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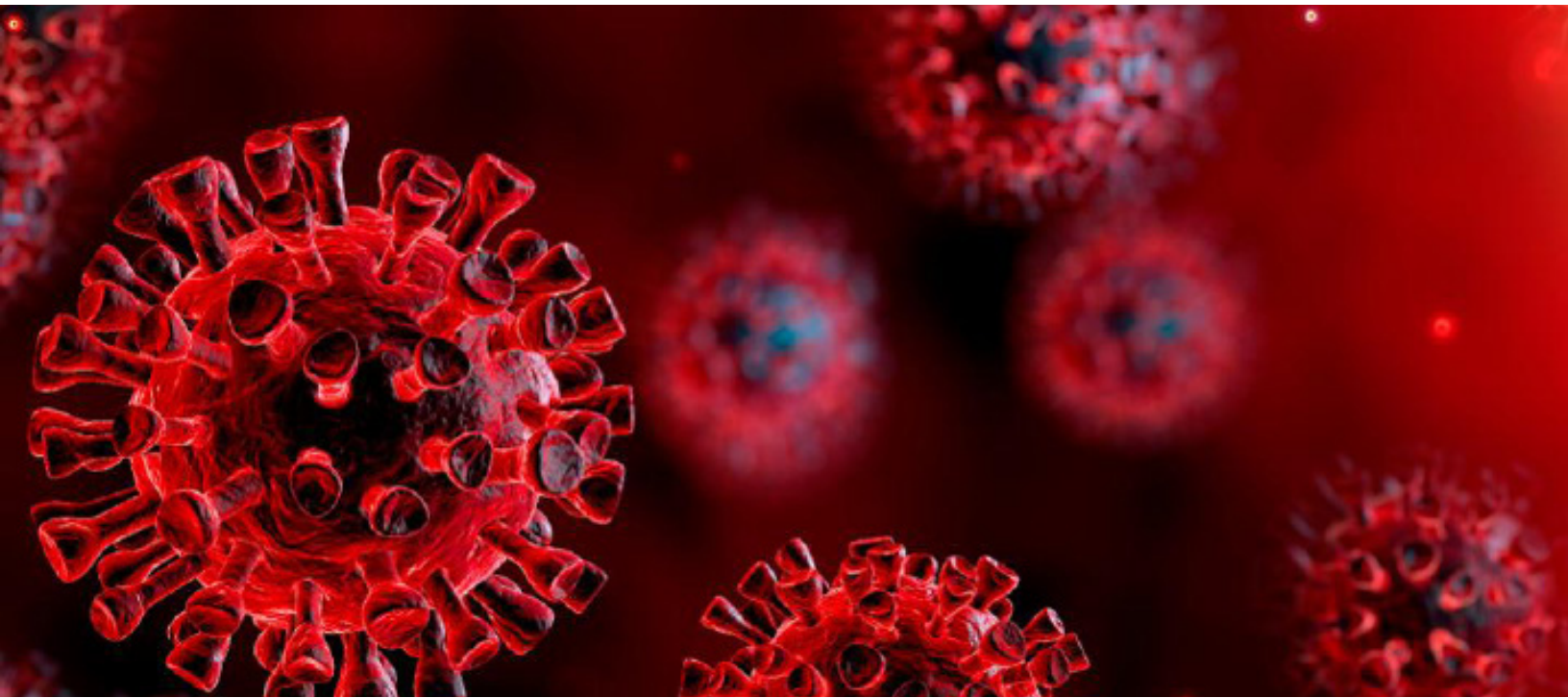


COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



MARCH 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.

CONTENTS

1. Executive Summary
Page 4
2. Economic Context
Page 5
3. Context - Security
Page 8
4. Humanitarian Access
Page 10
5. COVID-19 Epidemic Overview
Page 11
6. COVID-19 Containment Measures
Page 14
7. Information and Communication for COVID-19
Page 14
8. Overview of impact and humanitarian conditions
Page 17
9. Information Sources and Gaps
Page 18
10. Sectors
Page 18
11. About this report

1. Executive Summary

KEY HIGHLIGHTS




Confirmed Cases	COVID Related Deaths	Tests Conducted
		
163K Total confirmed cases	2K Total death recorded	1.8M Test samples collected
6.9K New confirmed cases in March 2021	141 New COVID related deaths in March 2021	198K New Test samples collected in March 2021
+28% Increase compared to February 2021	+43.9% Increase compared to February 2021	+88.4% Increase compared to February 2021

Figure 1. COVID-19 overview in Nigeria

This report draws extensively on the [2021 HNO](#) which provides a comprehensive analysis of the humanitarian needs in northeast Nigeria. However, it should be noted that the HNO utilized findings from several different sources that cover the last 12 months including the J-MSNA for which data collection was in July and August 2020. With attacks from Non-State Armed Groups (NSAG) continuing to directly target humanitarian efforts, analysis of the security situation and its impact on humanitarian access is also presented. Finally, the latest [Cadre Harmonisé](#) gives an insight into the deteriorating food security situation and provides projections for the coming lean season.

COVID-19 EPIDEMIC OVERVIEW AND VACCINATION PROGRAM

In March 2021, Nigeria recorded 6,936 confirmed new COVID-19 cases, a drop of 72% making it the largest monthly fall since the pandemic began. The rate of cases testing positive also more than halved and was at 3.5% for the month, however the number of tests carried also declined by 11.6%. Nigeria has received its first batch of nearly 4m vaccine doses and by the 23rd of March, 122,410 vaccinations have been carried out.

For the BAY states (Borno, Adamawa and Yobe) figures were somewhat at odds with the natural trend. Testing almost doubled with over 8,000 test carried out in March, however the number of positive cases increased slightly

(after a fall the previous month) to 12,909. The percentage of cases testing positive increased from 13.2% to 20.8%.

COVID-19 CONTAINMENT MEASURES AND COMMUNICATIONS

The government messaging is still urging the public to follow previously announced guidelines including the mandatory use of facemask, physical distancing, avoidance of public gathering and non-essential travel. In addition, public sector workers below grade 12, and private sector workers are encouraged to work from home where possible. Point of entry screening and quarantine for incoming travelers 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. A recent poll found that 18% of respondents reported that they would not take the vaccine even if it were recommended for them to do so.

SECURITY AND HUMANITARIAN ACCESS

Conflict in the northeast has also continued to expand with the highest conflict levels in Abadam, Kukawa, Marte, and Kala Balge LGAs in Borno State. In February and March, organized armed group (OAG) attacks resulted in widespread displacement, exacerbated humanitarian needs, and hampered relief efforts. Particularly shocking was an attack on Borno's capital of Maiduguri—the base of operations for many humanitarian organizations working in northeast Nigeria—which left 17 dead and more than 45 injured. Attacks by insurgents often focused on government and humanitarian workers, with recent attacks in Yobe centering on hospitals and public health centers, disrupting the COVID-19 response.

Humanitarian access in the conflict-affected states of northeast Nigeria is highly constrained and remains extremely volatile. In Borno State, major supply routes have become particularly dangerous—due to risk of attacks by non-state armed groups (NSAGs), as well as from unexploded ordnance and improvised landmines. The increased NSAG's ambushes, robberies, and the abduction and execution of humanitarian staff and affiliated persons have gravely heightened the risks of working in deep-field locations, with recent attacks in Dikwa LGA resulting in the temporary withdrawal of aid workers, reducing

organizations' ability to reach vulnerable populations.

HUMANITARIAN NEEDS

The 2021 HNO projects that there will 8.7 million people in need of humanitarian assistance in BAY states during 2021. Of these up to 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). The economic downturn caused by COVID-19 containment measures and exacerbated by ongoing insecurity continues to heavily impact both IDP and host community households as livelihood activities and opportunities remain constrained.

Inflation is pushing up the cost of many items including

basic food stuffs. Forty two percent of households do not have an income that meets their basic food needs.

Conflict and climatic factors continue to take a toll on already inadequate health, shelter and WASH infrastructure. 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

ECONOMIC OUTLOOK IN THE Q1 OF 2021

Figure 2. Nigeria's GDP growth since 2015



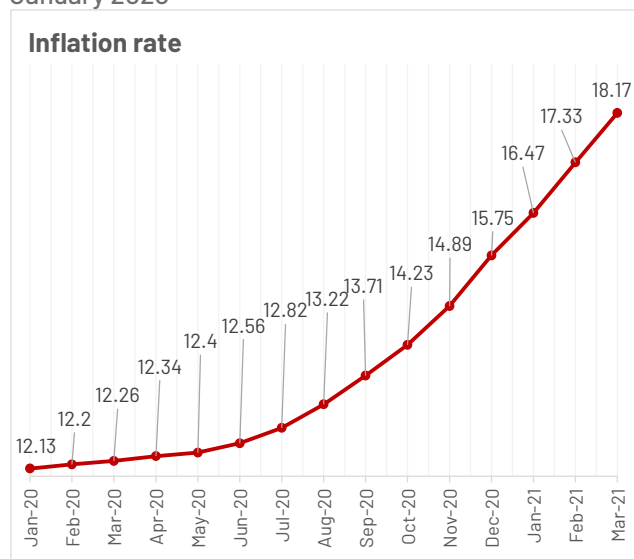
Nigeria records early exit from the recession with a growth of 0.1% in Q4 2020. The economy returned to growth, albeit marginally, in the final quarter of last year, with real GDP expanding 0.1% year-on-year (yoy). In the fourth quarter of 2020, the Nigerian economy expanded by 0.11%. This seems to signal that the economy might have exited one of its worst recessions in the Q2 and Q3 2020 during which the economy shrank by 6.1% and 3.6% respectively. Despite the importance of the extractives sector in the Nigerian economy, the non-oil sectors were responsible for the

improved GDP performance in 2020 Q4. The sector grew by 1.7% in the quarter, while Nigeria's crude oil sector remained in recession, collapsing by 19.8% in Q4, mainly due to lower crude oil output, as the OPEC+ sustained its agreed production cuts with improved compliance from Nigeria and other countries participating in the Declaration of Cooperation (DoC). Real GDP growth for 2021 is expected to be positive and the economy is expected to expand by 1.3%, and up to 2.3% in 2021. ([CBN Economic Report](#), 2021)

INFLATION HITS OVER FOUR-YEAR HIGH IN MARCH

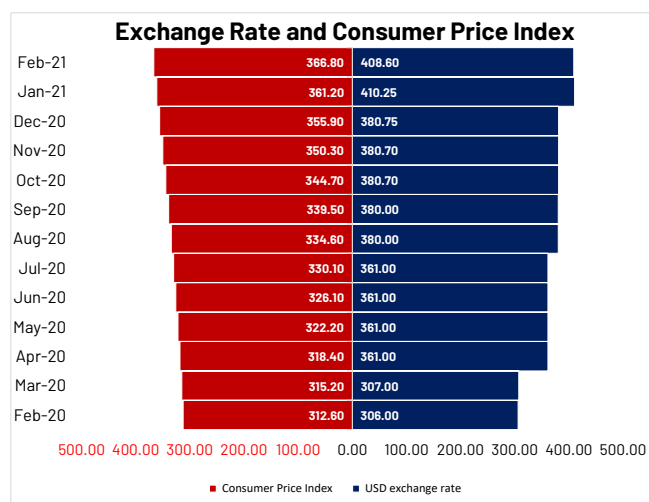
Inflation rose from 17.3% in February to 18.2% in March, marking the strongest annual rise in prices since January 2017, and amidst the continued impact of the coronavirus epidemic on global oil prices and its repercussions for the naira currency. Inflation is expected to remain at uncomfortable levels over the short term as the exchange rate depreciates and oil and food prices increase. The CBN may also impose additional FX restrictions and import bans, which could exacerbate domestic product shortages. Food inflation hit a nearly 16-year peak at 22.95%. On a monthly basis, consumer prices were up 1.56%, following a 1.54% increase in the previous month ([Trading Economics](#), 2021).

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



The Consumer price index (CPI) further climbed to 372.5 points in March from 366.80 points in the previous month of February 2021. The core consumer prices increased to 323.71 points in March from 320.30 points in February 2021 ([TradingEconomics](#) 16/03/2021). By implication, this means that the inflation has been constantly increasing in the last months. In fact, Nigeria ranks as one of the countries with the [highest inflation rate worldwide](#). CPI is a measure that examines the changes in the purchasing-power of a currency. It measures changes in the price level of market basket of consumer goods and services purchased by households. The movement of the Consumer Price Index is the main measure for inflation rate ([Statista](#) 28/04/2021).

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



NAIRA CONTINUE TO WEAKEN AGAINST DOLLAR AT FOREIGN EXCHANGE MARKETS

The exchange rate between the naira and the US Dollar closed at N409.8/\$1 at the Investors and Exporters window as oil prices crashed to the \$60 per barrel region. Naira depreciated against the US Dollar representing a 0.24% decline, when compared to N408.75/\$1 recorded on Wednesday, 24th March 2021. However, in the parallel market, the naira remained relatively stable, as it closed at N486/\$1, which is the same as recorded in the previous trading session ([Nairametrics](#) 24/03/2021).

THE IMPLICATION OF CONTINUED DEPRECIATION OF NAIRA

To compound the effects of depreciation, the current devaluation of the Naira will have an impact on more people than the capital market collapse. Nigeria being a country of net importer of product as opposed to a net exporter, the majority of the basic goods (consumables and non-consumables) sold in Nigeria are imported from overseas therefore as the Naira continues to free fall, the wholesalers and retailers of goods will have to adjust the prices of their products upwards to reflect the amount being paid for these goods. In addition, the continued devaluation will eventually curtail foreign investments because if the current trend continues, it will truly give any investor a pause before investing in Nigeria because it will appear that at the current rate of volatility of the Naira there is no investment in Nigeria that will produce a good return on investment

CENTRAL BANK OF NIGERIA FOREX POLICY 2020-2021 TIMELINES

Since the first quarter of 2020, Nigeria has faced an exchange rate crisis triggered by COVID-19 pandemic and the drop in oil prices caused by the world's largest oil producers on how to proceed concerning oil supply cuts, which triggered a price war that 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. The Central Bank of Nigeria (CBN) began one of the most significant deluges of policy pronouncements and flip-flops on the management of Nigeria's foreign

currency ([Nairametrics](#) 26/03/2021)

- On 30th November 2020, The Central Bank of Nigeria (CBN) announced in circular, the amendment of procedures for receipt of diaspora remittances in an apparent and frantic attempt to improve liquidity in the forex market and reduce the disparity between the black market and official I&E window.
- On 2nd December 2020, the Central Bank of Nigeria (CBN) issued an update to its recent circular on the management of remittances from diaspora Nigerians. In a [circular](#) posted on its website, the apex bank instructed banks to transfer all diaspora remittances to the domiciliary accounts of the beneficiaries or pay the customers in foreign currency.
- On 26th January 2021, the CBN moved to ensure strict monetary control of the forex market threatening to expel exporters who refuse to remit foreign exchange proceeds in the NAFEX market. It also warned against paying diaspora remittances in naira.
- On 5th March, 2021, the Central Bank of Nigeria (CBN) has introduced a '[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 scheme takes effect from Monday, March 8, 2021, and ends on Saturday, May 8, 2021.

