidential Steering Committee on COVID-19, issued guidelines for travelers to Nigeria from other parts of the world as follows.

a) Reduction of the validity period of pre-boarding COVID-19 PCR test for all Nigeria-bound passengers from 96hrs to 72 hours. Henceforth PCR test results older than 72 hours before departure shall not be accepted;

b) Guidelines Specific to Brazil, India and Turkey

Any person who has visited Brazil, India or Turkey within fourteen days preceding travel to Nigeria, shall be denied entry into Nigeria. This regulation, however, does not apply to passengers who transited through these countries.

The following measures shall apply to airlines and passengers who fail to comply with I and II(a) above:

- Airlines shall mandatorily pay a penalty of \$3,500 for each defaulting passenger.
- Non-Nigerians will be denied entry and returned to the country of embarkation at cost to the Airline.

Nigerians and those with permanent resident permit shall undergo seven days of mandatory quarantine in a Government approved facility at the point-of-entry city and at cost to the passenger. The following condition shall

apply to such passengers:

- The passengers shall take a COVID-19 PCR test within 24 hours of arrival. If positive, the passenger shall be admitted within a government-approved treatment center, in line with national treatment protocols.
- If negative, the passenger shall remain in quarantine and undergo another PCR test on day 7 of their quarantine.

Passenger(s) arriving in Nigeria from other destinations

- Must observe a 7-day self-isolation at their final destination.
- Carry out a COVID-19 PCR test on day 7 at a selected laboratory.
- Shall be monitored for compliance to isolation protocol by appropriate authorities.

False declaration

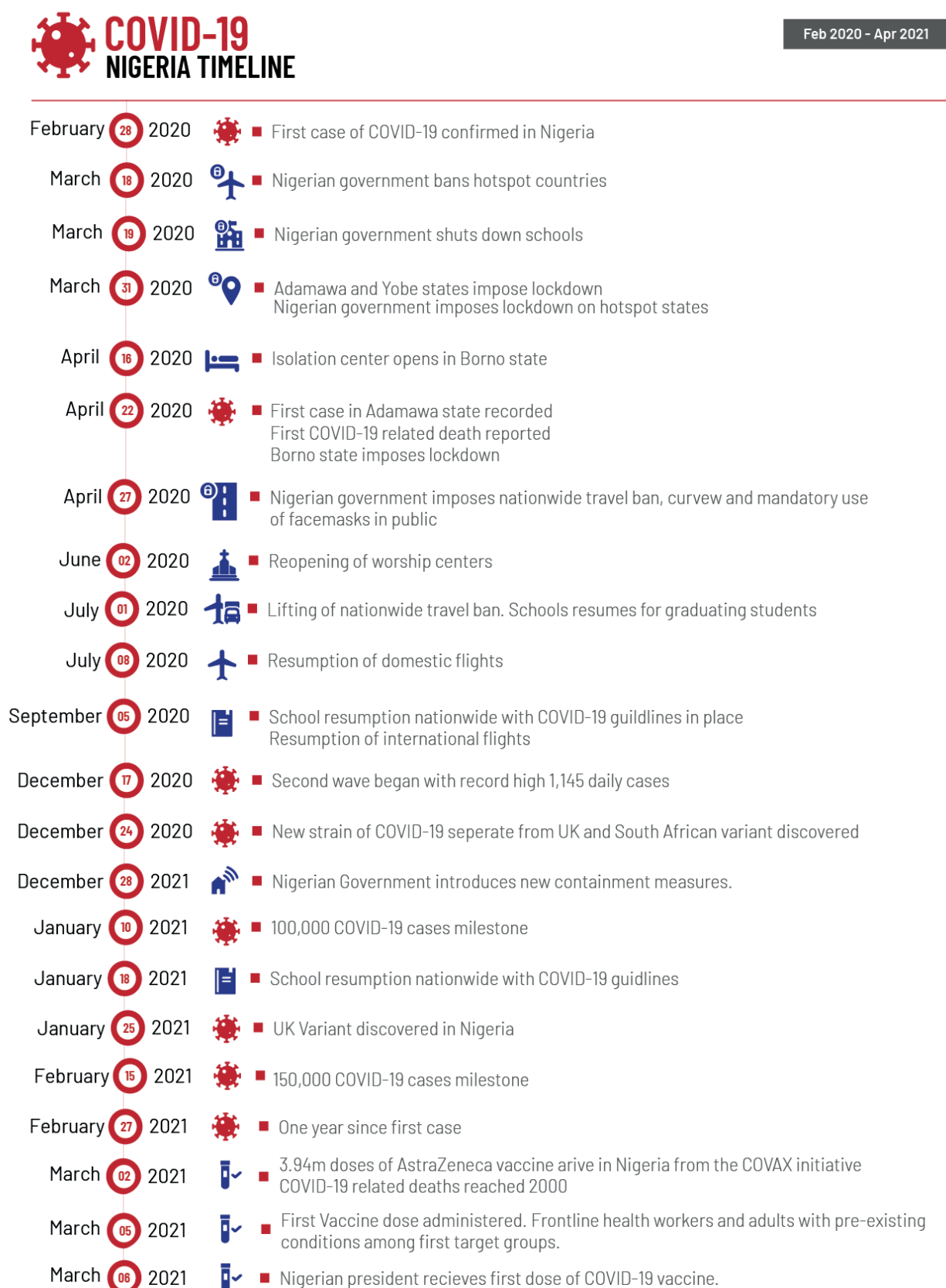
- Passenger(s) who provided false or misleading contact information will be liable to prosecution.
- Person(s) who willfully disregard or refuse to comply with directions of Port-Health staff, security agencies or evade quarantine shall be prosecuted in accordance with the law.





State Governments are required to ensure that all returning travelers from ALL countries are monitored to ensure adherence to the mandatory seven-day self-isolation period and the repeat COVID-19 PCR test on the seventh day after arrival.

We urge members of the public to adhere to all COVID-19 preventive measures in place including adherence to the national travel protocol, proper use of face masks, regular handwashing and physical distancing.



Figure 11. COVID-19 Timeline in Nigeria



- March 12 2021  ■ Vaccination rollout began across the country
- March 23 2021  ■ 122,000 vaccines administered
- April 26 2021  ■ Nigerian government introduces extra measures for passengers arriving from Brazil, India and Turkey.
- April 26 2020  ■ 1.19m vaccines administered nationwide. 65,986 vaccines administered in BAY state

## 8. Overview of Impact and Humanitarian Conditions

As the COVID-19 infection rate falls, insecurity continues to be the main driver of humanitarian needs in northeast Nigeria. In the last three months there have been large scale attacks by NSAGs on [Damasak](#) (Mobbar LGA) and [Dikwa LGA](#) as well as attacks on health facilities in Yobe detailed in the [March EWARS bulletin](#). The attacks in Dikwa and Damasak led to the suspension of humanitarian operations, the displacement of affected populations and the evacuation of humanitarian staff. In Damasak in particular, humanitarian assets were targeted by the NSAGs and in both locations WASH and health infrastructure was damaged or destroyed. In garrison towns such as Damasak and Dikwa Town populations are heavily reliant on humanitarian aid for their basic needs, and the suspension of humanitarian operations along with disrupted access to livelihoods and markets all contribute to increased food insecurity. The latest [\(March\) Cadre Harmonise](#) forecast that estimates 4.37 million people will face crisis level food insecurity (IPC 3 or above) during the coming lean season (June – August 2021) but these figures could be driven higher where populations are unable to access humanitarian services.

**Livelihoods in the northeast remain constrained** with urban areas in particular not having reached pre-pandemic employment or income levels. The impact of multiple displacement is a major factor on the ability of households to engage in livelihoods and is one factor as to why IDPs remain the population group facing the biggest challenges in accessing livelihood opportunities.

**High food prices and reduced household incomes continue to drive food insecurity** with up to 4.37 million people facing food insecurity at crisis levels (IPC phases 3 or above) for the coming lean season (June – August 2021). Insecurity is impacting populations' access to farming and populations in hard-to-reach areas are thought to be facing the worst food insecurity outcomes. However recent data indicates some improvement in their situation.

**The health sector remains under heavy pressure** due to COVID-19 protocols, insecurity and NSAG attacks on health facilities alongside the overall burden of diseases such as malaria in the region. The rise in measles cases due to a recent outbreak in and around Maiduguri does appear to be plateauing.

**Acute malnutrition levels are above the emergency threshold level in Northern Yobe**, with the rest of Yobe and large parts of Borno having high/serious acute malnutrition levels. Overall, the situation has deteriorated since last year and the latest projections expect increased food insecurity and malnutrition in the coming lean season (June – August 2021).

**NSAG attacks have damaged critical WASH infrastructures** in Dikwa and Damasak Town. Provision of potable water and sufficient latrines remains a challenge especially in camp and camp-like settings. In addition the availability of clean water in hard-to-reach areas remains a concern.

**Shelter needs remain high** with contributing factors including further displacement, the temporary lifespan of emergency shelter and the challenges in delivering shelter solutions due to insecurity. Fire outbreaks continue to be a hazard with approximately 1,500 shelters damaged or destroyed due to fire in the reporting period.

**NSAG attacks, abduction and forced recruitment are major concerns for affected populations** in the BAY states. Insecurity, overcrowding in camps, ongoing displacements and the continued harsh economic

conditions are all driving the exploitation of women and girls and the adoption of negative coping mechanisms. Lack of sufficient child protection services in the face of large-scale needs is also a particular worry.

**Schools across the BAY states have opened with COVID-19 prevention protocols in place.** A government study on how schools are coping with this new environment is expected in May. However, children in hard-to-reach areas still face significant barriers to accessing appropriate education services.

## 9. Information Sources and Gaps

Food security and nutrition sectors were well covered by the [March Cadre Harmonise report](#) the latest [FEWS net](#) outlook and the [IPC Acute Malnutrition analysis](#). It should be noted that although there is nutrition surveillance in Borno state via the [ISDR bulletins](#), the main nutrition data comes from the [Nutrition and food security surveillance \(Round 9\)](#) report for which data collection took place in October 2020. In addition, information about nutrition in hard-to-reach areas is limited to perception surveys and analysis of food security data.