ECONOMIC SITUATION IN NORTHEAST NIGERIA

The northeast region is historically the poorest of Nigeria's six geo-political zones: Yobe and Adamawa states are the third and seventh poorest Nigerian states respectively—out of a total of 36 states—according to the 2020 National Living Standards Survey (NBS 28/04/2021). The federal government has demonstrated a nascent interest in

addressing the situation, as reflected by the establishment of the Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHADMSD) and of the northeast Development Commission (NEDC) in 2019 and 2017 respectively, that will drive the government's humanitarian and development interventions in the BAY states. Nonetheless, ongoing conflict continues to hinder implementation of development efforts and impact, especially at the community and Local Government Areas (LGA) levels, where needs and vulnerabilities are most acute ([HNO](#) 08/03/2021).

The drop in revenue is already curtailing service delivery and the funding of governmental social safety net programmes for populations hardest hit by the pre-existing burden of climate shocks, underlying poverty, the conflict in the northeast and the recent COVID-19 pandemic. Moreover, the situation is likely to worsen as Nigeria is not among the countries that could benefit from the International Monetary Fund's initial debt relief package for recovery from the COVID-19 pandemic ([HNO](#) 08/03/2021). The country is not considered one of the 25 poorest and vulnerable countries like Afghanistan, Benin, Burkina Faso, Central African Republic, Chad, Comoros, Democratic Republic of Congo, The Gambia, Guinea, Guinea-Bissau, Haiti, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Sao Tome and Principe, Sierra Leone, Solomon Islands, Tajikistan, Togo, and Yemen ([Anadolu Agency](#) 2021).

Lower availability of labor due to the conflict and the pandemic, in addition to higher prices and security-based restrictions on transportation of nitrate-based fertilizer, have reduced agricultural production. The government of Borno State, the epicenter of the conflict, estimates that the insurgency has caused 6 billion USD worth of destruction in the State ([HNO](#) 08/03/2021).

3. Context - Security

The 2020 Global Terrorism Index ([Vision of humanity](#)) identified Nigeria as the third most affected country by terrorism in the world. The country is currently confronted by multiple security challenges, notably the Boko Haram Islamist insurgency in the northeast, increasing violence between herders and farming communities spreading from the central belt southward, and separatist Biafra agitation in the Igbo southeast, and increased banditry and kidnapping across the country. Some affected state governments in the hotspots had hastily extended uncertain peace deals to bandits, but it has not solved the violence. The 2020 Global Terrorism Index report states that Boko Haram's targeting of civilians sharply increased by 25%, and while the number of civilians killed by herdsman increased by 26%, compared with the previous year 2019. Due to growing insecurity, the country is gradually becoming one of the most dangerous places to live. With increasing insecurity incidents, the president directed 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).

As an illustration of the underlying insecurity, the Nigeria Security Tracker ([NST](#)) estimates that the number of deaths caused by different political, economic and social grievances, has been on the rise since 2011. According to the Nigeria Security Tracker, 2,769 violent deaths were [recorded](#) between February 2020 and February 2021 in Borno State alone. Similarly, ransom-kidnapping by armed groups has [increased](#) substantially in the past five years. Over [US\\$18 million](#) (£13 million) was paid as ransom

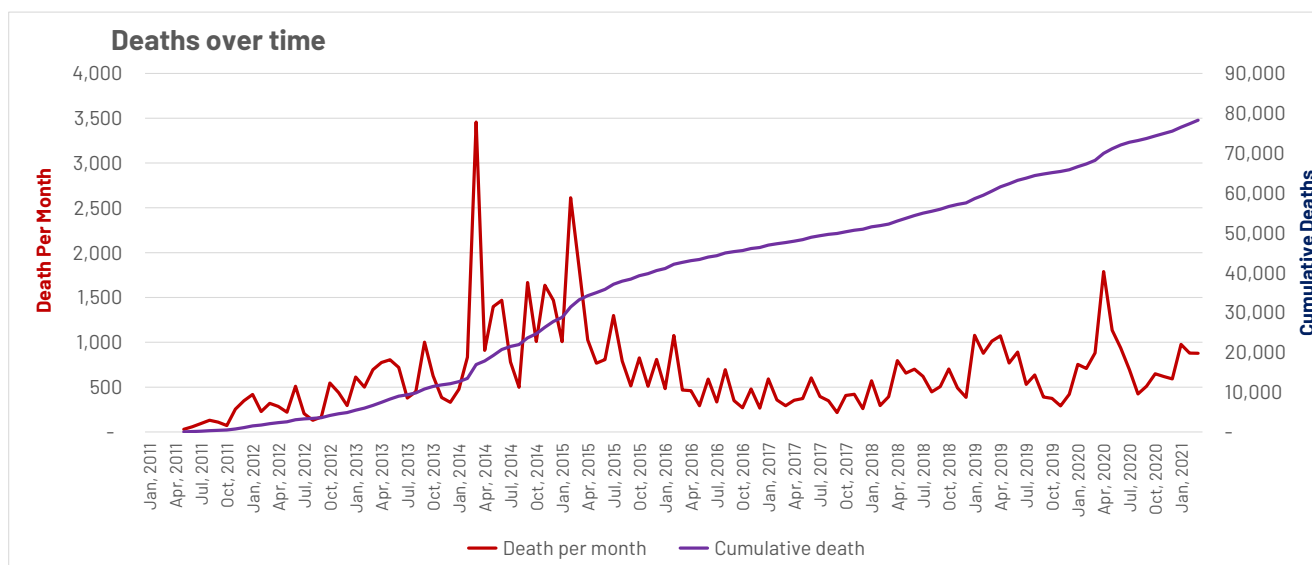
for kidnapped victims between 2011 and 2020. Figure 4 below illustrates deaths and cumulative deaths over time attributed to violence. The blue line shows the number of deaths per month, and the red shows the cumulative total deaths. The number of deaths is a conservative estimate, based on numbers reported by the press.

2021 marks the twelfth year of conflict in northeast Nigeria. The humanitarian crisis in Borno, Adamawa, and Yobe states remains one of the largest in the world, accounting for millions of severely vulnerable people. This protracted crisis is characterized by millions of people displaced, countless others affected by violence and insecurity, livelihoods and coping mechanisms severely disrupted, as well as widespread human rights violations. Rather than abating, violence continues to put 8.7 million people in need of humanitarian assistance ([UN OCHA](#) 19/03/2021).

In February and March, organized armed group (OAG) attacks in 10 LGAs across Borno resulted in widespread displacement, exacerbated humanitarian needs, and hampered relief efforts. On February 18 and March 1, OAGs attacked Dikwa LGA, where more than 75,000 IDPs had found shelter— 3,800 of whom had recently arrived following a mid-February attack in nearby Marte LGA— and more than 100,000 people were receiving humanitarian assistance as of early March.

Conflict in the northeast has also continued to expand with the highest conflict levels in Abadam, Kukawa, Marte, and Kala Balge LGAs in Borno State (based on key informants).

Figure 5. Death from Non-State Armed group actions



Attacks by insurgents are focused on government and humanitarian workers for insurgents to gain ground, access medicines, or access food. Based on information from key informants, attacks on civilians are lower in 2021 than in recent years. Moreover, some areas of Marte and Kukawa, which were previously inaccessible, are now accessible by civilian populations despite persisting attacks and conflict in these areas ([FEWSNET](#) 10/03/2021).

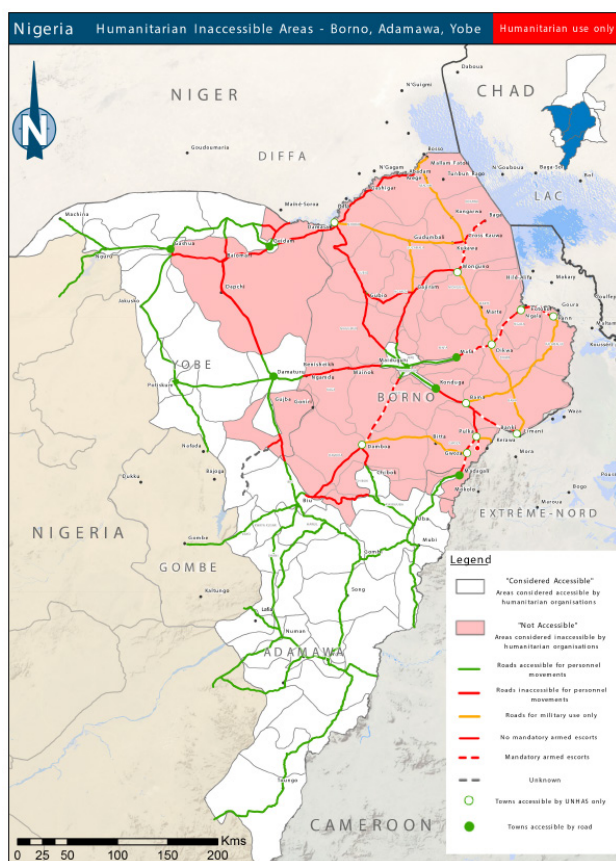
Non-state Armed Groups (NSAGs) attacks on hospitals and PHC centres are disrupting COVID-19 response and health services in the affected LGAs (Geidam and Gujba LGAs). Breakdown of the COVID-19 testing, impeding testing in week 11, while insecurity and military operations hinder contact tracing, active case search, and community sensitization in security-compromised LGAs ([Humanitarian Response](#) 21/03/2021). On 6 January 2021, Geidam General Hospital was attacked and some medical supplies and equipment were looted. The PHC facility in Ngurbuwa district of Gujba LGA was attacked on 8 January 2021 and medical supplies and equipment, including solar panels powering the water and cold-chain facilities, were looted. During the attack in Gujba town on 9 January 2021, the suspects vandalized a section of the PHC Centre, looted drugs and medical commodities,

looted sewing machines from a Women Empowerment Centre and 5 solar inverter batteries from the PHC Centre which also houses the health and nutrition Stabilization Centre (SC) supported by a humanitarian organization. Fortunately, however, no health workers were said to have been abducted. In March 2021, a Primary Health Clinic in Katarko, Gujba LGA was equally attacked and vandalized. The attacks have resulted in the suspension of the delivery of health services in some of these health facilities as in the case of Katarko, Ngurbuwa, Gujba, and Gumsa. The PHC in Gujba was temporarily relocated to Damaturu town but has since been returned ([Health Sector Bulletin](#) March 2021)

The operating environment for humanitarian partners has become increasingly challenging. Attacks against humanitarian workers and civilians are pervasive, putting civilians and aid workers at risk. Many key logistical routes across the northeast are insecure and thus impeding transport of personnel and crucial humanitarian supplies. In 2020, there were 3,145 security-related incidents affecting civilian populations in Borno State alone. The continued attacks on civilian populations and civilian infrastructure, as well as violations against civilians are stringent violations of international humanitarian and human rights law ([UN OCHA](#) 19/03/2021).

4. Humanitarian Access

Map 1. Map shows Humanitarian inaccessible areas (Borno, Adamawa and Yobe states)



Humanitarian access in the conflict-affected states of northeast Nigeria has been highly constrained since the start of the current humanitarian response in 2016. Nigeria is one of the most challenging operational environments for humanitarians, who have been the direct target of violent attacks in recent times from organized armed groups and non-state armed groups. The humanitarian access remains extremely volatile, particularly in Borno State, where all the major supply routes have become dangerous—due to risk of attacks by non-state armed groups as well as from unexploded ordnance and improvised landmines. This poses a risk to civilians, and aid workers including humanitarian cargo and assets. Humanitarian hubs and the offices of aid organizations have suffered regular attacks in 2020 ([Humanitarian Response](#) 03/03/2021).

The increased NSAG's ambushes, robberies, and the abduction and execution of humanitarian staff and affiliated persons in late year of 2020 have gravely heightened the risks of working in deep-field locations. NSAGs made clear that the targeting of humanitarian actors is not incidental ([Humanitarian Response](#) 08/03/2021).

HUMANITARIAN ACCESS AFFECTED BY INCREASED INSECURITY

The March 1st attacks on Dikwa resulted in increased security threats against relief actors operating in the LGA, prompting the temporary withdrawal of aid workers and reducing organizations' ability to reach vulnerable IDP and host community populations. The attack displaced nearly 28,000 people, many of whom relocated to areas with limited services and no access to humanitarian assistance. During the attack, OAGs damaged a hospital and targeted a UN base for humanitarian workers, prompting aid workers to shelter in a bunker ([USAID](#) 12/03/2021).

The frequent attacks on health facilities and looting of drugs and supplies by NSAGs further weakens the COVID-19 response ([Humanitarian Response](#) 08/03/2021). Insecurity and military operations are limiting contact tracing, active case search, and community sensitization in security-compromised LGAs ([Humanitarian Response](#) 07/03/2021).

Recent OAG attacks in Borno targeted humanitarian facilities and IDP camps, causing secondary displacement and disrupting aid operations. Meanwhile, persistent insecurity in northwestern Nigeria has generated an urgent need for humanitarian assistance ([USAID](#) 12/03/2021).

The upsurge in attacks and illegal vehicle checkpoints by NSAGs forced aid organizations to scale down activities and temporarily withdraw their staff from some areas. In Borno State, most roads leading in and out of Maiduguri, the state capital, are insecure for civilians and aid workers. Resurgence in NSAGs activities led to further military restrictions on civilians and greater scrutiny of humanitarian organizations. In Borno, aid workers and the assistance they deliver are largely confined to garrison towns, Maiduguri and neighboring areas. There are also significant bureaucratic impediments restricting the humanitarian response. There is a need for continued engagement with the military and government counterparts at both state and federal levels to seek humanitarian partners' unhindered access to the affected population ([Humanitarian Response](#) 08/03/2021).

The extreme insecurity that aid agencies face if they attempt to operate outside the garrison towns or in hard-to-reach areas limits their ability to demonstrate their abiding by humanitarian principles, which seems to

reinforce NSAGs' narrative on agencies' bias moreover, areas outside of Government control remain inaccessible to humanitarian workers ([Humanitarian Response](#) 08/03/2021).

INCREASED INSECURITY AFFECTING ACCESS TO LIVELIHOOD AND FARMING OPPORTUNITIES

Ongoing conflict and attacks in these LGAs have also impeded livelihood opportunities, particularly in

farming areas where non-state armed groups maintain a heightened presence. Such attacks and NSAG presence further constrain access for aid workers, though there could be complementarity in so far as state government staff and resources may have lesser constraints. Some LGAs have conditions closer to suitability for return, and better security. However, returns to LGAs that lack these conditions will likely increase vulnerabilities of civilians ([Humanitarian Response](#) 08/03/2021).

5. COVID-19 Epidemic Overview

NEW CASES CONTINUE TO DECLINE

Table 1. COVID-19 Nigeria (NCDC)

	Total samples	Total confirmed cases	Total active cases	Total discharged cases	Total deaths
Nigeria	1,778,105	162,593	10,237	150,308	2,048

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
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
# 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
# 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
NewDeaths	56	243	274	305	135	99	34	27	81	332	321	141
# Total deaths	58	299	573	878	1,013	1,112	1,146	1,173	1,254	1,586	1,907	2,048

In March 2021, Nigeria recorded 6,936 confirmed new COVID-19 cases (Incident rate of 3.5 per 100,000), as the total number of COVID-19 cases passed 160,000 cases. Compared to February, 72% fewer cases were recorded. This is the most significant drop of any month since the pandemic began. Following two months of all-time high mortality rates in January (332) and February (321), COVID-19 related deaths decreased by 56% to 141 in March. Most of the deaths occurred in Lagos state (38%) and Abuja (11%) which are COVID-19 hotspots. Nigeria remains the second severely affected country in Africa after South Africa.

POSITIVITY RATES DROP BY 7.4% AS TESTING REDUCES BY 11.6%

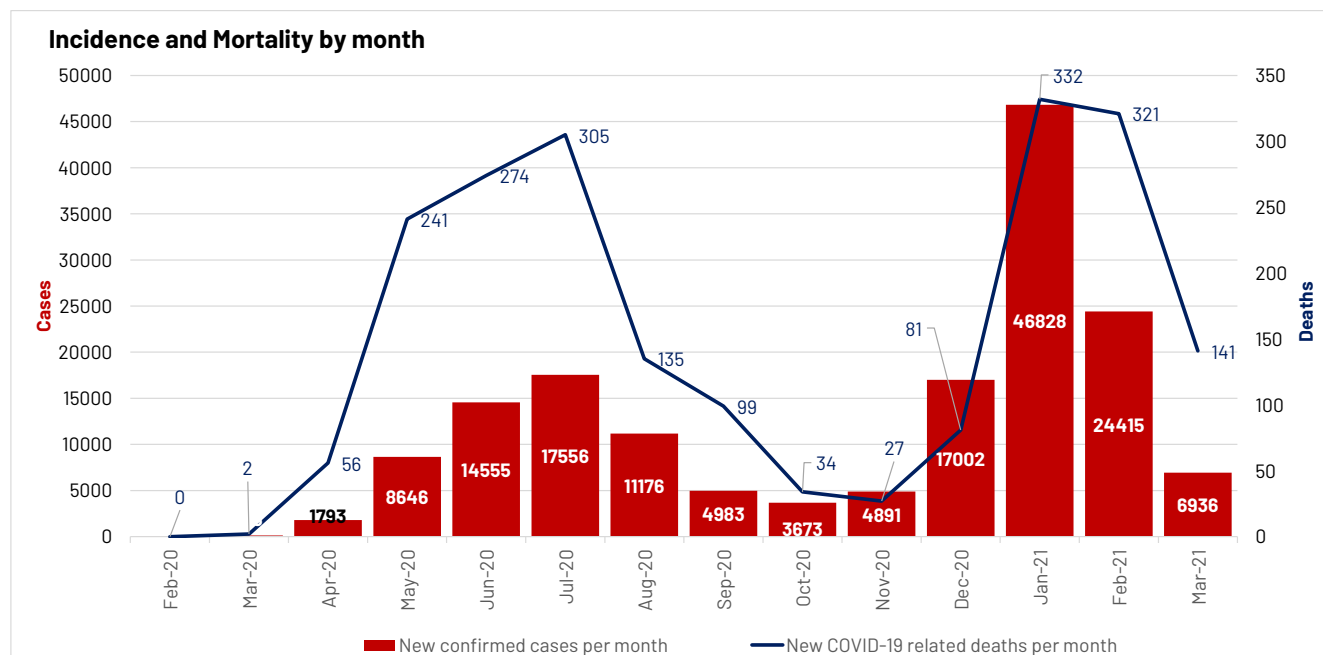
Following 3 months with average positivity rates of 11%, positivity rates reduced by 7.4% to 3.5%. This however, might be partially caused by the 11.6% decrease in the number of tests conducted in March. This confirms a trend of reduction in the number of tests conducted, reducing from 421,000 in January to 198,000 in March.

Whereas the fear of a second wave led to increased testing and testing capacity in December and January,

the stigmatization of people testing positive has since then led to rising reluctance to participate in testing. The vaccination rollout at state levels may have put more pressure on logistic and personnel resources especially

in rural and insecure areas that were already tasked with community engagement regarding risk awareness and testing for COVID-19 among other pre-existing health concerns.

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



NIGERIA RECEIVES 4M DOSES OF THE ASTRAZENECA VACCINE.

One year after the first confirmed case of COVID-19, Nigeria has received 3.92 million doses of the AstraZeneca vaccine on 2nd March ([NPHCDA 07/03/2021](#)). The National Primary Health Care Development Agency (NPHCDA) initiated a nationwide vaccination campaign on 12th March. Frontline health workers are prioritized for the first phase of vaccination, followed by elderly and vulnerable people as identified by their doctors. Pregnant women and people under the age of 18 are exempted from vaccination until the vaccines are certified as fit for them ([NPHCDA 22/03/2021](#)).

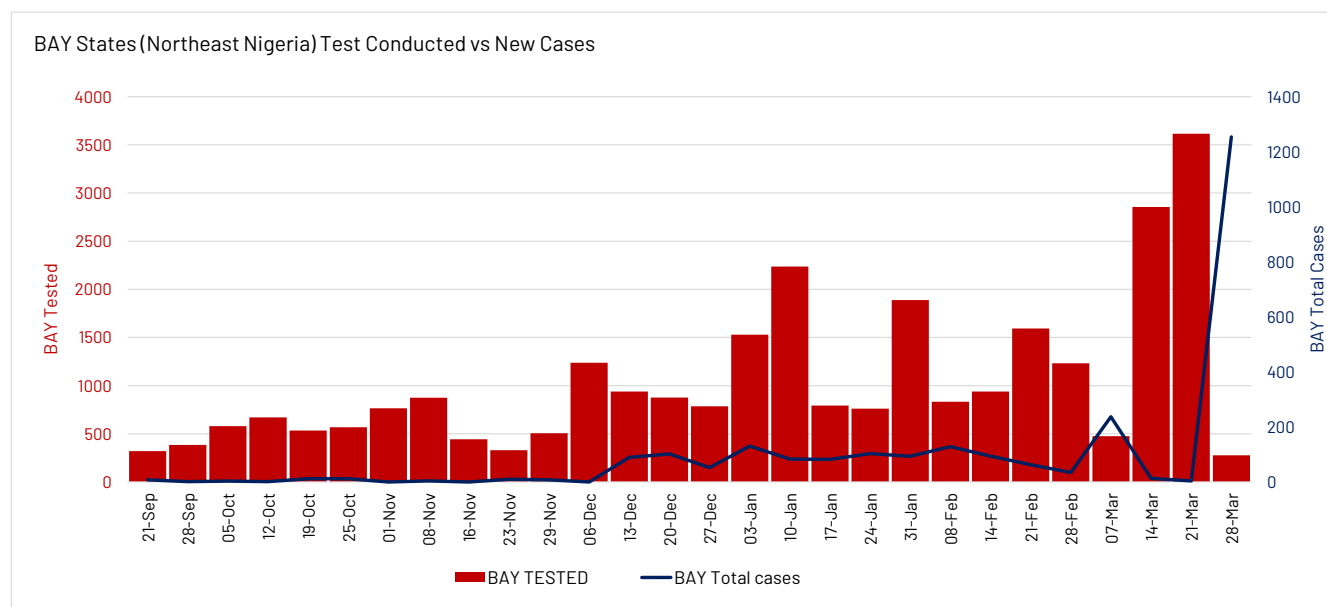
By the 23rd of March, 122,410 vaccinations have been carried out, accounting for 3.1% of the total dosage received. Being the epicentre of the pandemic in Nigeria, Lagos state has the highest number of vaccinated people at 36,009 (but only 7.1% of target), followed by Jigawa state (19,226 [28.1%]) and Bauchi state (14,422 [17.9%]). All other states have vaccinated less than 10,000 people. 8 states are yet to have anyone vaccinated including Abia, Kebbi, Koi, Niger, Oyo, Sokoto, Taraba, and Zamfara states ([NPHCDA 23/03/2021](#)). Lack of access to the internet is excluding

more than half of the population to register their eligibility for vaccination. Also vaccine hesitancy as observed during polio vaccination and distrust for government could be contributing to low vaccination numbers in these states. Along with the vaccination campaign, the NPHCDA has created hotlines to answer any questions people may have and correct any misinformation being shared in the communities.

BAY STATES OVERVIEW

Newly confirmed cases of COVID-19 in the BAY area increased by 86% in March compared to February 2021. However, there was an increase of 17.8% in Borno (51), 220% in Adamawa (289), and 166.6% in Yobe (293) compared to the previous month. As cases continue to increase in Adamawa and Yobe, Borno state accounts for 40.8% of the total confirmed number of COVID-19 cases in BAY states, reducing from 55% in February and Adamawa state comes in second with growing from 33% to 37% of total cases in the BAY area while Yobe with more than doubling from 12% to 21%. Death rates jumped from 3 in February to 15 in March.

Figure 7. Weekly testing and caseload data for the BAY States ([NCDC Weekly Epidemiological Report, 28/03/2021](#))



At the close of March, the number of health-workers infected by COVID-19 in Borno increased to 81, from 69 reported in the previous month while Adamawa and Yobe remained at 59 and 19 respectively.

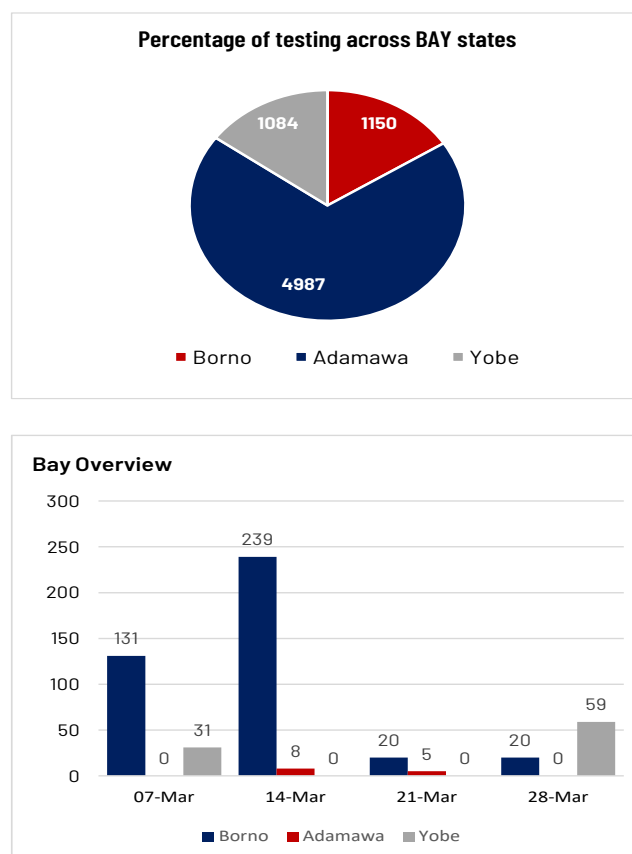
COVID-19 VACCINATION IN BAY STATES

According to vaccination targets, Borno state has registered 2 (0%) vaccinations whereas Adamawa has recorded 4,150 (7%) vaccinations and Yobe 2,498 (4.1%) vaccinations as of 22nd March after one week of implementation ([NPHCDA 23/03/2021](#)).

TESTING & CONTACT TRACING

COVID-19 testing in the BAY states during March increased tremendously to 8344 samples from 3366 collected in February a significant increase of 148 percent. In the same month, approximately 513 contacts were traced to confirm whether they have COVID-19 or not.

Figure 8. COVID-19 testing and contact tracing across the BAY states



6. COVID-19 Containment Measures

JANUARY COVID-19 HEALTH PROTECTION GUIDELINES STILL IN EFFECT

During the month of May, Phase 3 containment measures as extended in January are still in place. Current guidelines in place require all arriving travellers to register online at the Nigeria International Travel Portal and submit a negative COVID-19 PCR result taken not more than 96 hours from the date of departure.

Arriving passengers with temperatures higher than 38 degrees Celsius are not allowed in the country in addition, arriving passengers are expected to self-isolate for a

minimum of seven days after which another COVID-19 PCR is conducted. Passenger testing negative on the second test are released from quarantine, while those testing positive will be further processed according to the NCDC guidelines.

Public gatherings are still restricted to 50 people in enclosed areas, with larger halls and public transport functioning at half capacity. Working from home is still strongly encouraged. Mandatory use of face masks, provision of handwashing facilities and social distancing are requirements for operation of businesses and schools.