For health, there was at time of publishing no EWARS report for April, however the ISDR bulletins provided much of the health surveillance data. In addition [a weekly measles outbreak](#) update is also provided. There have been several NSAG attacks resulting in damage to and the looting of health facilities but there is no recent analysis for the current number of functional/partially functional health centres in the BAY states.

For education there is no data on whether all schools have reopened, the level of school attendance or how successfully schools have been able to implement COVID-19 prevention guidelines. However, the results of a [nationwide survey](#) dealing with some of these issues will be included in the next report.

Shelter and WASH data is still somewhat limited and based on the regular [CCCM update](#), as well as the previous [DTM round 35](#) which has data from November. [DTM round 36](#) has now been released and will be used for the next report.

Protection data is also quite limited and mainly drawn from the publicly available [UNHCR operational update for January](#). Anecdotal evidence from national and international media continues to highlight protection concerns, especially in light of the increasing insecurity, but current data on protection issues is lacking from the analysis in this report.

Livelihood's data has been drawn from a [national survey](#) by WFP on the impact of COVID-19 on urban households, but this data was collected in October and represents an analysis of the whole country, not just the BAY states. Economic data and market surveys are also available but there is a lack of local (BAY states) livelihood analysis and employment data other than that provided via FEWS net.

Information on recent attacks in Dickwa and Damasak have been drawn from various updates and reports but it should be noted that the situational analysis uses data up to the end of April only. This also means that more recent incidents such as that in [Geidam and Yunusari LGAs, Yobe State](#) are not included, nor are any response actions from May onwards. Finally, analysis of the situation in hard-to-reach areas across all sectors is mostly based on the [REACH H2R reports](#) (data collected in January). Therefore this analysis is both somewhat dated and readers should note the limitations of the methodology provided by REACH in the report summaries.

## 10. Sectors



### Livelihoods

Reports from REACH of recent attacks on [Damasak Town](#) (Mobbar LGA) and [Dikwa LGA](#) outline how insecurity and displacement are negatively impacting livelihoods. A [return intention survey](#) conducted by the IOM also looks at how displacement has curtailed normal livelihood activities for many of the displaced and returnees. On the positive side, the latest [REACH Survey](#) for hard-to-reach areas shows an increase in livelihood activities. For a longer-term analysis, the [2021 HNO](#) provides an overview of how the livelihoods sector is being impacted by the effects of the COVID-19 pandemic and the ongoing conflict in northeast Nigeria and a [national survey](#) examined how COVID-19 had impacted the essential needs of urban and slum dwellers across the country.

### CONFLICT-DRIVEN DISPLACEMENTS NEGATIVELY IMPACTS LIVELIHOODS, ESPECIALLY FOR HOUSEHOLDS DISPLACED MULTIPLE TIMES

Over the last two to three months, conflict in the Northeast has increased, resulting in large-scale displacement, significant disruption to livelihoods, and declines in humanitarian access. Recent attacks in Dikwa displaced approximately 28,000 people, and more recently attacks on Damasak town in Mobbar displaced 56,000 people. Displacement curtails households' access to their usual livelihood activities and for those who face multiple displacements, it is even more difficult to find ways to generate income. In a recent survey of IDPs 97% of respondents reported that access to their livelihoods was disrupted because of the displacement, while only 3% of the heads of IDP households indicated that they were able to pursue their livelihood activity despite their forced displacement ([IOM](#) 29/04/2021, [FEWS NET](#) 30/04/2021, [FEWS NET](#) 31/03/2021).

Insecurity is still hampering livelihood activities in Mobbar LGA whereas many of those displaced have returned to Dikwa LGA and the situation is starting to return to normal. As insecurity continues in Mobbar LGA, there are limited opportunities to engage in livelihood activities making the population heavily reliant on humanitarian assistance to meet basic needs. In Dikwa LGA transportation costs have returned to the pre-shock rate, enabling more people to travel to access markets and livelihoods. However, many

of the poorest are still not able to afford the transportation costs that would enable them to work ([REACH](#) 15/04/2021, [REACH](#) 27/04/2021).

### ACCESS TO LIVELIHOOD ACTIVITIES IN HARD-TO-REACH AREAS IS IMPROVING

Although various factors (insecurity, lack of access to functioning markets) negatively impact livelihoods in H2R areas, the situation appears to be improving. According to the most recent assessment, the proportion of settlements that reported they were **NOT** able to engage in their usual livelihood activity the previous month has fallen, indicating that factors constraining livelihoods are decreasing. In December, over 80% of settlements in 9 LGAs (out of 14) across Adamawa and Borno states reported that they were not able to engage in their normal livelihood activities, this dropped to only one (Kukawa LGA) in January. Even more striking was that in 10 of the 13 LGAs assessed in January, **20% or less** of settlements reported the prevention of livelihood activities ([REACH](#) 16/04/2021).

The same assessment found that subsistence farming was the most common livelihood activity (reported by 77% of settlements), followed by livestock rearing (37%) and casual labor (34%). Hunting, market trading, and fishing were also cited.

### THE LONG TERM IMPACT OF COVID-19 CONTAINMENT MEASURES ON INCOMES PERSISTS

Displacement, insecurity, and movement restrictions prevented access to cultivated land plots, a situation compounded by the COVID-19 pandemic, which led to further restrictions of movement, negatively impacting trade, markets, and the incomes of casual and agricultural laborers. Although most COVID-19 restrictions are now lifted, the economy has not yet fully recovered with income-earning opportunities such as petty trading, construction work, water vending, and agricultural labor likely to remain below average, especially for displaced households ([HNO](#) 08/03/2021, [FEWS Net](#) 10/03/2021).

A nationwide online survey conducted in October 2020 has revealed that urban populations appeared to be the hardest hit by the economic impact of COVID-19 containment measures. Whilst rural populations had reached pre-pandemic levels of employment in July 2020, the analysis showed employment in urban areas was only back to 80% of its pre-pandemic level by October 2020. Twenty-five percent of the urban slum population applied emergency coping strategies such as begging, moving out of the city due to lack of income, engaging in illegal or risky jobs, or sending children to work. This compared to a national average of 21%, with only one-third of respondents indicating they did not apply any coping

strategy to cover their essential needs. This finding tallies with the WFP Emergency Needs Assessment for the BAY states (also conducted in October 2020) which found that only 29% of households reported not adopting any form of livelihood coping ([WFP 19/02/2021](#)). Seventeen percent of households in urban slums reported that they have completely lost their income compared to the previous year, with the national average from the survey being at 13%. Overall, 63% of respondents across the country reported a decrease in household income compared to pre-pandemic levels ([WFP 26/04/2021](#)).

## Food Security

The latest [Cadre Harmonise report](#) projected that the number of food insecure people (IPC phases 3 – 5) will be 4.37 million for the coming lean season (June – August 2021), with those in hard-to-reach areas likely the worst affected. This represents a small increase compared to the lean season in 2020 (4.30 million). Conflict and insecurity affecting market access, farming and the delivery of humanitarian assistance were flagged as the main drivers of food insecurity in the north-east by the [April food security outlook](#) from FEWS NET. A country wide [WFP web-based survey](#) investigating the impact of COVID-19 on essential needs of urban households found that non-working households, households with young children and female-headed households were more likely to be moderately or highly food insecure, (details on the limitations of a web-based survey and explanations of the indicators used can be found in the report). Updates on attacks in [Dikwa](#) and [Damask](#) highlight the impact of conflict on food security for populations reliant on humanitarian assistance, whilst the latest [January REACH Survey](#) continues to document the prevalence of negative coping strategies and the lack of access to food in hard-to-reach areas.

## FOOD INSECURITY ON THE RISE WITH 4.4M PEOPLE PROJECTED TO BE FOOD INSECURE IN THE 2021 LEAN SEASON

Crisis affected populations across the BAY states mainly face IPC 2 (stressed), IPC 3 (crisis) and IPC 4 (emergency) food security outcomes. Households in displacement camps, where there is good food access due to ongoing humanitarian assistance, mostly have ongoing stressed (IPC Phase 2) outcomes; the situation is similar for those close to city centers such as Maiduguri, where households

have incomes and are able to purchase food. Where access to humanitarian assistance is limited (some host communities or returnee populations), those who rely mainly on their own production and (likely limited) market access, are generally facing the Crisis phase of food insecurity (IPC Phase 3). Households in inaccessible areas, mainly in Borno state, where there is increased reliance on foraging and no access to humanitarian assistance, face large food consumption gaps and are in Emergency (IPC Phase 4) ([FEWS Net 30/04/2021](#)).

In terms of scale, the most recent Cadre Harmonise (CH) ([March 2021](#)) indicates that there are approximately 3.17 million food insecure people in the BAY states, including almost half a million at emergency level (IPC 4) – Table 4. Up to 4.4 million people in northeast Nigeria's BAY States will require food assistance during the lean season (June – August 2021). The projected number of acutely food-insecure people (IPC 3 or above) has increased by approximately 100,000 compared to the 2020 peak of the lean season (with COVID-19). Some 775,000 people will face emergency (IPC Phase 4) during the 2021 lean season, which is an 84% and 16% increase compared to 2019 and 2020 figures ([NPFS 18/03/2020](#), [FEWS NET 16/11/2020](#)).

Table 4. Estimation of population per phase of food and nutrition insecurity in the current situation (March to May 2021) the BAY States

States	Total population	Population in Phase 3	Population in Phase 4	Population in Phase 3-5
Adamawa	4,980,623	647,309	10,576	657,885
Borno	6,042,988	1,201,372	346,007	1,547,379
Yobe	4,458,173	843,804	119,879	963,683
Grand Total	15,481,784	2,692,485	476,462	3,168,947



During the lean season 9 LGAs (Abadam, Gubio, Marte, Mobbar, Dikwa, Guzamala, Kalabalge, and Kukawa) in Borno State and Madagali in Adamawa State) are expected to be in the emergency phase of food and nutrition insecurity.