7. Information and Communication for COVID-19

PRESIDENTIAL TASK FORCE LAYS OUT PLAN FOR THE COVID-19 VACCINATION CAMPAIGN

On 7th March 2021 the National Health Care Development Agency and the Federal Ministry of health flagged off the COVID-19 vaccination campaign with the Oxford/AstraZeneca Vaccine at the national hospital in Abuja. The Chairman of the Presidential Task Force on COVID-19 encouraged Nigerians to participate in the vaccination exercise. He cautioned that vaccine hesitancy will produce negative consequences on achieving national immunity as the pandemic cuts across various demographics. He states that 65 vaccination points have been designated in the FCT (Abuja) which is the second most affected area in Nigeria by the pandemic. He advised Nigerians to shy away from receiving vaccination from unauthorized groups.

FRONTLINE HEALTH WORKERS AND ELDERLY PEOPLE ARE THE FIRST TARGET GROUPS TO RECEIVE THE VACCINE.

He states that frontline health workers are the first priority group for receiving the vaccine due to their higher risk of exposure to infection. The next target group would be elderly people with increased vulnerabilities defined by pre-existing medical conditions. He proposed that Nigeria hopes to have vaccinated 70% of its population by 2022. However, people under the age of 18 years and pregnant women are exempted from receiving the vaccination due

to lack of data on the safety of the vaccine for these groups of people (NPHCDA 07/03/2021).

NPHCDA PROMOTES #YESTOCOVID-19 VACCINE CAMPAIGN

The National Primary Health Care Development Agency (NPHCDA) launched the #YesTOCOVID19Vaccine to encourage members of the public to receive the vaccines made available by the Federal Government. The NPCCDA has created emergency toll free numbers to address, questions, concerns and rumours that the Nigerian citizens may have about the vaccines. The agency also releases frequent updates about the vaccination campaigns across all states of the federation on its twitter handle (NPHCDA 07/03/2021).

NCDC REVIEWS ONE YEAR OF COVID-19 RESPONSE

In the report published in March, the NCDC highlighted the major accomplishment of the agency since the pandemic began. The highlights are summarized below:

- More than 52 Rapid response teams from NCDC were sent to support the state government effort in the response. The teams contained up to 352 trained personnel.
- Scale up of the use of Surveillance Outbreak Response Management and Analysis System tool

to report, collate and analyse data from 17 states (not all Local Government Areas [LGAs]) in January 2020 to cover all states and LGAs by the end of November 2020.

- Establishment 70+ public health laboratories and supported activation of 36 private laboratories with at least one public health laboratory for COVID-19 diagnosis in each state from just 4 laboratories in February 2020.
- NCDC developed and executed the “Take Responsibility” communication strategy; disseminating key messages on social media, traditional media, creation and distribution of IEC materials, rumour management, as well as risk communication through community engagement. More than 575 media

appearances have been made by NCDC staffs for this purpose.

- Weekly SMS messages and daily publication updates on Social media
- Delivery of over 3million PPEs, 1 million reagents and sample collection materials across the 36 states and FCT.
- Over 259,586 travellers have been screened through the Nigeria International Travel Portal at PoEs. Among those who have used the platform, 6,326 (2.44%) cases have been detected on entry (NCDC 01/03/2021).

Figure 9. COVID -19 Timeline in Nigeria



8. Overview of impact and humanitarian conditions

The [2021 HNO](#) outlines a situation that has deteriorated over the past 12 months as the compounding effects of the COVID-19 pandemic along with the ongoing conflict have driven down income and livelihood opportunities, driven up prices and food insecurity whilst long term issues of inadequate health, shelter, WASH and education services remain. Of increasing concern is the lack of protection services to support the many households affected by violence, exploitation and the detrimental impact of the crisis on peoples physical and mental well-being. 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) further intensifying the crisis.

- Livelihood opportunities are constrained by increased insecurity, displacement and the ongoing economic fallout of the COVID-19 pandemic. This in turn is driving many households to adopt negative coping mechanisms which in turn drives more families into poverty and debt.
- Food insecurity, driven by high food prices and reduced household incomes has worsened over the last 12 months. 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). Populations in hard-to-reach areas are thought to be most at risk though data for these areas is limited.
- The health sector continues to suffer as further facilities and equipment is lost to attacks and looting as COVID-19 continues to put an additional burden on an already overstretched health service. Malaria combined with malnutrition accounted for more than half of recorded deaths in the BAY states in 2020 and malaria continues to be the main cause of morbidity in 2021.
- Global and Severe Acute Malnutrition (GAM/SAM) rates remain high, with an average of approxima-

tely 1,500 SAM cases being reported each week through EWARS, with this expected to rise in the lean season. Stunting is widespread across the BAY states but particularly prevalent in Yobe.

- Much of the affected population in northeast Nigeria still does not have sufficient access to water, sanitation, and hygiene facilities. Continued displacement and lack of land for additional facilities is resulting in the degradation of latrines and showers whilst many IDPs and host communities report not having enough water for daily use.
- Shelter needs continue to remain high as many IDPs, returnees and vulnerable host communities continue to live in overcrowded, makeshift, or damaged shelters. Lack of safe, suitable land for building new shelters is a major constraint, and the number of eviction cases is rising as households struggle to meet rent payments.
- Sexual and Gender-Based Violence (SGBV) is widespread but underreported; the prevalence of child labor and early marriage is increasing. Many protection issues have resulted from the impact of COVID-19, poverty and the overcrowded conditions faced by many IDPs, along with the more serious threats from NSAGs. Protection services are often not sufficient to meet the protection needs of the affected population.
- 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 Nigeria. Many facilities remain damaged due to the insurgency or harsh climate. Schools continue to be characterized by a lack of learning materials and a staff of poorly supported, under qualified teachers.

9. Information Sources and Gaps

The current and projected food insecurity situation was outlined in the March [Cadre Harmonise report](#) with further analysis provided by the FEWS Net [Food Security Outlook](#) for February to September 2021. For the health sector the weekly Integrated Disease Surveillance and Response (IDSR) reports alongside the monthly [EWARS bulletin](#) gave the latest epidemiological data outside of the COVID-19 situation including malnutrition screening. The final Nutrition and Food Security Surveillance Round 9 ([NFSS IX](#)) was published (previous reports have relied on preliminary findings) and this gave further details of malnutrition rates across the BAY states. The twice monthly CCCM monitoring reports from [late February](#) and [early March](#) were supported by the round [35 DTM](#) displacement report and gave updated

information specifically for IDPs and returnees, including demographic information and details on Shelter provision and WASH facilities.

The [2021 HNO](#) provided a comprehensive overview of the humanitarian situation and needs across the BAY states, but with some of the analysis presented based on the joint multi-sector needs assessment ([J-MSNA](#)) conducted in July – August 2020, it was difficult to extract what was “current”.

Finally there is still a lack of information regarding current protection issues or how many schools have been able to open the level of student attendance.

10. Sectors



Livelihoods

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. The [Food Security Outlook](#) from FEWS Net for February to September 2021 gives further insight into issues currently impacting livelihoods. The [WFP essential needs assessment](#) [released in February, data collected in October 2020] examines the prevalent and severity of negative coping mechanisms and the household income levels across much of the BAY states. It is clear from the HNO that IDPs in camps face the most difficult livelihood challenges, but all affected groups are struggling due to the continuing economic downturn in the region.

LIVELIHOODS CONSTRAINED BY DISPLACEMENT, INSECURITY AND RESTRICTIONS ON FREEDOM OF MOVEMENT

Displacement, insecurity, and restrictions on freedom of movement have prevented access to land to practice agriculture, a situation compounded by the COVID-19 pandemic which led to further restrictions on freedom of movement, negatively impacting trade, markets and those engaged in casual labor and agriculture as a source of income. 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 in areas where households are displaced ([HNO](#) 08/03/2021, [FEWS Net](#) 10/03/2021).

Households worst-affected by the Boko Haram conflict are mainly dependent on humanitarian food assistance, and have limited income-earning opportunities, however amongst Cash and Voucher Assistance (CVA) recipients, more than half (52%) reported remaining livelihoods-related needs even after accounting for the humanitarian aid received ([FEWS Net](#) 10/03/2021, [HNO](#) 08/03/2021, [Ground Truth Solutions](#) 06/11/2020).

As poor macroeconomic conditions drive widespread and rising unemployment, the situation is disproportionately hitting women and youths with the impact on women being higher as they usually have fewer economic opportunities and livelihood assets than men. Newly displaced populations are also heavily affected as they will often find themselves in unfamiliar places and have difficulty finding labor and other income-earning opportunities ([FEWS Net](#) 10/03/2021, [HNO](#) 08/03/2021).

LACK OF LIVELIHOOD OPPORTUNITIES DRIVING THE WIDESPREAD ADOPTION OF NEGATIVE COPING MECHANISMS

Out of 61 LGAs in the BAY states, 39 are classified as in severe need concerning the lack of sufficient and reliable income which forces households to adopt negative coping mechanisms ([HNO 08/03/2021](#)). Assessment data from late 2020 indicates that 27.2% of households adopted the most severe emergency coping strategies¹, 6.6% adopted crisis coping strategies and 37.1% adopted stress coping strategies. Only 29% of households reported not adopting any form of livelihood coping strategy (down from 34% in a previous iteration of the survey in 2019). The deterioration compared to 2019 is stark with the use of emergency coping strategies increasing from 12% to 27% in 2020 ([WFP 19/02/2021](#)).

In certain areas the use of crisis and/or emergency coping strategies is even more prevalent than the overall 33.8% average, with Mobbar (Borno) and Yunusari (Yobe) LGAs, reporting that 75% of households adopted crisis/emergency coping strategies. Access to food was overwhelming the main reason for adopting coping strategies and cited by more than 80% households, with access to health services and medicines the second-highest need, and access to adequate shelter the third ([WFP 19/02/2021](#)).

IDPS IN CAMPS WORST AFFECTED BUT RETURNEES AND HOST COMMUNITIES ALSO STRUGGLE

Displacement, compounded by the lack of livelihood in the location of displacement, forces IDP households to significantly depend on humanitarian aid. Those in camp settings face over-congestion, life in sub-standard shelters with significant constraints on their access to basic services (such as WASH facilities). Movement to and from camps is often curtailed affecting both livelihood opportunities as well as the mental well-being of IDPs. NSAG attacks or harassment and extortion by armed forces also impact households and can lead to injury or a loss of assets. Few coping mechanisms are available to IDPs aside from a heavy reliance on humanitarian aid which in some

areas can be suspended due to insecurity or heavy rain.

Returnees are often faced with a lack of access to basic services alongside delays to the rehabilitation or reconstruction of essential infrastructure. Livelihood opportunities are constrained by insecurity and movement restrictions with many of the returning population forced to reside in garrison towns, unable to safely access farmland; (unexploded ordnance and improvised explosives are significant risks). Around 10% of returnee households have suffered security incidents affecting household members in the past three months ([HNO 08/03/2021](#)).

Host Communities whose main occupation is farming have also been severely affected by movement restrictions caused by insecurity (as well as COVID-19 containment measures during 2020). The burden on large influxes of IDPs exacerbates an already depressed labor market driving down wages and increasing prices. Already poor basic services are put under further strain and the overall low education attainment in the region forces many into low paid jobs and casual labor. This can force households into the sale of productive assets, the consumption of seed crops or into debt.

The severity of the downturn in livelihoods is illustrated by recent data where findings indicate that 57.4% of (surveyed) households have expenditures below the Minimum Expenditure Basket (MEB)², meaning that these households did not have enough economic capacity to meet their adequate needs. Even more concerning 42% of households have expenditures below the survival minimum expenditure basket (SMEB), suggesting monthly expenditures not able to meet food needs ([HNO 08/03/2021](#), [WFP 19/02/2021](#), [FEWS Net 10/03/2021](#)).

Finally, the situation in hard-to-reach areas is also worsening with the majority of settlements in 9 of 14 assessed LGAs and half of the settlements in 3 more LGAs reporting that people's ability to engage in livelihood activities had decreased in the month prior to data collection. In these areas, subsistence farming was the most common livelihood activity in 95% of assessed settlements with casual labor, livestock rearing and market trading the other significant income generating activities. Access to farmland and markets is often constrained by insecurity, and it can also expose farmers to risks such as unexploded ordnance. There is also a widespread lack of basic services (see education and health sections) ([REACH 31/01/2021](#)).

1 Livelihood coping strategies are classified into the following three severity categories 'stress', 'crisis' and 'emergency'. Households may adopt more than one coping behavior, and as such households are classified according to the most severe of the strategies ([WFP 19/02/2021](#)).

2 The MEB established by the Cash Working Group in 2018 is used as the reference MEB to compare against households' expenditures

The latest [Cadre Harmonise report](#) has revised the projected number of food insecure people (IPC phases 3 – 5) down to 4.37 million for the coming lean season (June – August 2021), however, this is still a small increase compared to the lean season in 2020. The [2021 HNO](#) gives an overview of the food security situation for 2021, alongside a [Food Security Outlook](#) for February to September 2021 provided by FEWS Net. The transition into lean season will give rise to an increase in negative coping mechanisms with those households not able to access humanitarian assistance at most risk of having significant food consumption gaps. This ties in with previously reported findings from the [WFP essential needs assessment](#) where household food stocks are low and surveyed households cited food as their top priority.

FOOD INSECURITY DRIVEN BY HIGH FOOD PRICES HAS WORSENERED OVER THE PAST 12 MONTHS

The persistent economic fall-out of the pandemic including the detrimental impact on household incomes has increased vulnerability and food insecurity in the BAY states. In recent months increased conflict and insecurity have triggered additional population displacements and has cut people off from their main means of livelihoods—agricultural and grazing land ([HNO](#) 08/03/2021, [FAO](#) 11/03/2021).

According to the Federal Ministry of Agriculture and Rural Development 2020 Agricultural Performance Report, there is now relatively less food availability and access. COVID-19 mitigation measures (including border closures and travel bans), continued insecurity, and climatic factors (such as flooding) have all contributed to increased costs of production and distribution, driving an increase in the price of food ([HNO](#) 08/03/2021). In addition, the main season harvest was below average, with poorer households reverting to market purchase in January following depleted stocks. Similarly, the market stock levels remain below average and insufficient to meet increasing household demand, with the increased demand also a driver of high staple food prices ([FEWS Net](#) 10/03/2021).