Table 5. Estimation of population per phase of food and nutrition insecurity in the projected situation (June – August 2021) the BAY States

States	Total population	Population in Phase 3	Population in Phase 4	Population in Phase 3-5
Adamawa	4,980,623	867,788	19,037	886,825
Borno	6,042,988	1,537,956	497,959	2,035,915
Yobe	4,458,173	1,186,407	257,420	1,443,827
Grand Total	15,481,784	3,592,151	774,416	4,366,567

For inaccessible areas, whilst no population or area was classified in phase 5, food consumption patterns indicate that some people (less than 10%) may be in IPC phase 5 even though evidence of secondary indicators (nutrition and mortality) were insufficient to confirm such conditions ([NPFS 05/04/2021](#)).

## SEVERAL FACTORS SIGNIFICANTLY INFLUENCE URBAN HOUSEHOLD VULNERABILITY IN RELATION TO FOOD SECURITY

A country-wide online survey conducted in October 2020 by WFP analyzed the impact of the pandemic on urban households' ability to meet their food and essential needs, and their economic recovery in the mid-term. but some of the key findings echo the recent findings of the WFP Essential Needs Assessment (ENA) in the BAY states as well as other evidence on food insecurity.

Across Nigeria there has been an increase in households that felt worried for not having enough food to eat with 65% of households surveyed citing this issue, an increase from 59% in the previous year. For the north-east specifically the number increased to 67% from 61% in 2019.

When looking at the percentage of households that are severely or moderately food insecure by all indicators it was found that:

- Those living in slums were more likely to be food insecure (45%) than those in rural areas (38%) with urban areas least affected (29%).

- Female-headed households were more likely to be food insecure (41%) than male headed households (37%).
- Families with young children (2 or more children aged 0 to 5) were more likely to be food insecure (46%) than those with no young children (28%).
- Large households (9 or more members) were more likely to be food insecure (43%) than smaller households (1 to 4 members) (32%).
- Households not working were far more likely to be food insecure (55%) than working households (29%).

These findings are partially corroborated by the WFP ENA which found that female-headed households tended to be highly vulnerable (based on WFP vulnerability classification framework), and that (as would probably be expected) the total monthly household expenditure increased sharply as household size increased. In addition households that saw complete loss of incomes or change in income source were more likely to have poor food consumption or have used emergency coping strategies ([WFP 19/02/2021](#), [WFP 26/04/2021](#)).

## RECENT ATTACKS IN DIKWA AND DAMASAK THREATEN TO DRIVE UP FOOD INSECURITY

Attacks such as those in Dikwa (February – March 2021) and more recently Damasak (April 2021) have a multiplicity of impacts on the food security situation. Of most concern is the suspension of humanitarian assistance, where many of the households rely on humanitarian aid for their basic needs. In addition, conflict can lead to the looting or destruction of supplies and crops and prevent aid from reaching the area. Finally, insecurity prevents households from engaging in farming or other income generating activities and prevents access to markets for buying and selling of produce.

One third of the population in Dikwa is already experiencing Crisis (Phase 3) or worse levels of acute food insecurity and a further 15% (18.5K) of households are currently experiencing Emergency (Phase 4) levels of food insecurity, characterized by large food consumption gaps and/or engagement in irreversible negative coping strategies and widespread livelihood disruption. Many households are reliant on humanitarian assistance with roughly 65% of households receiving food assistance and 24% of the households receiving livelihood assistance in February 2021. There has been a partial resumption of humanitarian

assistance with the distributions including food and key NFIs to populations in Dikwa town. However, the provision of aid has been largely limited to supplies either already prepositioned in Dikwa or transported by privately contracted vendors.

Pre-conflict projections estimated that 69% of the population in Dikwa LGA would experience Crisis or worse outcomes in the lean season (June-August), with numbers rising to 90% in inaccessible areas. In the light of the recent security developments, food insecurity levels might surpass initial projections. ([NPFS](#) 05/04/2021, [REACH](#) 15/04/2021).

In March, prior to the attacks, the Cadre Harmonise already classified Mobbar LGA as facing Emergency (CH Phase 4) levels of Acute Food Insecurity (AFI), indicating large food consumption gaps and a deterioration in livelihoods. The disruption to aid and markets is reportedly leading to increasing use of severe coping strategies, such as begging and distress migration. Humanitarian aid is provided in Damasak town, a garrison town that is the only accessible area in Mobbar LGA. The population in Damasak is heavily dependent on humanitarian assistance for food and the provision of other life-saving resources and services. The departure of humanitarian actors due to the fighting severely disrupted access to critical resources and services, especially food and healthcare.

Sixty one percent of the population in Damasak are projected to experience Crisis or worse outcomes June to August 2021. However, these projections were made before the recent conflict and if the impact of the recent fighting is prolonged, particularly the disruption to markets and humanitarian assistance, this may lead to worse food security outcomes than anticipated. ([NPFS](#) 05/04/2021, [REACH](#) 27/04/2021).

## FOOD INSECURITY AND THE PREVALENCE OF NEGATIVE COPING STRATEGIES IN HARD-TO-REACH (H2R) AREAS CONTINUES TO BE A CONCERN

Overall, in the BAY states, approximately 750,000 people living in completely or partially inaccessible communities face acute food insecurity. The vast majority of these live in Borno state ([FEWSNET](#) 05/04/2021). The most recent survey from these areas (conducted in January 2021) covered 13 LGAs from Borno and Adamawa. The study

found that 84% of the assessed settlements reported that all the households lacked food. None of the assessed settlements from 6 LGAs (Askira/Uba, Gwoza, Jere, Madagali, vaMarte and Michika) were able to report that there were “some people who have access to enough food”.

As well as the lack of food, a widespread presence of these negative food coping strategies was evident. A worrying 20% or more of assessed settlements in 7 of the 13 LGAs reported that most people go an entire day without eating as a coping strategy. The consumption of wild foods (not part of their usual diet) is also prevalent in the majority of assessed settlements in 8 of the 13 LGAs covered by the study ([REACH](#) 16/04/2021)

## FOOD PRICES AND MACROECONOMIC FACTORS ARE ADDITIONAL FACTORS IN DRIVING FOOD INSECURITY

Underpinned by the insecurity and Nigeria's Dollar crunch, the inflationary pressure on food prices continues to contribute to food insecurity throughout northeast Nigeria, particularly as the lean season approaches and more households seasonally rely on markets for their food needs. In March, food inflation diminished slightly to 22.72% from a nearly 16-year peak of 22.95%. Food inflation is being driven by the increasing price of essential food items like bread, cereals, vegetables, oils, fruits, meat, etc. Inflation alongside rising unemployment rates both contribute to a reduction in household purchasing power. Across most of the northeast, income opportunities are expected to be limited with peak staple food prices expected during the lean season from June to August ([WFP](#) 15/04/2021, [FEWS Net](#) 30/04/2021).

The impact of food inflation in the northeast was evident in the latest market surveys. The cost of the Survival Minimum Expenditure Basket (SMEB) for a family of five increased slightly from 20,650 Naira (February) to 20,657 Naira (March) in Maiduguri and Jere in Borno State. In Damaturu (Yobe), the SMEB increase was much larger, by 6% from 19,194 Naira (February) to 20,376 Naira (March) ([WFP](#) 15/04/2021). It is unclear whether food inflation has now finally peaked, but other factors (not least insecurity) will continue to negatively impact food prices in the northeast so it remains to be seen whether the trend for SMEB to increase will continue or not.

The [2021 HNO](#) outlines the scale of health needs in the region identifying that 5.8 million people require life-saving and essential health services. Integrated Disease Surveillance and Response (ISDR) reports ([ISDR wk13](#) [ISDR wk14](#) [ISDR wk15](#) [ISDR wk16](#)) show that malaria cases have crept up after declining for the last couple of months, and that malaria is still the main cause of morbidity. In addition, measles cases are increasing, but less rapidly than the previous month, with most cases confined to Maiduguri. The [March EWARS](#) bulletin gives an overview of COVID-19 and other disease prevalence numbers as well as the status of health facilities including an update on the targeting of attacks on health facilities in Yobe state over the last 6 months. NSAG attacks (summarized by analysis from REACH) in [Dikwa](#) and [Damask](#) town have left a significant gap in the health service provision due to the suspension of some humanitarian operations as well as damage to WASH and Health infrastructure. Reported figures in the EWARS bulletin cite only 58.1% of health facilities are fully functional, with 12.4% of health facilities in BAY state being fully damaged, 10.2% are non-functional and 11.4% are only partially functioning. However, this data has not been updated since April 2020 ([WHO 10/05/2020](#), [WHO 16/04/2021](#)).

## MALARIA AND ACUTE RESPIRATORY INFECTION (ARI) CONTINUE AS THE MAIN CAUSES OF MORBIDITY

Malaria continues to be the main cause of morbidity with 3,360 confirmed cases during week 16 and 6,348 suspected cases with proportional morbidity at 13.4% and 21.5% respectively. Of identified causes, ARI is the next biggest cause with 5,588 cases (with a proportional morbidity rate of 19.2%) reported during week 16. Severe Acute Malnutrition (SAM) was the third-highest identified cause of morbidity (see nutrition), however, “other causes” accounted for 12,233 cases in week 16 and a proportional morbidity rate of 39.1% ([ISDR 04/05/2021](#)).

Overall, malaria numbers have crept up slightly from approximately 18,000 confirmed cases in weeks 9 – 12, compared to 21,500 confirmed cases in weeks 13 – 16, giving a total for 2021 of 96,709 confirmed cases. The latest CCCM survey however indicated a decline in malaria cases with only 29% of camps reporting cases of malaria at the end of March, down from 38% of camps reporting malaria cases by mid-March 2021 ([ISDR 04/05/2021](#), [CCCM 09/04/2021](#)). Malaria continues to be the main health concern in hard to reach areas of Adamawa and Borno state with Malaria

or fever cited as the main health concern in 59% of the assessed settlements, followed by malnutrition (14%) and waterborne diseases (10%; up from 7% in December) ([REACH 16/04/2021](#)).