This can be illustrated by data from Borno State where Save The Children Price Monitoring in MMC and Jere indicates a 74% increment in the cost of the Food Minimum Expenditure Basket (MEB) for a five-person household

between March 2020 and March 2021 (FSS, April 2021)

LATEST CADRE HARMONISÉ FIGURES CONCERNING BUT FOOD INSECURITY PROJECTIONS LOWER THAN PREVIOUSLY ESTIMATED

The most recent Cadre Harmonise (CH) (March 2021) indicates that there are approximately 3.17 million people who are food insecure in the BAY states including almost half a million at emergency level (IPC 4) – Table 3&4. Up to 4.4 million people in northeast Nigeria's Borno, Adamawa and Yobe (BAY) States will require food assistance during the lean season (June-August 2021). The projected number of acutely food-insecure people has increased, as compared to the 2020 peak of the lean season (with COVID-19). This is the highest number of food insecure people in the BAY states since March 2017. 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 3. People food insecure in BAY States March 2021

States	Total Population	Population in Phase 3	Population in Phase 4	Population in Phase 3-5
Adamawa	4,982,623	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 4. People projected to food insecure in lean season

States	Total Population	Population in Phase 3	Population in Phase 4	Population in Phase 3-5
Adamawa	4,982,623	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% of the people) 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).

FOOD INSECURITY IN HARD-TO-REACH (H2R) AREAS IS BY FAR THE MOST CONCERNING

Of the 1,547,379 people in acute food insecurity situations, and in need of emergency assistance during the current period in Borno State, 658,252 (42.5%) are situated in completely or partially inaccessible communities where humanitarian agencies lack access. Similarly, of the 963,684 and 657,885 people in critical food insecurity condition in Yobe and Adamawa States in the current period, 71,530 (7.4%) and 17,064 (2.6%) people respectively, are located in totally or partially inaccessible areas of these states ([FEWS NET](#) 05/04/2021).

INCREASING FOOD INSECURITY IS DRIVING THE ADOPTION OF NEGATIVE COPING MECHANISMS

Food insecurity continues to drive households into adopting negative coping mechanisms. More households are resorting to the increasingly frequent use of severe consumption-based coping strategies with the three most common coping strategies identified being: (1) relying on less preferred or expensive foods; (2) Reducing portion size of meals and (3) reducing the number of meals eaten in a day ([WFP](#) 19/02/2021)

For inaccessible areas, mainly in parts of Borno state many have little or no food stocks and are resorting to the consumption of wild foods ([FEWS Net](#) 10/03/2021). This is because there is limited access to income-earning activities or to markets to purchase food. These households are expected to face large food consumption gaps and will probably engage in livelihood coping strategies such as asset liquidation ([FEWS Net](#) 10/03/2021).

The elderly, women, and pregnant women were the most affected by food insecurity. Desperation is also driving women to negative coping strategies such as exchanging sex for food and other necessities (see protection section) ([HNO](#) 08/03/2021). In most instances, women had to eat last or miss meals as a coping mechanism, as well as risking exposure to COVID-19 in search of food for the family. Adolescent girls from male-headed households were at

higher risk of being given to early or forced marriage ([HNO](#) 08/03/2021).

For IDPs there are few coping mechanisms available aside from heavy reliance on humanitarian aid. This dependency is much higher for IDPs who live in camps because of movement restrictions, a paucity of livelihood opportunities, and lack of access to land for farming. Several reports show that when there is a delay in, or shortage of, humanitarian assistance like food because of pipeline breaks, IDPs immediately fall into negative coping mechanisms, including survival sex, and early marriage. In addition, a lack of fuel/firewood for cooking has caused many families to skip meals and gathering firewood can put women and girls in danger of abuse ([HNO](#) 08/03/2021).

THOSE LIVING IN HARD-TO-REACH OR REMOTE AREAS OR THOSE RECENTLY DISPLACED FACE FOOD CONSUMPTION GAPS

In areas of Yobe State facing Crisis (IPC Phase 3), where some areas are inaccessible, access to normal livelihood activities is lower than usual and some households in hard-to-reach areas face large consumption gaps. In Borno state, based on remote sensing analyses, agricultural production is likely limited in hard-to-reach areas. Although households have some access to food from their production, those stocks are likely depleted, and households are reliant on wild foods. Additionally, households relying on livestock or fishing will face lower access to income due to limited market access. Consequently, wide food consumption gaps and high levels of malnutrition are likely ongoing ([FEWS Net](#) 10/03/2021).

Conflict in the northeast has also continued to expand with the highest conflict levels in Abadam, Kukawa, Marte, and Kala Balge LGAs in Borno State. The unfolding and volatile situation in Dikwa and Marte LGAs and adjacent areas could have a serious impact on those populations remaining in Dikwa, who will have little access to humanitarian assistance. For those that fled the fighting, the newly displaced will have lost assets, access to farmland and will find it difficult to access income generating activities ([FEWS Net](#) 10/03/2021).

FOOD ASSISTANCE IS CITED AS A TOP PRIORITY FOLLOWED BY LIVELIHOODS.

The bleak outlook for food security is echoed in the needs expressed by affected populations. Food assistance was

the critical priority cited by the majority of households. Based on WFP data (collected in November/December 2020 during the harvest season), food assistance was the top priority for nearly 70% of households surveyed. Livelihood support (~12%), health/medical (~9%), and water (~5%) were the other main priorities mentioned. All four were mentioned as a second priority by at least 10% of households with education and shelter both a second

priority for about 8% of households ([WFP 19/02/2021](#)).

The lack of food is further evidenced by the high prevalence of households reporting low stock. Approximately 25% of households reported no food stocks, 34% percent households only had enough stock to last for a week, another 33 percent had enough to last two to four weeks, and only 8.5 percent of households had enough to last at least a month ([WFP 19/02/2021](#)).

Health

The [2021HNO](#) 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 reports ([ISDR wk9](#), [ISDR wk10](#), [ISDR wk11](#) [ISDR wk12](#)) show that malaria cases are continuing to decline, but that malaria is still the main cause of morbidity. In addition, measles cases are increasing more rapidly with the outbreak centered now in Maiduguri. The monthly [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 3 months.

MANY HEALTH FACILITIES ARE DAMAGED OR NON-FUNCTIONAL, BUT HEALTH NEEDS ARE SEVERE AND WIDESPREAD

Ten years of conflict have damaged two-thirds of health facilities in the BAY states with current figures indicating that only 58.1% of health facilities in the BAY states are fully functional, with 11.4% partially functioning. The rest are either completely damaged or non-functional ([WHO 15/03/2021](#), [HNO 08/03/2021](#)).

The severity of health needs are at extreme levels across most of the LGAs in Borno state, and in approximately half of the LGAs in Adamawa and 3 LGAs in Yobe. All other LGAs bar one exception, rate health needs as severe. 5.8 million people including about 4 million women and girls, require life-saving and essential health services. ([HNO 08/03/2021](#)).

Of particular concern is the lack of skilled birth attendants to support the estimated 600,000 live births in the coming year. Affected people remain at significant risk of epidemic-prone diseases, like cholera, measles and viral hemorrhagic fevers due to low access to essential healthcare. Seasonal factors such as flooding along with

inadequate WASH facilities and access to potable water all increase the risk with women and children most at risk, especially adolescent girls who are more likely to be malnourished (see nutrition section). Lack of urgent medical care in response to Gender Based Violence (GBV) also places many women at risk ([HNO 08/03/2021](#)).

Finally, the threat and added burden of COVID-19 is both placing an additional strain on health services and may in some cases deter members of the affected population from seeking health treatment.

MALARIA CONTINUES TO BE THE MAIN CAUSE OF MORBIDITY FOLLOWED BY ACUTE RESPIRATORY INFECTION (ARI)

WHO EWARS and ISDR data indicates that that more than half of recorded deaths in the BAY states in 2020 are due to malaria combined with malnutrition, more than all other causes of death combined, including cholera, measles, hepatitis and key non-communicable diseases ([HNO 08/03/2021](#)).

This trend appears to be continuing into 2021 with malaria as the main cause of morbidity with 4,371 confirmed cases during week 12 and 6,880 suspected cases with proportional morbidity at 13.1% and 21.6% respectively. Of identified causes, ARI is the next biggest cause with 5,573 cases (with a proportional morbidity rate of 17.5%) reported during week 12. Severe Acute Malnutrition (SAM) was the third- highest identified cause of morbidity (see nutrition), however, "other causes" accounted for 12,535 cases in week 12 and a proportional morbidity rate of 39.4% ([ISDR 13/04/2021](#)).

Overall, malaria numbers continue to decrease (from approximately 24,000 confirmed cases in February to 16,500 confirmed cases in March), giving a total for 2021 of 75,179 confirmed cases. This is backed by data from the

latest CCCM survey where although there was a spike in malaria cases at the end of February (malaria was reported in 51% of camps), this had decreased back down to 38% of camps reporting malaria cases by mid-March 2021 ([CCCM](#) 12/03/2021, [CCCM](#) 26/03/2021).

Acute Watery Diarrhea case rates remained relatively static compared to the previous month but prevalence rates of ARI dropped by approximately 15% compared to the previous months. Integrated Disease Surveillance and Response (IDSR) reporting for March ranged from 68% completeness at the beginning of the month down to 60% completeness in the last week of March, still well below the 80% target but roughly in line with previous months ([IDSR](#) 15/03/2021, [IDSR](#) 13/04/2021).

These results tie in with malaria being cited as the most common health problem in both camps (63% of sites) and in host communities (71%). It was followed by fever and cough in both the settings ([IOM](#) 11/03/2020).

MEASLES OUTBREAK CONTINUES TO GROW

There were 313 suspected measles cases in the last week of March (week 12) compared to 98 suspected measles cases in week 8, bringing the cumulative total of cases for 2021 to 1,865. With 1,273 new cases in the month the outbreak is accelerating after 201 cases occurring in January and only 391 cases in February. Maiduguri is now the center of the outbreak with over 200 new cases in week 12 alone. Jere and Magumeri LGAs also show significant caseloads. There was no large-scale outbreak in 2020, but 2019 saw

a large outbreak of measles in the first half of the year which reached a peak of over a thousand cases per week for several months ([IDSR](#) 13/04/2021).

HEALTH FACILITIES UNDER ATTACK

In late 2020 and Q1 2021, the health sector and the humanitarian community in Yobe have recorded increased attacks and threats on attacks on health facilities and health-related infrastructures by suspected NSAGs which 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.

It has been observed that the attacks have been perpetrated against larger facilities than previously, including Geidam General Hospital, affecting wider service delivery at a time when health services are already dealing with an increased caseload due to COVID-19. Staff have been left terrified by the attacks and the fear is that it will drive staff away making it even more difficult to recruit qualified medical practitioners for the region ([WHO](#) 15/03/2021).

NSAG attacks and vandalization of health facilities also continue to be reported in Borno State, significantly disrupting delivery and access to essential health care services in many LGAs. Out of the 10 existing clinics in Dikwa (site of recent NSAG assaults) only three are currently operational. The clinics are managed by ICRC volunteers offering a bare minimum of services ([HNO](#) 08/03/2021, [IOM](#) 28/03/2021).

Nutrition

The most recent large scale survey of malnutrition available in the bay states is the Nutrition and Food Security Surveillance Round 9 ([NFSS IX](#)) which is supported by the [Integrated Food Security Phase Classification Acute Malnutrition analysis 2020 - 2021](#). An overview of the nutrition sector is available from the [2021 HNO](#) and regular Early Warning, Alert and Response System ([EWARS](#)) bulletins which provide Severe Acute Malnutrition (SAM) cases identified in Borno State on a weekly basis. Finally a [Food Security Outlook](#) for February to September 2021 is provided by FEWS Net.

OVERALL ACUTE MALNUTRITION RATES REMAIN HIGH

Based on the most recent survey data and IPC analysis, the nutrition situation in Borno and Yobe States is classified as Phase 3 ('Serious') and in Adamawa as Phase 2 ('Alert') level, with GAM levels amongst under 5's of 13.6% in Yobe, 10.7% in Borno and 7.5% in Adamawa ([HNO](#) 08/03/2021). However, these findings are current overall malnutrition rates. Looking in more detail at domain level (groups of LGAs within a state), or at specific LGAs there are pockets of significantly higher malnutrition rates. In addition, the forecast for the upcoming lean season (May - August 2021)

will see a deterioration in the malnutrition situation.

GLOBAL AND SEVERE ACUTE MALNUTRITION HIGHEST IN YOBE

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

Within the states, SAM (MUAC) rates were highest in Northern Yobe (2.8%), Central Yobe (2.7%) and highest of all in Northern Borno (3.1%). Three of the five domains in Borno and all domains in Adamawa recorded SAM rates below 1%, whereas all domains in Yobe SAM rates were over 1.5%. ([NBS 17/12/2020](#)).

Geographic domains analyzed in the survey:

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

Figure 10. Prevalence of global and severe acute malnutrition in children Source: (Govt Nigeria 19/03/2021)

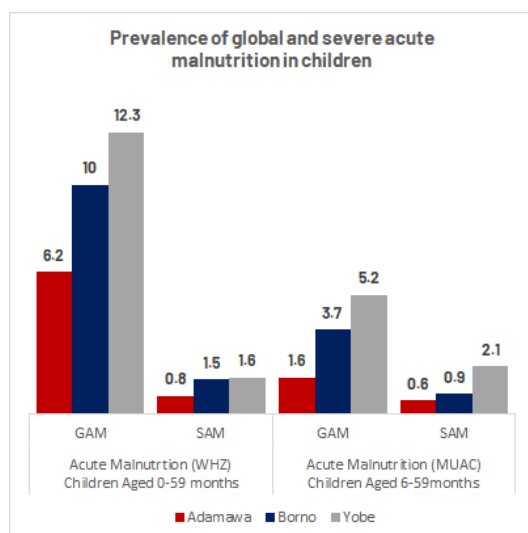
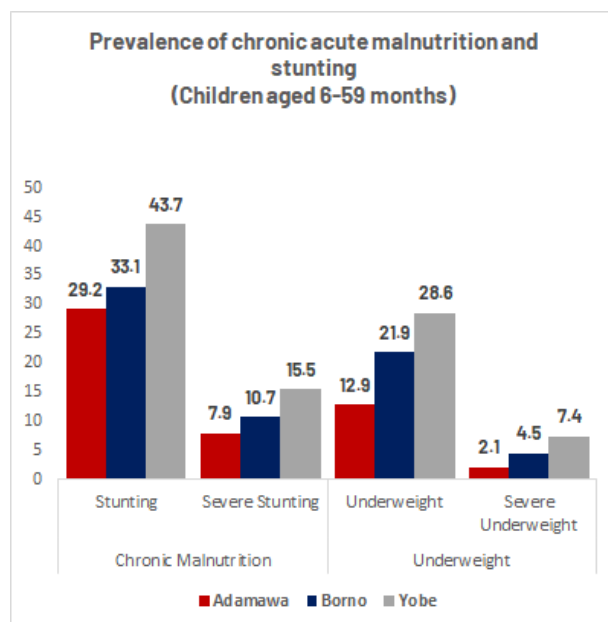


Figure 11. Prevalence of chronic acute malnutrition and stunting in children aged 6 to 59 months Source: (Govt Nigeria 19/03/2021)



ACUTE MALNUTRITION PREVALENCE WILL INCREASE IN THE LEAN SEASON

According to the IPC AMN current analysis, 7 of the 61 LGAs in the BAY states are in IPC AMN Phase 4 (Critical), these being Karasuwa, Machina, Nguru, Yunusari, Yusufari, Geidam LGAs in Yobe state and Nganzai LGA in Borno state. In addition, 19 LGAs (also located in Borno and Yobe states) are in IPC AMN Phase 3 (Serious). Phase 4 (Critical) and Phase 3 (Serious) PIC AMN classifications indicate that urgent action is required to reduce acute malnutrition levels by significantly scaling up and intensifying treatment and protection activities to reach additional populations affected. Finally, twenty one LGAs are at IPC AMN Phase 2 (Alert) and 14 LGAs are in IPC AMN Phase 1 (Acceptable) ([IPC 17/03/2021](#)).