Acute Watery Diarrhea case rates remained relatively static compared to the previous month, but prevalence rates of ARI continued to drop with the last 4 weeks seeing an approximately 10% drop compared to the previous month. ISDR reporting for weeks 13 to 16 ranged from 60 – 63% completeness, still well below the 80% target and 5 – 8% lower than previous months ([ISDR 13/04/2021](#), [ISDR 04/05/2021](#)).

## MEASLES OUTBREAK CONTINUES TO GROW BUT AT A SLOWER RATE

There were 711 suspected measles cases in the last week of April (week 16) compared to 545 suspected cases in week 15, and 522 cases in week 13, bringing the cumulative total of cases for 2021 to 4,120 with 56 fatalities. The number of new cases is still increasing but at a slower rate. The outbreak is now mostly confined to Maiduguri and Jere with only a few cases in Konduga, Magumeri and Gubio LGAs. Zabarmari, a small town which is about 12 miles from Maiduguri, is a particular hotspot. Between January 1 and April 3, MSF admitted a total of 1,158 children with measles at Gwange pediatric hospital, of whom 58 percent came from Zabarmari ([MSF 13/04/2021](#), [WHO 04/05/2021](#)).

## DECLINING HEALTH SERVICE ACCESS REPORTED IN HARD-TO-REACH AREAS

Access to health services appears to be degrading in H2R areas of Borno and Adamawa according to the latest REACH assessment. In December 2020, even though it was a minimal percentage, 1-20% of the assessed settlements in Abadam, Bama and Gwoza reported access to a functional health service within a day's reach whereas in January 2021 none of the settlements in those LGAs stated they had access to such health services. The other LGAs assessed, which do not have a functional health service within a day's reach are Kukawa, Marte, Ngala, and Konduga, all in Borno state. Therefore 7 of the 13 assessed LGAs indicated a lack of accessible health care services. Of the other 6 LGAs covered in the survey only 2 reported that more than 20% of the assessed settlements had access to health services within a day's reach ([REACH 16/04/2021](#)).

## HEALTH SERVICES STRETCHED AS NSAGS ATTACKS CONTINUE

In Dikwa, and more recently Damasak town, where the population heavily depend on humanitarian assistance and services such as NGO operated health care clinics, there was a suspension of humanitarian operations due to NSAG attacks. Out of the 10 existing clinics in Dikwa, only three were operational according to a flash report carried out at the end of March. IOM reports that the clinics are managed by ICRC volunteers and offering a bare minimum of services. Also, WASH facilities were damaged in the attack and KIs report they expect open defecation in camps to increase in the coming weeks as latrines fill and become unusable, increasing the risk of disease for a population with highly limited access to healthcare.

In Damasak critical healthcare infrastructure, including a UN hospital, at least one NGO-run clinic and health support facilities were targeted during the conflict. The general hospital is also reportedly non-functional and essential healthcare staff have either been evacuated or have left leaving a crucial gap in health service provision. Any extended absence of humanitarian assistance is likely to exacerbate already high levels of vulnerability

and aggravate severe outcomes in Damasak town ([IOM](#) 30/03/2021, [REACH](#) 15/04/2021, [REACH](#) 27/04/2021).

These attacks come on top of increased targeting of health facilities by NSAGs in Yobe state during the last 6 months where attacks on health facilities and health-related infrastructures has caused disruptions in the delivery of health services facilities and vehicles have been damaged, medical supplies and equipment looted with Gujba and Geidam LGAs being the worst affected ([WHO](#) 16/04/2021).

Although mobile health teams are currently providing services in some of the more remote areas in North-East Nigeria, they are not sufficient to meet increasing health and psychological needs in the face of incessant attacks and deteriorating humanitarian situations. The continued disruption of health services due to COVID-19 and rise in the number of displaced people in Borno state is leading to increased health needs for the affected population at a time when the government resources and capacities are already exhausted and donor support is shrinking ([WHO](#) 16/04/2021).

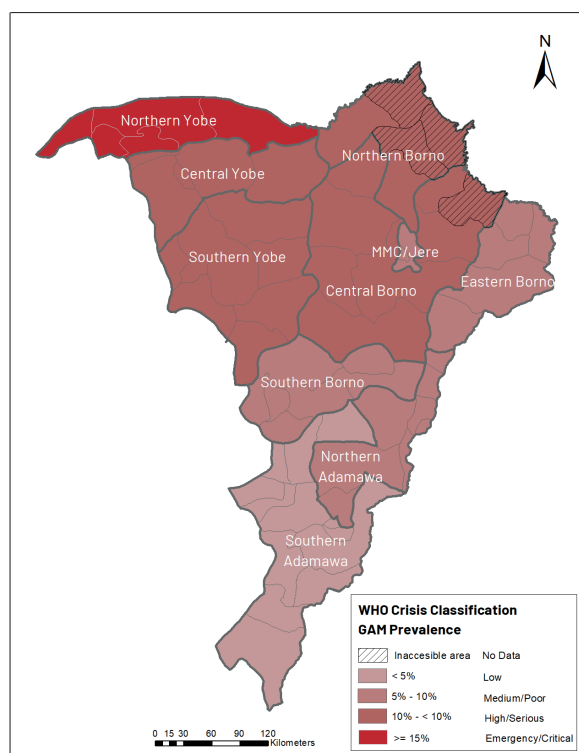
## Nutrition

The most recent large scale survey on malnutrition in the BAY states is the [Nutrition and Food Security Surveillance Round 9 \(NFSS IX\)](#) which is supported by the [IPC Acute Malnutrition analysis](#) 2020 - 2021, and summarized (alongside the response) via the [Nutrition Sector Dashboard](#). These reports highlight the seriousness of the deteriorating malnutrition situation in the BAY states with both high and rising malnutrition rates across much of the region. The 15.8%, Global Acute Malnutrition (SAM) rate in Northern Yobe is at emergency/critical level 15.8%, with central Yobe and much of northern and central Borno having SAM rates above 10% (the high/serious category). An overview of the causes of malnutrition and the response challenges can be found in the [2021 HNO](#). Monthly [EWARS Bulletins](#) alongside weekly reporting from [Integrated Disease Surveillance and Response \(ISDR\)](#) provide Severe Acute Malnutrition (SAM) cases identified in Borno State as well as information on health issues such as prevalence of Acute Watery Diarrhea.

## OVERALL ACUTE MALNUTRITION RATES REMAIN HIGH AND INCREASE IN THE WORST AFFECTED AREAS

The recent Nutrition and Food Security Surveillance Round 9 (NFSS IX) assessment and IPC nutrition analysis show the seriousness of the deteriorating malnutrition situation in the BAY states with both high and rising malnutrition rates throughout the region. Yobe has the highest Global Acute Malnutrition rate with a SAM (WHZ) rate of 12.3%, followed by Borno (10.0%) and Adamawa (6.2%) – see Map 5. Looking more closely, Northern and Central Yobe along with Northern Borno show the highest rates with the GAM rate in Northern Yobe at 15.8%, above the critical/emergency threshold. The rest of Borno, Yobe and Northern Adamawa have GAM rates either close to, or slightly above the 10% threshold (High/Serious), ranging from 10.7% (central Borno) to 7.5% (northern Adamawa). Only the region of southern Adamawa is categorized as low with a GAM rate of 4.7% ([Govt Nigeria](#) 19/03/2021, [UNICEF](#) 15/04/2021).

**Map 5.** WHO Crises classification of GAM prevalence in the BAY Area

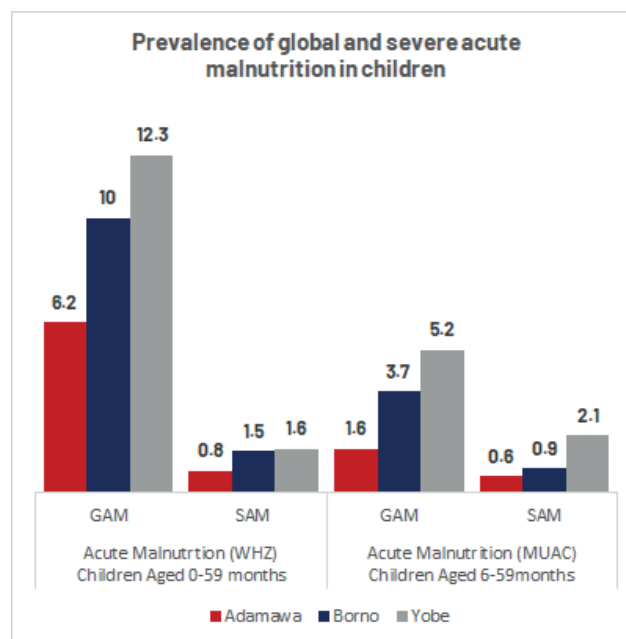


Source: [UNICEF](#) 15/04/2021

The major contributing factors of acute malnutrition in all the analysed LGAs include very poor food consumption patterns (both quantity and nutritional quality) and high morbidity rates (diarrhoea and fever). It is concerning to note that these findings are overall malnutrition rates for regions encompassing several LGAs and there may be pockets of significantly higher malnutrition rates. In addition, the survey does not cover hard-to-reach areas which are not accessible to humanitarian organizations. The limited evidence available points to higher levels of food insecurity in H2R areas, driving higher malnutrition rates ([IPC](#) 17/03/2021, [Govt Nigeria](#) 19/03/2021).