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

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

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

ADOLESCENT GIRLS AND INFANT BOYS OF PARTICULAR AREAS OF CONCERN

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

Younger age groups, particularly boys: There is a high disparity in acute malnutrition rates between younger (0–23 months) and older (24–59 months) children as well as between boys and girls, with boys more likely to fall short of weight/height milestones ([Govt Nigeria 19/03/2021](#)).

COMPOUNDING FACTORS PUSH UP MALNUTRITION RATES

Comorbidity of fever, diarrhea and to a lesser extent ARI have continued to have a detrimental effect on the health status of children 0–59 months which subsequently lead to increase in the burden of acute malnutrition as well as mortality. Diarrhea and similar health issues are often a result of poor access to WASH facilities and clean water along with poor hygiene practices all of which are prevalent in the BAY states. In addition a lack of access to proper health treatment diagnostic and treatment facilities and a poor uptake of public health interventions such as

vitamin A, anthelmintic (deworming) and micronutrient supplementation further drive up malnutrition in the region. Finally poor infant and young children feeding practices (IYCF) practices are also having a major impact on malnutrition rates. Poor IYCF practices were evidenced by the extremely low prevalence of children having Minimum Acceptable Diets (MAD), which were approximately 1% in Adamawa and Borno states and only 0.4% in Yobe states and suboptimal breastfeeding practices including low levels of exclusive breastfeeding across all states (Adamawa – 56.3%, Borno – 64.3% and Yobe – 37.6%) and poor complementary feeding practices. ([Govt Nigeria 19/03/2021](#), [IPC 17/03/2021](#)).

CURRENTLY SAM PREVALENCE RATES REMAIN STABLE AT AROUND 1,500 PER WEEK IN BORNO STATE, BUT MORBIDITY RATES HAVE INCREASED

Reporting through the EWARS identified 1,689 cases of SAM in week 12 (Mar 21 – Mar 28), with a morbidity rate of 5.3%. Overall, for the 4 weeks of March the total number of SAM cases were 6,651, a drop of approximately 14% from the previous month, however the increase in morbidity rate is a little concerning (the morbidity rate in week 11 was also high at 4.9%). The cumulative total for 2021 is 23,948 SAM cases at an overall morbidity rate of 4.3%.

Reporting remains low and was at 60% completeness for week 12, well below the target of 80%. Reporting was impacted by the roll out in Borno State of IDSR data reporting at health facility level (EWARS 06/04/2021).

CHRONIC MALNUTRITION MOST PREVALENT IN YOBE

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

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

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

MALNUTRITION IN HARD-TO-REACH AREAS

Children and women in H2R areas, host community areas with low humanitarian activities or presence and poor infrastructure development (e.g. parts of Yobe State),



Much of the affected population in northeast Nigeria still does not have sufficient access to water, sanitation, and hygiene facilities. The [2021 HNO](#) estimates that 2.8 million people across northeast Nigeria remain in critical need of sustained, equitable access to clean water and dignified hygiene and sanitation services. CCCM monitoring reports from [late February](#) and [early March](#) along with the [round 35 DTM](#) displacement report outline the significant WASH needs of IDPs and returnees. The most recent [OCHA](#) sitrep also highlights some of the challenges facing the WASH sector.

SIGNIFICANT WASH NEEDS EXIST ACROSS THE WHOLE OF THE BAY STATES

Much of the affected population in northeast Nigeria still does not have sufficient access to water, sanitation, and hygiene facilities. Affected populations in most of the northern and eastern LGAs of Borno State have extreme WASH needs, with the rest of the BAY states having predominantly severe WASH needs ([HNO](#) 08/03/2021).

Fresh displacement and returns are pushing up WASH needs and increasing the difficulty in providing access to safe water to highly vulnerable populations, with some areas having little or no access to humanitarian support. Existing supplies at camps can be overwhelmed by new arrivals, whilst some new sites are situated in areas with

and new arrivals from inaccessible areas are more likely to suffer from acute malnutrition ([HNO](#) 08/03/2021). Findings from the (IPC) analysis showed severe consumption deficits and extremely limited or complete breakdown of basic social services like health, WASH, education and shelter, all of which have implications for nutrition and overall well-being and development of these inaccessible populations ([NPFS](#) 05/04/2021).

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

difficult groundwater potential necessitating expensive and logistically challenging solutions such as water trucking.

Emergency-type constructions for sanitation are subject to wear and tear as well as the effect of the climate. Many camps are prone to seasonal flooding and the continuous displacement can put a strain on existing facilities. As is the case for shelter, the lack of available space within camps makes the construction of new facilities more difficult with WASH agencies having to opt for manual dislodging of latrines to ensure access. In particular providing facilities for persons with special needs and ensuring adequate gender and age disaggregation is hampered by constraints and a lack of facilities ([HNO](#) 08/03/2021, [OCHA](#) 03/02/2021).

MUCH OF THE AFFECTED POPULATION, PARTICULARLY IDPS STRUGGLE TO GET SUFFICIENT CLEAN WATER FOR THEIR DAILY USE

In northeast Nigeria, more than one million people receive less than 15 liters of water per person per day while another 1.06 million people have intermittent water access with long walking distances and often queuing for over 30 minutes at water points. IDPs in camps are worst affected; in 23% of IDP camps managed by CCCM partners where there is a waiting time of over 30 minutes at water points, and

66% of the overall camp population survive with less than 15 liters per day (compared to 48% of the IDP population residing with host communities) ([HNO](#) 08/03/2021, [CCCM](#) 12/03/2021, [IOM](#) 11/03/2020).

In H2R areas data is such accurate monitoring data is not available. However, recent data indicates that out of 14 LGAs surveyed, only one (Magumeri) reported that the main water source was an improved water source in approximately half (40% – 60%) of the settlements assessed. Of the other 13 LGAs, 10 reported that 20% of assessed settlements or less relied on an improved water source. The majority of settlements reported that safety concerns prevented at least some of the population accessing the preferred water source, with unprotected wells (47% of assessed settlements) and surface water (30%) being the main water sources reported ([REACH](#) 02/03/2021).

IDPS ACROSS BAY STATES HAVE POOR ACCESS TO DIGNIFIED SANITATION AND HYGIENE AWARENESS

Access to hygiene and sanitation is lacking for an estimated 2.8 million people. These households have no latrine and practice open defecation or share a single latrine stance with 20+ people. The continuous displacement of people is placing increased pressure on the existing, already-overburdened WASH facilities. More than half of the displaced people reside in informal camps/settlements or in host communities. Most of those in camps endure inadequate conditions and services, such as overcrowding, protection risks, poor and fragile shelter, inadequate water-sanitation-and-hygiene (WASH) facilities. Access to hand washing facilities, including soap like with other

WASH amenities and items, remains a challenge ([HNO](#) 08/03/2021).

9% IDPs in Borno state rate the condition of toilets in camps/camp-like settings as not so good (not hygienic), this number rises to 95% in Yobe and is at 81% in Adamawa (although the camp population is much smaller in each of those states). For host communities, in 94% of displacement sites toilets were described as not hygienic and in 2% of sites toilets were reported not usable at all. In CCCM partner supported camps in Borno state, 14% of latrines are in need of repair ([IOM](#) 11/03/2020, [CCCM](#) 12/03/2021).

Although earlier in the year the World Bank and IOM reported improvements in availability of soap and water for handwashing ([IMMAP](#) 31/03/2021), 76% of locations assessed reported that no handwashing station filled with water and soap was available on-site. In the majority of camp/camp-like locations (58%) half or less of the population had access to soap and water; for IDPs in host communities the situation was marginally better with 48% of locations reporting half or less of the population having access to soap and water ([IOM](#) 11/03/2021). The delivery of WASH NFIs continues to be hampered by transport and access issues as costs are driven up by both insecurity and macroeconomic factors.

Sanitation and hygiene practice in hard-to-reach areas is particularly concerning. Many settlements reported low use of latrines (in 58% of settlements where latrines were in use, they were used by less than half of the population). Handwashing was mainly by using water only (69% of assessed settlements), followed by sand and water (10%) and soap and water (8%) ([REACH](#) 02/03/2021).

Shelter

According to the [2021 HNO](#) 2.3 million people are in need Shelter and NFI with 83% of those facing severe needs. Regular updates from CCCM monitoring reports in [late February](#) and [early March](#) along with the round [35 DTM displacement](#) report outline some of the specific significant shelter needs of IDPs and returnees. The most recent OCHA sitrep also highlights some of the challenges facing the Shelter sector, with the risk of fire a major concern during the current hot season. NSAG attacks continue to drive displacement putting pressure on camps and the availability of housing in host communities. [Recent NSAG attacks in Dikwa LGA](#) have led to the further displacement of several thousand people.

SHELTER SITUATION REMAINS DIRE FOR MUCH OF THE AFFECTED POPULATION

Most IDPs, returnees and vulnerable host communities continue to live in overcrowded, makeshift, damaged and poor shelters. A combination of access constraints and logistical challenges caused by insecurity added to limited availability of resources have all contributed to a dire situation in the BAY states. With emergency shelters designed to have a short life span of approximately six months, the harshness of the climate (including flooding

and windstorms) as well as damage through fire and conflict has taken a heavy toll on the emergency shelters provided, leaving enormous unmet needs which sector ([HNO](#) 08/03/2021, [OCHA](#) 04/02/2021).

2.3 million people across the BAY states are in severe need of shelter with all states being heavily affected and only a few LGAs in Adamawa and Borno state where shelter needs are not at the severe level ([HNO](#) 08/03/2021).

MANY HOUSEHOLDS ARE LIVING IN MAKESHIFTS SHELTERS AS LACK OF AVAILABLE LAND CONTINUES TO BE A MAJOR ISSUE

Recent repeated attacks by the AOGs have caused communities to flee and move into already crowded military-established perimeters where land is limited and there is just not enough space to accommodate everyone ([Amnesty International](#) 24/03/2021). Access to land for building more shelters in camps is an issue for vulnerable people living in host communities. Many sites are in flood-prone areas not suitable for shelter construction or available land is outside the perimeter of military trenches ([HNO](#) 08/03/2021,

The latest CCCM data identifies 1,241 living out in the open and exposed to harsh weather conditions, although as this only covers sites supported by CCCM partners the true figure is probably close to 4,230 households cited in the HNO. In addition, the CCCM tracker identifies an additional 2,463 households who are sharing shelter with other households. The use of makeshift shelters is also widespread, with the latest DTM report finding that 36% of the camp population live in makeshift shelters, with 33% in emergency shelter. A further 13% of households are in either schools or government buildings, not designed to be living spaces ([HNO](#) 08/03/2021, [CCCM](#) 15/03/2021, [IOM](#) 11/03/2021).

Shelter is also a significant issue for returnees, 62% of returnee households live in partially destroyed shelters, 3% live in transit shades or makeshift shelters with a further 19% sharing shelter with other households ([HNO](#) 08/03/2021).

FIRE OUTBREAKS AND THE SPREAD OF COVID-19 REMAIN MAJOR RISKS IN OVERCROWDED CAMPS

According to HNO, some 134 out of a total of 273 camps and camp-like settings sheltering 750,000 IDPs across

Borno State are congested. Of this number, 474,000 IDPs live in less than 15m² of space per person which is far less than the recommended minimum global SPHERE standard of 45m². IDPs in local government areas like Jere, Gwoza and Kala Balge have by far less space per person due to spontaneous influx of people, new-arrival, unplanned settlements that usually accompany military operation and hostilities. Flooding during the rainy season also exacerbates overcrowding and increases the risk of disease outbreak including the spread of COVID-19 ([HNO](#) 08/03/2021).

March also saw an increase in outbreak of fires incidents recorded in 10 camps across Borno state with a total of 819HH reported to be affected. Such outbreaks are often triggered by cooking close to shelters, smoking, and burning of the bush surrounding the camp. This leads to further congestion as the affected people are forced to move in with friends and relatives within the camp. Overcrowding and the use of makeshift materials also add to the risk of fire breaks which are more common during the current hot season ([CCCM](#) 15/03/2021, [IOM](#) 29/03/2021).

INCREASE IN CASES OF FORCED EVICTION, SECONDARY OCCUPATION AND LIMITED ACCESS TO LAND.

Recent surveys, reports and interactions show that there has been an increase in the cases of forced eviction particularly at informal sites within Maiduguri and Jere Local Government Areas of Borno State, Pockets of similar issues have also been recorded in Girei Local Government Area of Adamawa. Some 36% of IDPs face challenges with land and property issues. In 2020, an estimated 72,000 IDPs (6% of the total outside formal camps) report that they risk being evicted.

An assessment by the HLP Sub-sector shows that there is an increase of about 60% in the cases of forced eviction from April, 2020 to date, with IDPs living in the informal settlements being the most affected. There are also issues of Secondary Occupation which is also leading to another dimension of eviction particularly at areas of returns like Banki and Bama being the most affected. The need for access to more land for construction of Shelter particularly for returnees and secondary occupant is paramount but limited access to land coupled with security restriction on expansion within return areas is another challenge (HLP Sub-sector 21/03/2021, [HNO](#) 08/03/2021, [HRP](#) 03/03/2021).