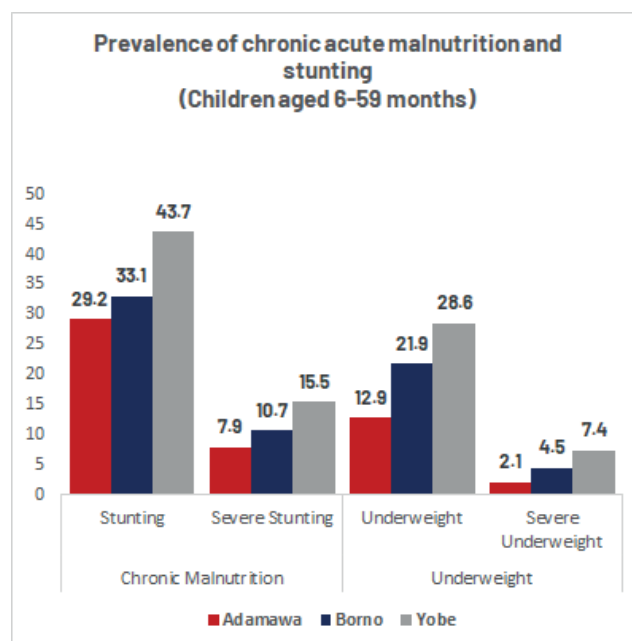
Finally, the forecast for the upcoming lean season (May – August 2021) is for a further deterioration in the malnutrition situation across almost all LGAs with many deteriorating enough to be classified in a higher (worse) IPC AMN level. However it is likely that those LGAs currently classified as IPC AMN Phase 4 (Critical) are likely to remain the same even though there may be an increase in acute malnutrition levels in these areas) ([IPC](#) 17/03/2021).

**Figure 12.** Prevalence of global and severe acute malnutrition in children



Source: ([Govt Nigeria](#) 19/03/2021)

**Figure 13.** Prevalence of chronic acute malnutrition and stunting in children aged 6 to 59 months



Source: ([Govt Nigeria](#) 19/03/2021)



Stunting (a measure of chronic malnutrition) is also highest in Yobe (43.7%). Borno state was at 33.1% (within the WHO classification of serious level – between 30 and 40%), and Adamawa was just below serious level (at 29.2%). Strikingly, at least one in ten children in Yobe and Borno are severely stunted (15.5% and 10.7%, respectively) and the data shows that the stunting prevalence is higher in boys than girls in all three states. ([Govt Nigeria](#) 19/03/2021).

## **SAM PREVALENCE RATES REMAIN STABLE IN BORNO STATE, BUT MORBIDITY RATES CONTINUE TO INCREASE**

Reporting through the EWARS identified 1,738 SAM cases in week 16 (Apr 19 – Apr 25) in Borno state, with a morbidity rate of 5.7%. Over the last 4 week (wks 12 – 16), the total number of SAM cases remained relatively stable and reached 8,000 (compared to 8,069 cases for weeks 8 – 12). The morbidity rate increased slightly (from 5.2% in week 12) and is running consistently above the 2021 morbidity rate of 4.4%, with a cumulative total of SAM cases for 2021 at 31,948.

Reporting rates by health centers remained low and ranged from 60 – 63% for weeks 13 – 16, well below the target of 80% ([ISDR](#) 04/05/2021, [EWARS](#) 05/05/2021).

## **PERCEIVED MALNUTRITION IN HARD-TO-REACH AREAS INCREASES**

The overall perception of malnutrition as the main health problem has remained constant with 14% of settlements in H2R areas citing malnutrition as the main health problem in January, the same as for the previous assessment in December 2020. However, there was an increase in settlements where perceived malnutrition among children was reported to affect more than half or all the children in the settlement. Out of 12 LGAs that were surveyed in both months, 4 reported higher levels of perceived malnutrition. In Marte LGA 40 – 60% of assessed settlements observed the issue compared to 1 – 20% of settlements in the previous month. In Konduga LGA no settlements reported a

high level of child malnutrition in December, but this rose to between 21 – 40% of assessed settlements in January. Only in Magumeri did perceptions decrease with the number of settlements reporting the issue dropping down one band from 21 – 40% to 1 – 20%. It is difficult to draw definitive conclusions from remote perception surveys, but the overall trend is worrying given that the overall food security situation improved after the end of lean season. It will be important to see if this is an actual trend to a worsening situation or just a normal fluctuation in the data ([REACH](#) 09/03/2021, [REACH](#) 16/04/2021).

As households in hard-to-reach areas have little to no access to humanitarian food assistance (or nutrition programs) it is expected that during the lean season, these households will likely face serious constraints accessing foods. This may be caused by low household purchasing power, limited access to markets and high food prices and can result in families resorting to negative coping strategies such as the consumption of wild foods or missing meals, all of which can drive increased malnutrition rates ([FEWS NET](#) 05/04/2021, ([FEWS Net](#) 10/03/2021).

## **MALNUTRITION CASELOAD EXPECTED TO INCREASE SHARPLY DURING LEAN SEASON**

SAM admission rates for 2020 show an admission rate that averaged around 17,000 per month. However, for the early part of the year (January to April) the admission rate was at 15,000 cases per month. This rose slowly in May then sharply in June, peaking at a rate of over 25,000 cases per month in September. The caseload then dropped back sharply through October and November to 15,000 cases per month in December.

This data demonstrates the impact of the lean season on malnutrition rates, with, (if a similar pattern is followed) admission rates likely to double in the worst affected areas ([UNICEF](#) 15/04/2021).



The [2021 HNO](#) gives an overview of the needs and challenges facing the WASH sector in northeast Nigeria where an estimated 2.8 million people remain in critical need of sustained, equitable access to clean water and dignified hygiene and sanitation services. The latest [CCCM tracker](#)

from late March along with the [IOM COVID-19 Situation Analysis](#) outlines the significant WASH needs of IDPs and returnees. REACH provides updates on the impact on WASH facilities and services by recent attacks in [Dikwa](#) and [Damasak](#) town that has left much of the affected

population struggling to access sufficient clean water. [An MSF report](#) from Pulka town describes in detail the effect of the crises through interviews with some of the affected population.

## ATTACKS BY NSAGS HEAVILY IMPACT WASH IN DIKWA AND DAMASAK

Attacks between February and March by non-state armed groups (NSAGs) in Dikwa Town triggered the evacuation of humanitarian actors from an area heavily dependent on life-saving assistance for water, and other humanitarian needs. As a result, most households are struggling to meet daily water needs because access to water reportedly remains limited for most households, and the high demand has driven price increases at private vendors, restricting financial access for impoverished households, mainly IDPs. Most affected are women, children, the elderly, and persons with disabilities. The depletion of WASH NFIs and strain on latrine capacity are reportedly driving the deterioration of hygiene and sanitation conditions and increasing the risk of disease.

In camps, several generator-powered boreholes and hand pumps are reportedly still non-operational, requiring fuel, maintenance, or parts. A recent assessment found that households residing along the route from Dikwa to Ajiri are served by only one stream that often becomes inaccessible due to security risks, causing children to drink from unsafe water puddles. To overcome this challenge, IDP households must travel long distances to fetch water, queue for more than one hour, or spend already limited resources to purchase water. Unsanitary conditions were reported at public latrines, including evidence of open defecation. Unfortunately, the lack of technical capacity on the ground poses a significant threat to WASH access ([REACH](#) 15/04/2021).

While water infrastructure may not have been as heavily impacted by the NSAGs in Damasak as they were in Dikwa, a prolonged suspension of humanitarian support, including the powering, maintenance, and upkeep of water infrastructure and latrines, the deterioration of remaining facilities may lead to shortages in water availability and/or quality and general sanitation ([REACH](#) 30/04/2021).

## ACCESS TO WATER FOR DRINKING AND WASHING STILL A CHALLENGE FOR IDPS IN CAMPS

The CCCM tracker of the second half of March 2021 which assessed 185 camps across the BAY states reports

boreholes as the main source of drinking and non-drinking water in 85% of those camps, however waiting times are still between 30 minutes to an hour at 18% of the sites assessed. Other sources of water supply include hand pumps, wells, and water trucking while some households also have to buy water from vendors. In Pulka, a small garrison town located some 115 kilometers southwest of Maiduguri, some IDPs have reported having to fight (to the point of getting injured), to push their way through at water points to be able to fetch water, adding that they would otherwise be turned back and made to go home with nothing.

Some significant hygiene needs were noted as 24 sites in four LGAs (Girei in Adamawa state, Jere, Magumeri and Maiduguri LGA in Borno state) do not have showers at all while there are 1,695 showers in need of repair across 68 sites in 15 LGAs. In addition, 50% of latrines across 124 sites in 17 LGAs need gender marking and 13% of latrines need desludgement across 63 sites in 16 LGAs ([CCCM](#) 31/03/2021, [MSF](#) 16/03/2021).

Despite frequent handwashing being an effective COVID-19 prevention measure, many IDPs and other vulnerable people do not have access to handwashing stations, water, or soap to ensure adherence to the protocol. Seventy six percent of the 2,397 locations covered by the [IOM COVID-19 Situation Analysis](#) did not have handwashing stations, reflecting the absence of basic hygiene facilities to prevent the spread of COVID-19. The WASH situation is exacerbated by fire outbreaks in camps in Jere and Monguno which destroyed shelters, and blocks of latrines and showers ([IOM](#) 18/04/2021, [IOM](#) 19/04/2021, [IOM](#) 20/04/2021).

## WASH NEEDS REMAIN HIGH IN HARD-TO-REACH AREAS AS INSECURITY CONSTRAINS ACCESS TO POTABLE WATER

The latest REACH assessment of WASH facilities in H2R areas of Borno and Adamawa states shows severe WASH needs. In 8 out of the 13 assessed LGAs (Abadam, Askira-Uba, Bama, Dikwa, Gwoza, Kukawa, Madagali and Marte) 81 – 100% of assessed settlements reported their main drinking water source as unimproved. Of these, the same proportion of settlements (81 – 100%) in two of the LGAs (Marte, and Askira Uba) reported that safety concerns prevented them from assessing their preferred water source, for 7 other LGAs 41– 60% of the assessed settlements reported the same issue. The situation is roughly similar to that from December.