Returnees also face problems being able to reclaim their abandoned properties on their return—their land and/or houses having been taken over by previously returning

households or even by other IDPs. In places like Banki where there is ongoing return, there is tension between house owners and secondary occupants – some land owners have threatened secondary occupants; giving them a limited time to leave or face forced eviction. An estimated 25% of returnee households have lost their civil documentation making it difficult for them to prove ownership of their homes or access other services that require official ID and documentation

For IDPs living in low-income neighborhoods and informal settlements the situation is also dire. Often their dwellings are made of non-permanent materials that cannot protect them from harsh weather; they can also lack access to basic services and humanitarian aid ([HNO](#) 08/03/2021,

[HRP](#) 03/03/2021).

SHELTER SITUATION FOR RETURNEES IS CONCERNING.

As the unilateral relocation of IDPs by Borno State Government continues, the condition of houses in some areas of return are dire as between 40–85% of refugees returning from Cameroon to Niger Republic report finding that their houses had been destroyed ([UNHCR](#) 10/2/2021, [OCHA](#) 4/02/2021). According to the latest DTM data, 27% of households were either fully or partially damaged ([IOM](#) 28/01/2021).

Protection

The [2021HNO](#) provides an overview of the protection issues and challenges present in northeast Nigeria, including the continuing prevalence of Sexual and Gender Based Violence (SGBV) and the vulnerability of many children (especially adolescent girls). Additional information on the context is provided by a [UNOCHA report](#), with updates on attacks in Dikwa given by [OCHA](#) and [IOM](#). It is clear many lack access to protection services and that the economic impact of the COVID-19 pandemic on top of insecurity and long term issues (especially in camps settings) are creating significant protection risks across the BAY states but Borno is the most severely affected.

PROTECTION NEEDS AND LACK OF SERVICE PROVISION

The severity of protection needs in northeast Nigeria is at extreme levels in most of central and northern Borno and in several bordering LGAs in the east of Yobe and north of Adamawa. More than 4 million individuals in the northeast require specialized protection services in 2021, and this number considers only those in areas accessible to the authorities and humanitarian actors ([HNO](#), 08/03/2021).

IDPs in particular lack access to protection services. Eighty three percent of all IDPs in camps and host communities across the BAY States require specialized protection services. Of this number, approximately 11% (168,000 persons) are in critical need. Members of this group have experienced or witnessed severe security and safety incidents, including killings, physical violence, and forcible recruitment by NSAGs.

Movement restrictions and a lack of proper documentation

and amongst the barriers faced by IDPs in accessing services with 14% of the IDPs report movement restrictions in their place of displacement which are not related to COVID-19 pandemic. In addition, more than 51% of the IDPs in need of protection services indicated they did not possess personal identification documents ([HNO](#), 08/03/2021).

The insecurity also resulted in absenteeism among many government officials. This inability of government workers to report and/or remain at their duty posts makes it difficult to establish and maintain services, thus creating gaps in service provision, and undermining the civil administration and the rule of law ([HNO](#), 08/03/2021).

SGBV WIDESPREAD BUT UNDERREPORTED DUE A LACK OF SERVICES

The ongoing conflict along with restrictions brought about by the COVID-19 have resulted in a sharp increase in domestic violence, especially against women and children in northeast Nigeria. Gender based violence (GBV) including sexual violence as well as forced and child marriages continue to be reported among women and girls and are attributed to the conflict, insecurity, and poor living conditions in IDP camps and informal settlements. ([HRP](#) 03/03/2021, [UNOCHA](#) 19/03/2021). For men and boys, the fear of being abducted, killed, or conscripted to join an armed group still looms large making it difficult for them to freely engage in livelihoods ([HNO](#) 08/03/2021).

Of the over 3,700 cases of GBV reported in 2020 by GBV actors using the Gender-Based Violence Information Management System (GBVIMS), 18% were incidents of

sexual violence, out of which rape accounted for 15% of all the sexual violence incidents ([HNO 08/03/2021](#)). There are however concerns that the figures may be grossly underreported due to the unavailability of report mechanisms, stigma, and the culture of silence around such experiences. Survivors often face immense challenges in accessing affordable quality services or access to justice, largely due to the limited availability of referral centers, many of which are underfunded and have low capacity, further exacerbating their vulnerabilities ([UNOCHA, 19/03/2021](#)).

Across the BAY states, GBV incidents perpetrated in the context of child, early and forced marriage are some of the least-reported GBV incidents. Yet, the GBV and Child Protection sub-sectors have consistently received reports on the worrying numbers of early, child and forced marriages that have demonstrated how the specific nature of the conflict and humanitarian interventions have contributed to this practice ([HNO 08/03/2021](#)).

Worryingly, both refugees and IDPs report exploitation and abuse at the hands of security forces. Refugees who had fled to the Niger Republic for safety following the recent attack in Damasak, Mobbar LGA, Borno State have begun to return, alleging molestation and sexual abuse by soldiers and citizens of the country ([HNO 08/03/2021, Sahara Reporters 16/04/2021](#)).

CHILD PROTECTION REMAINS A SERIOUS CONCERN WITH LIMITED SERVICES AVAILABLE

Over 1.5 million children are in need of child protection services in northeast Nigeria. Children face multiple protection risks including physical and sexual violence, child marriage, family separation, psycho-social distress and use and recruitment by non-state armed groups. As is the case for wider protection services, at least 1.4 million of the children among the affected population in need have very limited or no access to core child-protection services, with the majority (55%) living in Borno state.

With continuous displacements and pressures on families child separation is another widespread issue. Five per cent of households across the three states report either having missing children or having children that live away from home ([HNO 08/03/2021](#)).

The closure of schools and lack of access to peer support networks has further impacted the mental well-being of children and has put them at 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. . Boys aged 13–17 years are significantly at risk of conflict-related violence including abduction, killing and recruitment. Many children are dealing with psychological distress due to their experience with the conflict ([HNO 08/03/2021](#)).

NEGATIVE COPING MECHANISMS

With humanitarian services in short supply, affected people often resort to negative coping strategies including transactional sex, early marriage for female children and made to work/participate in military operations as informant and combatants ([HNO 08/03/2021](#)).

Many women have been widowed by the conflict and are now forced to take on the role of breadwinners. The unavailability of livelihood opportunities coupled with the difficulties accessing aid, increasing inflation rates and their lack of experience providing for the families in addition to their other roles pushes a reliance on negative coping mechanisms such as child labor, child marriages, street begging, forced prostitution and transactional sex. Many families have reported skipping meals because of shortage of firewood or cooking fuel, making the dependence on negative coping mechanisms all the more attractive ([HNO 08/03/2021](#)).

The pandemic has further weakened the coping capacities of families and heightened the protection risks especially adolescent girls who face increased vulnerabilities and are at more risk of sexual violence and even higher risk of losing out on education opportunities amongst denial of realization of other rights ([HNO, 08/03/2021](#)).

NSAGS CONTINUE TO POSE A THREAT TO THE LIFE OF CIVILIANS AS DEMONSTRATED BY THE LATEST ATTACKS IN DIKWA

The non-state armed group (NSAG) continues its guerrilla-like attacks against civilians, raiding villages and attacking public spaces, triggering new and secondary displacements. In 2020, there were 3,145 security-related incidents in Borno State alone, affecting civilian populations ([UNOCHA, 19/03/2021](#)). According to data recently released by the International NGO Safety Organization (INSO), NSAGs carried out 33 attacks on IDP camps, all in Borno State, from January–October 2020, killing at least 20 civilians and injuring 31 others ([HNO 08/03/2021](#)). Besides the killings, the attackers also looted food and other property from the IDPs.

Between February and March 2021, more than 1,580 IDPs left Dikwa due to attacks and were said to be moving towards Maiduguri for safety. The NSAG also disrupted the humanitarian response in Damasak, Mobbar LGA, Borno State when it attacked the humanitarian hub early in April, killing and abducting aid workers. Disruption to humanitarian services can have a significant negative impact on IDP households' food security due to their reliance on humanitarian aid (see food security section) ([IOM](#) 20/03/2021, [Premium Times](#), 11/04/2021).

IDPS FACE GREATER PROTECTION RISKS THAN HOST COMMUNITIES

IDPs generally face more protection risks than other affected population groups. Many IDPs are now in extreme poverty and reliant on humanitarian aid, yet a lack of documentation can make access to services more difficult. IDPs also face a lack of employment opportunities due to their status as IDPs, language barriers, discrimination based on their ethnic group and difficulties in finding a place to live due to the unavailability and inadequacy of shelters in camps and the cost implication of living outside camps.

Additionally, the high concentration of civilians in camps makes them prone to attacks by the NSAG. IDPs and returnees are heavily dependent on humanitarian aid to meet their various needs as they do not have other alternatives due to movement restrictions and

unavailability of livelihood opportunities. Thus, they suffer disproportionately in case of delay or shortage of humanitarian assistance.

IDPs and returnees both face discrimination and fear of forced eviction when lack of income leaves them unable to pay rent. Unaccompanied children and female-headed households particularly struggle to get a place to stay ([HNO](#), 08/03/2021).

IEDS AND EXPLOSIVE REMNANTS OF WAR POSE SIGNIFICANT RISK

Civilians continue to suffer death and injury due to the use of explosive ordinances in populated areas by the NSAGs, putting more than 1.5 million people at risk. A total of 152 Improvised explosive devices (IED) incidents were recorded in 2020 alone across the BAY states, including cases of anti-vehicle and anti-personnel landmines of an improvised nature ([HNO](#) 08/03/2021).

NSAGs continue to use women and children to transport and detonate explosives, deliberately targeting civilians. Indeed, person-borne IEDs struck 42 civilians and 10 members of security forces and vigilante groups. In addition, the use of conventional explosive weapons in populated areas continues to put civilians at risk. The lack of capacity of the authorities and inadequate efforts to dispose of the explosive hazards have resulted in many preventable deaths ([HNO](#) 08/03/2021).

Education

Two comprehensive education assessments in the northeast pre COVID-19 ([2017 JENA](#) and [2019 JENA](#)) present an already dire situation with the education sector in northeast Nigeria. Beyond the insecurity, the inadequacy of school infrastructure, poor teacher to student ratio, a dearth of qualified teachers and the unavailability of teaching and learning materials all contributed to the dysfunctional state of the education sector in the region. The [2021 HNO](#) states that 52% of children in the BAY states have never attended school. Information on IDP education provision is provided by [Round 35 of the Displacement Tracking Matrix](#).

OVERALL EDUCATION NEEDS REMAIN EXTREMELY HIGH

The [HNO](#) reports an increase in the number of displaced people from 7.9 million in the 2016 pre COVID-19 era to a projected 10.6 million in the 2021 COVID-19 period. Similarly, an increase in the number of displaced children was noted from the 59% in 2016 to 65% in 2021. This displaced population is significantly less likely to participate in education due to other humanitarian needs that are considered more pressing and the challenges accessing education in the area.

The HNO further estimates that 1.2 million people need education support in the BAY states, with 97% being children ([HNO](#) 08/03/2021).

NUMBER OF CHILDREN IN SCHOOL ARE LOW, ESPECIALLY IN CAMP AND CAMP-LIKE SETTINGS

The Round 35 of the Displacement Tracking Matrix ([IOM](#), 11/03/2021) found that in 9% of the 308 camps and camp-like settings assessed by no children were attending school at all. This is up by 3% from the previous round of assessments. In a further 39%, less than 25% of children were attending school, a 19% increase from the previous report. In only 24% of assessed camps/camp-like settings were more than 50% of children attending school..

Schooling appears to be higher among IDPs in host communities than those in camps/camp-like settings as only 2% of the locations where IDPs were residing with host communities had no children were attending school at all, and in a further 18% of settings the number of children attending schools was less than 25%. Over 50% of children were attending school in 44% of the host community sites assessed.

In both camp/camp-like settings and host communities, COVID-19 restrictions was given as the main reason for not attending school by at least 69% of respondents. This was followed by the cost of going to school which was listed by 13% of respondents in camps/camplike settings and 15% in host communities.

In hard-to reach areas, several locations in Gwoza, Dikwa, Mafa, Marte, Magumeri LGAs (Borno State) reported relatively good access to educational services with 81-100% coverage, Abadam, Damboa, Askira/Uba (Borno), Michika in Adamawa state cited only 21-40% of settlements having access to any educational services ([REACH](#), 09/03/2019). While this REACH report (with data collected in December 2021) concludes that the overall situation is improving compared to previous reports (probably as schools reopened after COVID-19 containment measures were relaxed in November), it is important to note that in hard-to-reach areas there are few if any government schools operating as the likelihood of the government being able to deploy teachers to such areas and the teachers reporting for duty remain slim. The high rate of poverty, loss of livelihood and the need to engage children in economic activities means that even when education services are available, many children will still be unable to attend due to the cost implications. Finally, it is likely that some of the education services cited by key informants are Qur'anic schools that do not follow the national curriculum.

SCHOOLS STILL REELING FROM ATTACKS AND CLOSURE DUE TO IMPACT OF THE CONFLICT

Since the first years of the insurgency, the armed opposition group, Boko Haram, has targeted schools providing secular or "western" education in the northeast. The JENA conducted in 2017 reported 28% of school sites visited damaged from bullets, shells, or shrapnel. Fifty-three out of 258 sites reported being deliberately set on fire and 83 reported being looted, some repeatedly ([JENA](#) 27/09/2018).

A 2018 assessment by UNICEF showed that more than 1,400 schools in northeast Nigeria had been destroyed during the conflict ([UNICEF](#), 29/09/2019). Many of the affected schools have since not been repaired and have been unable to reopen. The JENA asserted that 60% of the schools assessed in Borno State and 14 percent in Yobe State were closed from the impact of the insurgency. Although no schools in Adamawa was closed, this is only partially due to there being less frequent attacks on schools in Adamawa than in the other two states ([JENA](#), 12/06/2019). Schools in Adamawa were described as "temporarily suspended" rather than closed when teaching and learning was stopped due to insecurity ([HNO](#) 08/03/2021).

Interestingly, despite more schools in Borno State being damaged or destroyed by the conflict, more schools in Yobe (58%) and Adamawa (47%) were reported to need significant rehabilitation or full rebuilding than those in Borno (39%), as reported by the 2019 JENA. While the governments in the three states are making efforts to rehabilitate affected schools and build new ones, it is unclear at this time how many schools have been rehabilitated or built.

Although direct attacks on schools have reduced in frequency, the presence of the military and the re-appropriation of schools as centers for alternative usages (IDP overflow, markets, health centers for COVID-19) continues. This makes it difficult for many schools to function for teaching and learning ([HNO](#) 08/03/2021).

EDUCATION MATERIALS AND FURNITURE IN SUFFICIENT TO MEET EXISTING NEEDS

Based on the findings of the 2019 JENA, all the BAY states recorded poor enrolment of children in the 2018-2019 academic year. This is because of limited learning space and lack of resources, including teaching and learning

materials ([HNO](#) 08/03/2021).

Many schools are still in need of educational materials and furniture as only 24% of schools in Yobe State provided adequate learning materials for children. The numbers are even lower in Borno (14%) and Adamawa (10%) states. Just 33% of schools in Borno have adequate furniture (chairs, desks, mats), 24% in Yobe and 20% in Adamawa ([JENA](#), 12/06/2019). School children therefore often must stand during lessons or sit on the bare floor, on blocks and other uncomfortable surfaces which also discourages attendance.

TEACHERS ARE INSUFFICIENT FOR THE AVAILABLE SCHOOLS, UNDER-QUALIFIED AND POORLY PAID

UNICEF in 2018, estimated that at least 2,295 teachers had been killed and 19,000 displaced across the northeast by the insurgency since 2009. This coupled with overcrowding of classrooms has greatly affected the student to teacher ratio in the states. The Humanitarian Needs Overview (HNO) estimates the average student-teacher ratio (STR) in the three states as 1:55. For Yobe alone, it is 1: 69 and 1:60 for Borno. This is against the 1:40 benchmark stipulated by the country's National Policy on Education ([HNO](#) 08/03/2021, [UNESCO](#) accessed 20/04/2021)

STUDENT-TEACHER RATIO (STR) AS AN ANALYTICAL MEASURE

Quoting an average STR for an area the size of the BAY states gives little insight into the actual situation in classrooms. The STR will usually be higher in lower grades and a primary school STR is usually higher than for a secondary school. The STR is normally calculated using the number of teachers registered at the school, but teacher absenteeism is a major issue in the region. The 2017 JENA ([JENA](#), 27/09/2018) saw a large difference between the STR calculated using the total number of teachers registered at a school, and the STR based on the usual number of teachers that taught classes. Even based on registered teachers, 3% of schools had an STR

or over 160 students per teacher across the BAY states in 2017, this number rose to 11% when taking into account teacher attendance ([JENA](#), 27/09/2018). By looking at the number of schools or classes where the STR is greater than a certain threshold gives a clearer picture of the severity and scale of the issue.

Despite the increased risk and difficulties carrying out their responsibilities, teachers in the BAY states are still poorly and irregularly paid. According to the Nigerian Union of Teachers, many teachers continue to earn below NGN 10,000 as the states have implemented neither the N18,000 minimum wage set in 2011 nor the N30,000 set by the current government last year ([Punch](#), 08/12/2020).

The poor salaries of teachers in these states and the remoteness of most schools makes it difficult to attract well qualified individuals to the teaching force. Teachers in the northeast are thus often poorly qualified. Only 39% of schools assessed by the JENA reported that all or almost all their teachers have the minimum level of teaching qualification while 24% said half or less of their teaching force had the minimum required teaching qualification. This greatly affects the quality of output for the students 72% are still unable to read upon completion of primary school ([JENA](#), 06/12/2019). In hard-to-reach areas and garrison towns many of the teachers are volunteers ([JENA](#), 27/09/2018).

LITERACY RATES ARE LOW AND THE DROPOUT RATE IS INCREASING

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 Nigeria, demonstrating the gravity of barriers to education. In Borno, which has the lowest literacy rates of any state in the country, only 35% of adolescent girls and 46% of adolescent boys are literate, compared to 98% in the south-east. This leaves large numbers of learners who are overage without any access to opportunities to develop foundational literacy and numeracy skills or access to meaningful employment opportunities ([HNO](#) 08/03/2021).

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;

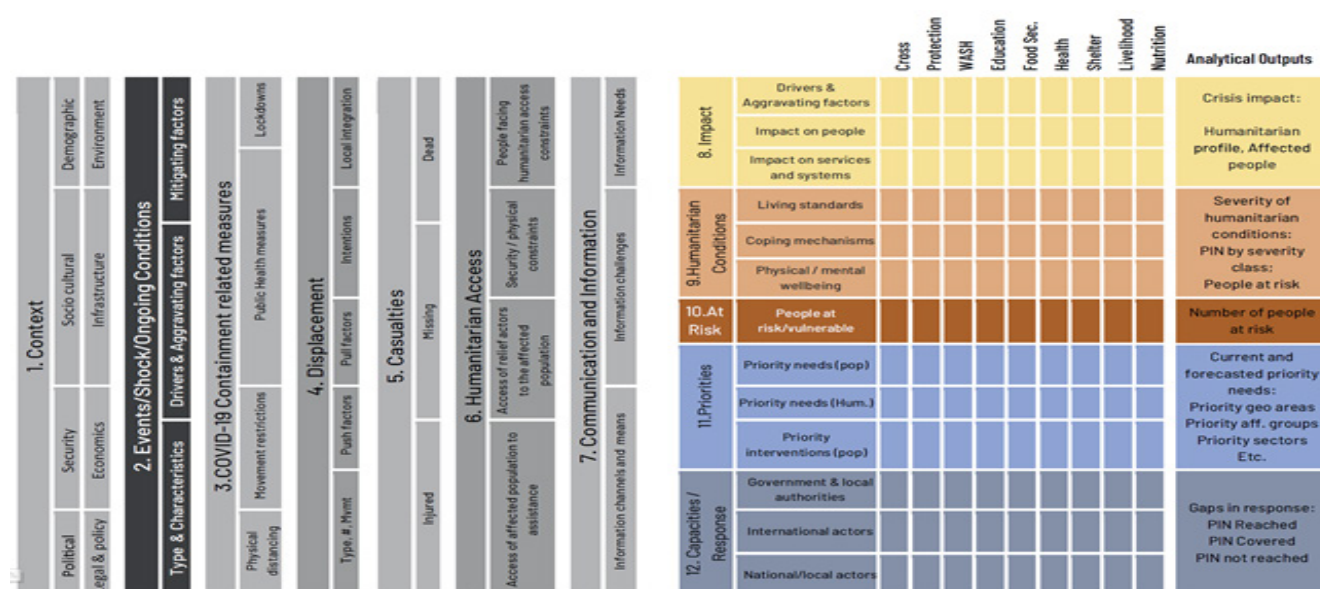
Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;

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 XX.

Figure 12. 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 13. Documents by Location, Timeline and Primary Categories (Analytical Framework)

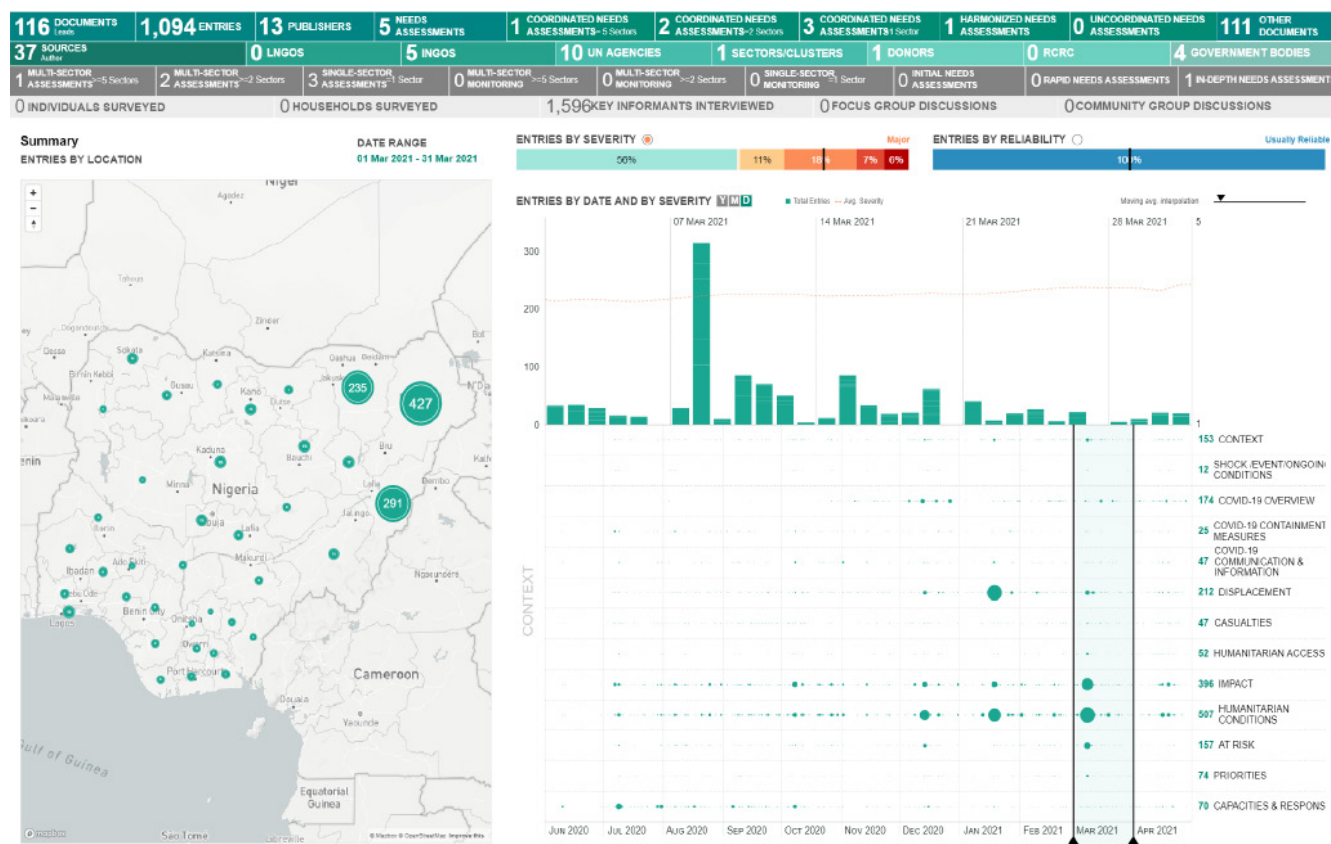


Figure 14. Documents and Entries by Sector and Affected Group

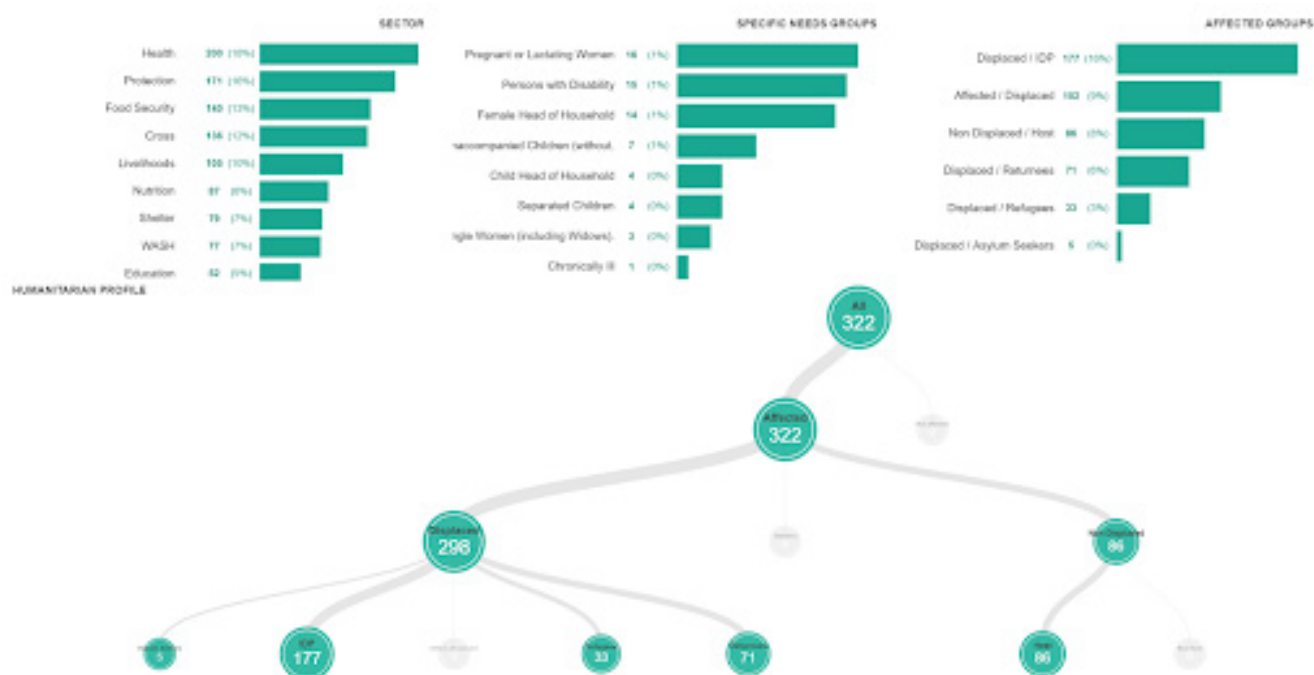


Figure 15. Entries by Sector and sub-Categories of the Analysis Framework

SECTORAL FRAMEWORK	# of Entries	median severity	CROSS	FOOD SECURITY	LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
IMPACT 352			136	140	105	200	87	77	79	52	171	45	24
Drivers/Aggravating Factors	243												
Impact on People	117												
Impact on System & Services	154												
Number of People Affected	20												
HUMANITARIAN CONDITION 90													
Living Standards	232												
Coping Mechanisms	44												
Physical & mental wellbeing	206												
Number of People in Need	80												
AT RISK 145													
People at risk / Vulnerable	145												
PRIORITIES 65													
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 Analysis Canvas Data sharing agreements Report template	SDR folder Naming convention	DEEP (SDAF) DEEP (Assessment registry) Coding scheme	Interpretation sheet Black hat	Revised report template Analytical writing guidance Lessons learnt template



Thank you.



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