In terms of latrine use, the situation reported was

significantly worse than that in December. In 6 out of 13 LGAs 20% or less of settlements reported that at least some people were using latrines, this compares to only 1 LGA reporting such low usage in January. Only 2 of the surveyed LGAs had 81% or more of assessed settlements reporting latrine usage, a decrease from 5 in December. Even where latrine use was reported, 58% of the assessed settlements reported that latrines were used by less than half of the population. Where latrines were not being used, cultural reasons were cited as the motive, followed by overcrowding

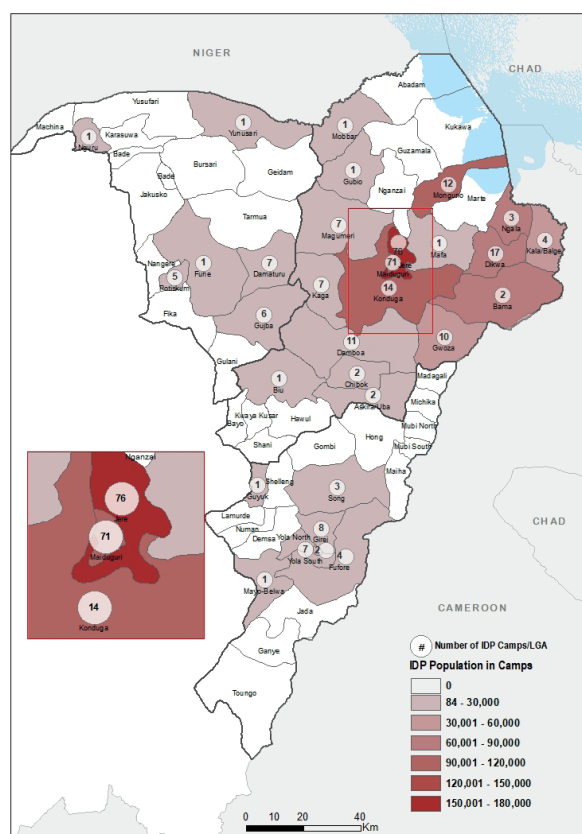
(24% of settlements) and damage (12%).

Finally, 69% of assessed settlements reported handwashing with water only as the main handwashing practice, whereas the use of soap, sand, or ash accounted for only 22% of the settlements surveyed.

All this data points to significant WASH needs in H2R areas and the danger of the spread of diseases such as Cholera in areas where health services are extremely limited (see health section) ([REACH 02/03/2021](#), [REACH 30/04/2021](#)).



**Shelter**



According to the [2021 HNO](#), 2.3 million people are in need of Shelter and NFI, with 83% of those facing severe needs. The two [bi-weekly multisector site tracker reports](#) for April outline some of the specific significant shelter needs of

camp-based IDPs. Details of recent NSAG attacks can be found in analysis from REACH covering [Dikwa](#) and [Damask](#) town as well as a [Flash report from Dikwa](#) provided by IOM. In addition, there are several flash reports from IOM covering fire outbreaks in [Jere](#), [Konduga](#), and [Monguno](#) LGAs. The recent data focuses mostly on camp-based IDPs, with the latest data on returnees and IDPs in host communities sourced from the [round 35 DTM](#) displacement report (Data collected in November 2020). Finally, information on possible shelter needs for returnees is found in an [IOM/DTM Return Intention Survey](#).

## NUMBER OF IDP CAMPS AND IDP POPULATION/LGA

According to DTM round 35, there are about 289 IDPs camps across the northeast region. The majority of IDPs residing in camps/camp-like sites are located in central and eastern Borno. The eastern and northern LGAs consist mainly of garrison towns including camps as much of the rural area in these LGAs is inaccessible to humanitarian organizations. In Yobe and Adamawa there are sizable IDP populations, but these are mostly located in host communities.

Jere LGA, in central Borno hosts the largest number of camps (76) hosting 168,434 individuals, followed by Maiduguri MC, (71 camps hosting 118,498 individuals). There is also a large concentration of camp-based IDPs in eastern Borno with Dikwa LGA having 17 camps hosting 61,240 individuals, Bama LGA - 2 camps hosting approximately 82,530 individuals and Ngala - 3 camps with 68,138 individuals.

## NSAG ATTACKS DESTROY SHELTERS AND HOMES, DRIVING DISPLACEMENT

Recent NSAG attacks in Dikwa and Damasak town have resulted in widespread damage to local infrastructure. In Dikwa an estimated 445 shelters were damaged in two IDP camps. In Damasak shelter appears to have been less impacted although it is reported that the houses of several community leaders, government representatives, and humanitarian workers were targeted and destroyed. Both attacks triggered large-scale sudden onset displacement.

Roughly 28,000 individuals were displaced in the direct aftermath of the attacks in Dikwa in March, but most have now returned to Dikwa town. KIs have reported that households whose shelters were damaged were sleeping in overcrowded public buildings, primary schools, out in the open, or being hosted by the host community members. Also, the IDPs displaced from the inaccessible areas of Dikwa and Marte reportedly sleep in the open. Reconstruction and repair will be limited while access for humanitarian actors is restricted. The loss of NFIs in fire outbreaks that resulted from the attack adds to the gap that was identified prior to the attack, although some efforts have been made by shelter partners to distribute NFIs ([IOM](#) 30/03/2021, [REACH](#) 15/04/2021).

In Damasak KIs reported that sudden-onset displacement of both host community and IDP populations began following the attack on April 10, 2021, with displacement flows increasing significantly by April 13, 2021. The violent attacks pushed an estimated 65,000 people from Damasak on the road. Many of those displaced have lost essential NFIs they were unable to bring with them or that were lost to damage or looting ([REACH](#) 27/04/2021).

## THE SHELTER SITUATION IN HARD-TO-REACH AREAS APPEARS TO BE IMPROVING

Data from the latest REACH assessment of H2R areas point to an overall improvement in the shelter situation. The assessment recorded data concerning 13 LGAs in January and reported that although the most common shelter solution was still makeshift shelters (50% of assessed settlements), this is a fall from 79% of assessed settlements in November. The percentage of settlements citing a permanent house/shelter as the main shelter type had increased to 46% of assessed settlements from 15% in November. In addition to shelter type, fewer settlements reported damage to the shelter due to conflict. In January only one LGA (Marte) had more than 60% of settlements reporting that at least one shelter had been damaged

or destroyed by conflict in the month prior to data collection whereas in November, 5 LGAs had more than 80% of settlements reporting damage to shelter. Overall 7 LGAs reported less conflict incidents, 2 reported more and 3 remained the same and 4 LGAs were not covered sufficiently to report on in January ([REACH](#) 19/04/2021).

## INCREASED DISPLACEMENT, FIRE OUTBREAKS, AND WEAR AND TEAR TO EMERGENCY AND MAKESHIFT SHELTERS KEEP SHELTER NEEDS HIGH

According to a recent report from the Cash Working Group, corroborated by the latest CCCM tracker, upwards of 75,00 households continue to be exposed to poor weather conditions as they are forced to remain in substandard shelter, including unfinished and abandoned buildings and makeshift, partially damaged or shared shelters and overcrowded camps ([CCCM](#) 09/04/2021, [CWG](#) 21/04/2021). The latest data indicates rising caseloads, with 34% of households in managed camps now dwelling in makeshift shelters. In addition, 5,207 HHs live in the open, while 3,198 HHs share shelters. A significant number of shelters, about 17,263, are damaged and require replenishment due to their exceeded life span ([CCCM](#) 09/04/2021).

As the hot season draws to a close there has been a spike in fire outbreaks in several camps as well as in some host community sites across Borno state leading to the destruction of hundreds of shelters. Fire outbreaks in Jere, Konduga, and Monguno LGAs led to the damage of nearly 1,500 shelters, with many of them being totally destroyed. Such outbreaks were often triggered by cooking close to shelters, smoking, and burning the bush surrounding the camp, destroying the belongings and properties of the residents. The loss of shelters has led to further congestion with the affected people forced to reside with friends and relatives within the camp as well as leading to the loss of foodstuffs, NFIs and identity documents ([IOM](#) 14/04/2021, [IOM](#) 19/04/2021, [IOM](#) 21/04/2021).

## RETURNEES FACE SIGNIFICANT SHELTER NEEDS

A recent survey of IDPs in the BAY States found 74% of IDPs living in camps/camp-like settings and 65% of IDPs residing among local host communities have the intention to return to their locations of origin. However, more than half (54%) of the respondents reported that the house in which they lived prior to their displacement was totally destroyed, with 28% reporting that their house was partially damaged, but still repairable.



Returnees struggle to reclaim their properties on their return— as their land and/or houses were taken over by previously returning households or IDPs. Also, an estimated 25% of returnee households have lost their

civil documentation, which exposes them to the risk of eviction ([HNO](#) 08/03/2021, [IOM](#) 29/04/2021).

## Protection

The [2021 HNO](#) outlines the severity of protection needs in northeast Nigeria where more than 4 million individuals are in need of specialized protection services including 83% of all IDPs in camps and host communities. Unfortunately, limited capacities in many areas leave children without access to core protection services, while widespread GBV concerns reflect the lack of GBV services, underage pregnancy and cases of disappearance and abduction. Updates on protection issues and services are provided by the [latest UNHCR operation update](#), and a report by UN OCHA and the INGO Forum: [Promoting dignity and moving towards a better future](#) examines some of the protection issues, their causes and the response required.

### NSAGS CONTINUES TO TARGET AND ATTACK CIVILIANS

The NSAGs continue to pose a threat to the life of civilians, IDPs as well as humanitarian workers in Nigeria particularly in BAY States. In Borno State, several attacks, robberies, ambushes, and illegal check points by NSAG continued along main highways. There were also attempts to infiltrate IDP camps and host communities, resulting in death, looting, abduction, and other related incidents in Dikwa, Rann and Ngala Borno State ([UNHCR](#) 19/04/2021). The abductions and killings occurred at illegal vehicle check points and continued to limit freedom of movement for locals, IDPs, business owners and humanitarians. This restriction of movement not only causes delays but also affects prices of commodities, making survival even more difficult for the vulnerable people ([Cash Working Group](#) 21/04/2021).

In April, over 65,000 individuals were forced to flee their homes in Damasak, Borno State, following attacks by the NSAG on a humanitarian facility and other structures ([ThisDay](#), 25/04/2021). Only recently, the group attacked Maiduguri, the Borno State capital, causing residents in the area to flee ([Premium Times](#) 11/05/2021). In hard-to-reach

areas violence by AOG is rated as the top safety concern by men, women and boys. For girls it is the second biggest issue (after forced marriage), with abduction being the third most common safety issue mentioned. Boys also cite forced recruitment and abduction as key safety concerns ([REACH](#) 16/04/2021).

Additionally, the group is reported to be distributing Ramadan packages, in cash and kind to residents of Borno and Yobe states ([Sahara Reporters](#) 11/05/2021). The group has been known to give such gifts as a debt that must be solved, often through forced enrollments ([Mercy Corps](#) 01/04/2016).

### WOMEN AND GIRLS BEAR THE BRUNT OF SEXUAL EXPLOITATION AND ABUSE

Local media reports that beyond the adoption of negative coping mechanisms, several investigations have revealed that members of the security forces often cajole and coerce IDPs into transactional sex ([ThisDay](#) 25/04/2021). Such cases, like other SGBV/SEA cases, are grossly underreported due to the unavailability of report mechanisms, stigma, the culture of silence around such experiences and lack affordable access to justice and other services ([UNOCHA](#) 19/03/2021).

With many women now forced to take on the role of breadwinner, coupled with the unavailability of livelihood opportunities, difficulties accessing aid, increasing inflation rates and lack of experience providing for the families, turning down such exploitative and abusive propositions become even more difficult. Dwindling humanitarian assistance and food shortages have continued to push women into negative coping behaviors such as, street begging, forced prostitution and transactional sex ([HNO](#) 08/03/2021, [UNHCR](#) 19/04/2021).



## LACK OF CHILD PROTECTION SERVICES HAMPERS CHILDREN'S ABILITY TO COPE WITH CONFLICT-INDUCED TRAUMA

The limited presence of child protection actors and specialized government agencies especially in locations such as Monguno, Rann and some camps in MMC and Jere has led to a vacuum in the management of child protection cases. In addition, the increased prevalence of cases of children resorting to negative coping mechanisms such as begging and child labor continues to impact the protection of children in the northeast. The lengthy closure of schools and lack of access to peer support networks has further impacted the mental well-being of children and exposed them to even more risk of protection issues. Adolescent girls, (particularly IDPs), face the highest risk of sexual violence within the community and violence by armed groups including abduction, killing and rape ([HNO](#) 08/03/2021, [UNHCR](#) 19/04/2021).

## CONFLICT LIKELY BETWEEN RETURNING REFUGEE HOUSE OWNERS AND SECONDARY OCCUPANTS IN BANKI

The on-going repatriation of Nigerian refugees from Cameroon by the Government particularly from Minawo camp in Cameroon as well as the Voluntary return of some

of the Nigerian Refugees back to Banki in Nigeria is now creating a conflict situation between original house owners and secondary occupants within the town. Following the declaration by the Borno State Government of Banki as a host community on 14/02/2021, IDPs and other displaced persons residing in camps in Banki town (who are from villages around Banki and original residence of the town whose houses have been destroyed or located outside the military trenches surrounding the town) were asked by the authorities to go ahead and occupy the available houses/those rehabilitated by the State Government. The Government also issued a directive that all camps within Banki Town should be closed.

The issue is now taking a new dimension with the return of some original house owners to Banki town who are back and are trying to reclaim their houses but are being resisted by secondary occupants who are refusing to leave these houses. Already more than 20 households of secondary occupants have been evicted and have no place to stay. More house owners are expected to return to Banki within the coming months and it is expected to generate more disputes within the Banki Community. With no formal dispute resolution mechanism in the town, this sort of issue is normally resolved by key traditional institution dispute managers. However, most have fled the town and those left are struggling to resolve the disputes (HLP internal report 20/05/2021).

## Education

The [2021HNO](#) outlines the size of the challenge facing the education sector in northeast Nigeria, where an estimated 52% of school-aged children have never attended school and the annual drop-out rate for children in the northeast is the highest in the country. Ten years of conflict in an area of the country with already poor education indicators has left Borno with the lowest literacy rates of any state, only 35% of adolescent girls and 46% of adolescent boys are literate, compared to 98% in the south-east. The dire state of education provision in hard-to-reach areas is outlined by the latest (January) [REACH assessment](#), where nearly half (43%) the assessed settlements reported no access to education services. Factors such as the availability and distance to the nearest school are covered for camp based IDPs in the latest [CCCCM tracker](#). There is currently no information on school opening or attendance rates, but findings from a national survey on school resumption

during COVID-19 pandemic literate is expected in May 2021.

## OVER 7 MONTHS OF SCHOOL LOST DUE TO COVID-19 AS BARRIERS TO EDUCATION STILL REMAIN

A substantial part of the 2019/2020 school year was lost due to the COVID-19 induced school closures from March 23 2020. There was a brief resumption of education seven months later, as schools opened October 2020 (albeit with a requirement that [COVID-19 prevention measures](#) were in place). However, schools closed again in mid-December and stayed shut for a further month as the Christmas holidays were extended due to a second wave of COVID-19 ([Education Sector](#) WG 07/04/2020, [WFP](#) 26/04/2021).

Although the government instructed that all schools resume on January 18, 2021, it is unclear how many schools in the northeast have successfully been able to resume safely and how many students have succeeded in going. Reported increases in child labor and early pregnancy, alongside the lack of livelihood opportunities for parents (and therefore reduced income) continue to hinder the return of many children to school ([Amnesty International](#) 14/4/2021).

Even with schools open, many children in camps do not have access to education with 41% of camps neither having access to a functional primary school or alternative form of basic education on site. For 29% of those sites without primary schools the distance to the nearest school is more than 5km. For 44% of sites the distance is 1–5km, and for 27% the distance is under 1km. For IDP camps with schools on site, 60% still require instructional and writing materials (CCCM 09/04/2021)

## LACK OF EDUCATION SERVICES IN HARD-TO-REACH AREAS

The latest REACH assessment of H2R areas covered 13 LGAs in Borno and Adamawa and of the assessed settlements only 57% reported that education services were available. For the LGAs of Abadam, Kukawa and Ngala in Borno State and Michika and Madagali in Adamawa State, this figure dropped to between 21 – 40%. Of particular concern were that for the 57% of settlements reporting education services available, only 15% reported one or more children attending formal education. Therefore, the vast majority of children in education in H2R areas are using alternative education, probably Islamic education which is widely accepted in northern Nigeria.

In terms of barriers the main reported reason continues to be that there were either never education services nearby or that schools were destroyed during attacks or by a natural disaster. Lack of teachers and (in 6% of cases) schooling is not allowed were the other reasons cited ([REACH](#) 16/04/2021). It should be noted that the assessment took place in January, so schools may not have resumed after the Christmas break. Also lack of schools is often cited as an issue for secondary education in particular as provision is often via boarding schools and the nearest secondary school can be many kilometers away.

## ISLAMIC SCHOOLS INADEQUATE TO FILL THE GAPS LEFT BY THE EDUCATION SECTOR

While Islamic Education is widely accepted in the BAY states as with the rest of northern Nigeria, these non-formal schools are mostly unregulated and receive little or no support from the government. The teachers in charge are often untrained, thus the schools lack in quality. In addition, their focus is often on addressing the spiritual needs of the learners and offering them avenues for growth in the faith than with their literacy and numeracy skills although there have been initiatives to integrate standard curricula subjects ([Creative Associates International](#) 01/03/2015).

Analysis from the study asserts that because the teachers are mostly poor and do not receive any salary, they rely heavily on their pupils (who are also often from impoverished HHs), for survival. This results in students spending much of their time in the streets begging for food and money. The system thus contributes to the number of out-of-school and vulnerable street children in the BAY states that, adding on to the protection concerns facing children in the area. (UNICEF cites an estimate that there are approximately 10 million Almajiri children in Nigeria nationally, which would equate to roughly 81% of the out-of-school children in Nigeria) ([UNICEF](#) 17/9/2020).

In the wake of the COVID-19 pandemic, state governments in northern Nigeria banned the Almajiri system as a measure to limit the spread of the coronavirus. Tens of thousands of such children were repatriated to their states of origin to be reunited with their families but this may also have contributed to the spread of the virus as in some cases many of the children from specific schools tested positive for the virus (The BBC cite hundreds of positive tests for returning children though no data for the northeast was provided). ([BBC](#) 17/05/2020, [UNICEF](#) 17/9/2020).

## 11. About this report

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

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

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

collation and analysis during the monthly analysis cycle. The Analytical Framework:

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

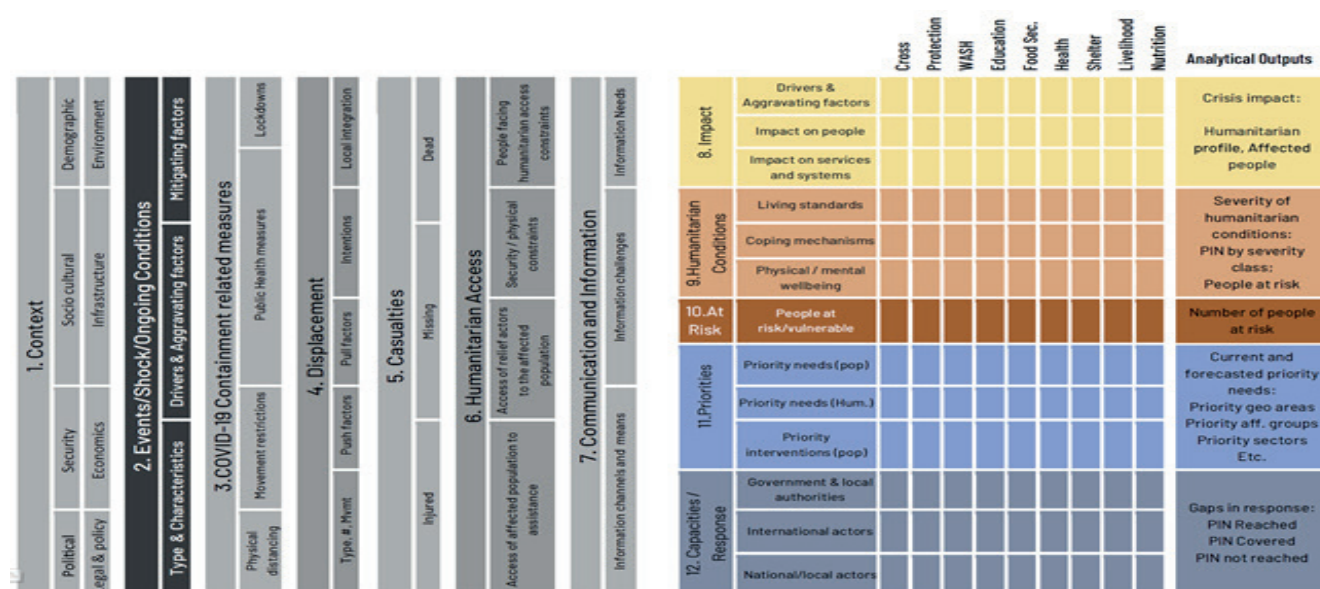
Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;

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

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

**The Secondary Data Analysis Framework** was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh, etc.) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 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 March to the 31 March were used).

**Figure 15.** Documents by Location, Timeline and Primary Categories (Analytical Framework)

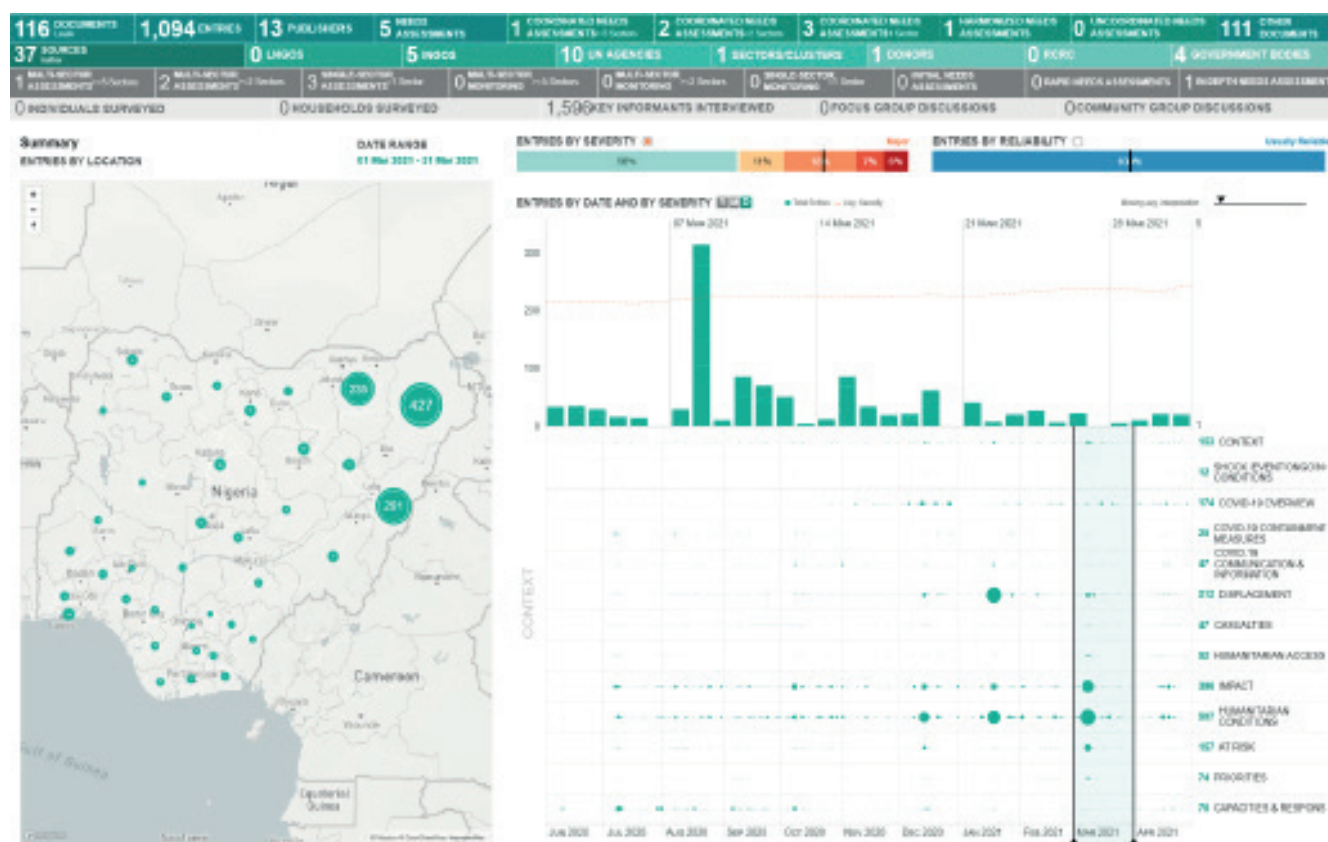




Figure 16. Documents and Entries by Sector and Affected Group

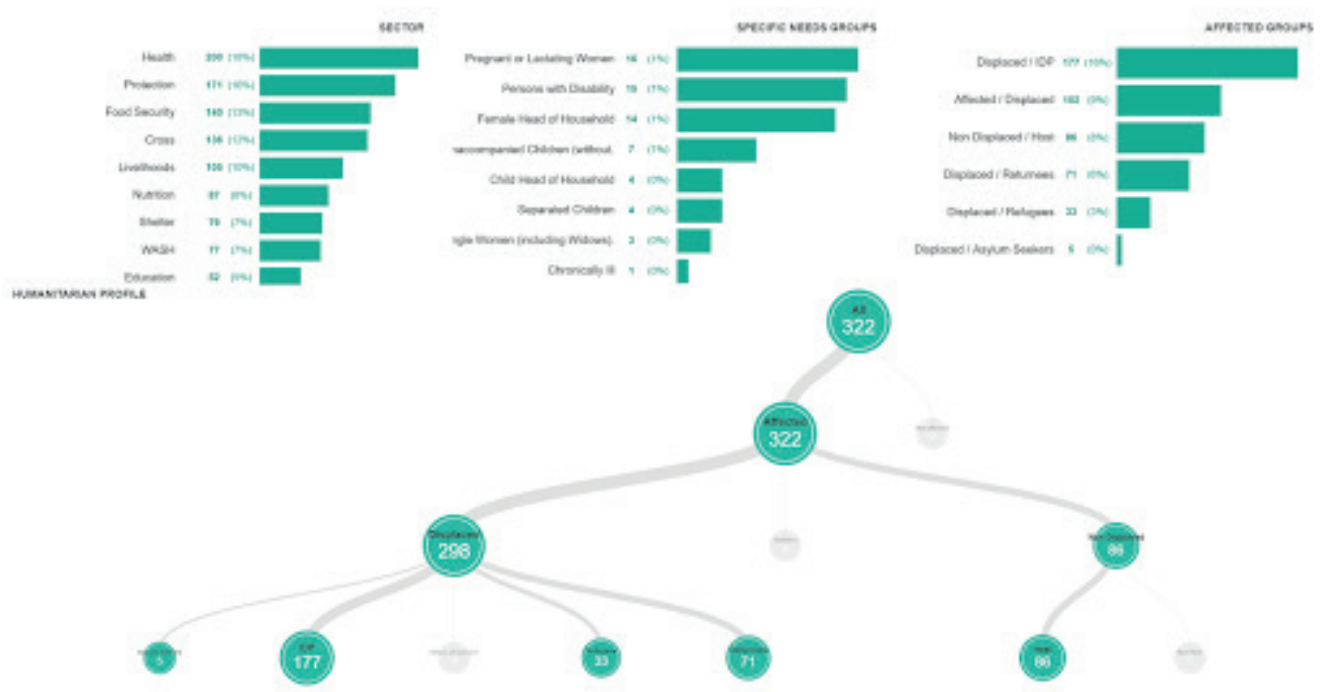



Figure 17. Entries by Sector and sub-Categories of the Analysis Framework

SECTORAL FRAMEWORK		# of Entries	 median severity	CROSS	FOOD SECURITY	LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
		TOTAL	740	136	140	105	200	87	77	79	52	171	45	24
IMPACTS352	Drivers/Aggravating Factors	243												
	Impact on People	117												
	Impact on System & Services	154												
	Number of People Affected	20												
HUMANITARIAN CONDITIONS90	Living Standards	232												
	Coping Mechanisms	44												
	Physical & mental wellbeing	206												
	Number of People in Need	80												
AT RISK145	People at risk / Vulnerable	145												
PRIORITIES95	Priority Needs (Pop)	19												
	Priority Needs (Staff)	38												
	Priority Interventions (Pop)	2												
	Priority Interventions (Staff)	6												
CAPACITIES & RESPONSE	Government & Local Authorities	23												
	National & Local Actors	9												
	International	21												
	Number of People Reached	24												

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 5).

**Table 5: 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 116 relevant documents (articles, reports) from 37 sources	Categorization of the available secondary data (1,094 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 5 Needs assessment reports)	Explanations (Identification of contributing factors)	Review, editing and graphic design
	Definition of collaboration needs, confidentiality and sharing agreements	Data protection & safety measures, storage	Additional tags	Interpretation (priority setting, uncertainty, analytical writing)	Dissemination and sharing
	Agreement on end product(s), mock up and templates, dissemination of products	Interviews with key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop,
Tools	Analysis Framework <a href="#">Analysis Canvas</a> 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



Thank you.



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