



Main Implementing Partner



Period: the 1st of December - the 31st December

iMMAP/DFS COVID-19

# Situation Analysis

Crisis type: Epidemic



## Nigeria

Better **Data**, Better **Decisions**, Better **Outcomes**

# Executive Summary / Highlights

## COVID-19 epidemic overview

After several months of declining cases, both Nigeria as a whole and the BAY States saw a sharp rise in positive cases. Adamawa saw the highest rise at 41%, with a 38% rise in Yobe and 22% in Borno. The total number of new cases for the BAY States in December was 232, on a par with the height of the pandemic in July, but low compared to other parts of the country. However, the week-to-week figures dropped towards the end of December. Concerns remain that new variants from abroad could accelerate the spread and that testing is still inadequate to provide a full picture of how many people have contracted the virus.

## COVID-19 containment measures

Fears over a second wave of the pandemic led the federal government to advise state governments to adopt safety precautions like the closure of bars, restaurants, nightclubs and schools across the country. Public transportation systems and event centers are recommended to function at 50% capacity. However, many IDP camps' conditions make it difficult to observe social distancing in overcrowded camps with temporary shelters built close to one another. Earlier research indicated that compliance with social distancing and use of facemask is generally poor among Nigerians.

Additionally, passengers arriving from the UK and South-Africa will be processed separately and subjected to at least 7 days quarantine even with a negative COVID-19 test result. This is to reduce the risk of the new variants of COVID-19 spreading in Nigeria.

## Security and humanitarian access

The security situation in northeast Nigeria remains unstable with an increase of attacks by Organized Armed Groups (OAG). OAG's attacks have resulted in further displacement, death and abductions of hundreds of people, especially in Borno State. Reported attacks included the killing of 76 farmers in November 2020 when the OAG attacked farmland in Zambamari, Jere LGA (HRW, 01/12/2020). Another 110 others were killed in a separate attack on Koshobe, a village near the Borno State capital, Maiduguri in late November (The Guardian 29/11/2020). Humanitarian Access is heavily constrained in northeast Nigeria. Insecurity and threats of attacks against civilians, humanitarians, and aid facilities affect both access of people to services and aid delivery. Aid organizations are restricted from operating in areas not under the federal government's control – based on a law preventing 'terrorism' – including in areas controlled by Boko Haram. Similar restrictions are imposed during military and counterinsurgency operations aimed at isolating areas controlled by the armed groups to cut off their Access to external resources including humanitarian aid despite the possible presence of civilians. As expected, the protracted insecurity and violence have continued to affect humanitarian access and limit movements of humanitarian goods and staff. Humanitarian Access by road has deteriorated as essential routes such as Maiduguri to Damboa, Dikwa to Monguno, Damboa to Gwoza, Damboa to Chibok and, Bama to Rann which all had civilian access are now blocked by the military, while others such as from Maiduguri to Damaturu, Maiduguri to Mafa, and Dikwa requires military escorts. Furthermore, air access to these locations has been restricted due to COVID-19 and is based on program criticality.

## Humanitarian needs

Recent survey data indicates high malnutrition levels across northeast Nigeria and a high prevalence of longer-term issues such as stunting. There are concerns that levels are higher in areas inaccessible to humanitarian workers. This is particularly concerning as the latest Cadre Harmonisé projections indicate that over 5.1 million people will face crisis level or worse food insecurity during the next lean season (June – August 2021) including over 900,000 people at emergency level (IPC 4).

Schools were closed for the holiday period and although slated to open on January 18th, difficulty in implementing new COVID-19 prevention measures could preclude some schools in the BAY States from reopening. Access to distance learning opportunities will be limited for many of the poorest and vulnerable children, and school closure contributes to child marriage and child labor.

With rising COVID-19 cases, stricter containment measures may be reintroduced, further constraining humanitarian programming. Pressure remains on the WASH and Shelter sectors to meet demand after the damage caused during the rainy season and with increased needs due to ongoing population movements.

## Context – Economic

Economic forecasts for 2021 are uncertain and gloomy as oil prices remain low amid a high inflation rate and the pandemic's second wave. Before COVID-19, the nation's economic growth was inhibited by insufficient infrastructure, irregular electricity supply, tight credit availability, corruption, political instability, and security challenges making the economy extremely vulnerable. Over the past decade, the government has run a consistent budget deficit with a debt-to-GDP ratio rising from 20.3% in 2015 to 29.3% in 2019. With the coupled effect of the pandemic and the oil price shock exacerbating the economic situation in 2020, the ratio is expected to rise to 37% by 2024 (Center for Economics and Business Research 23/12/2020).

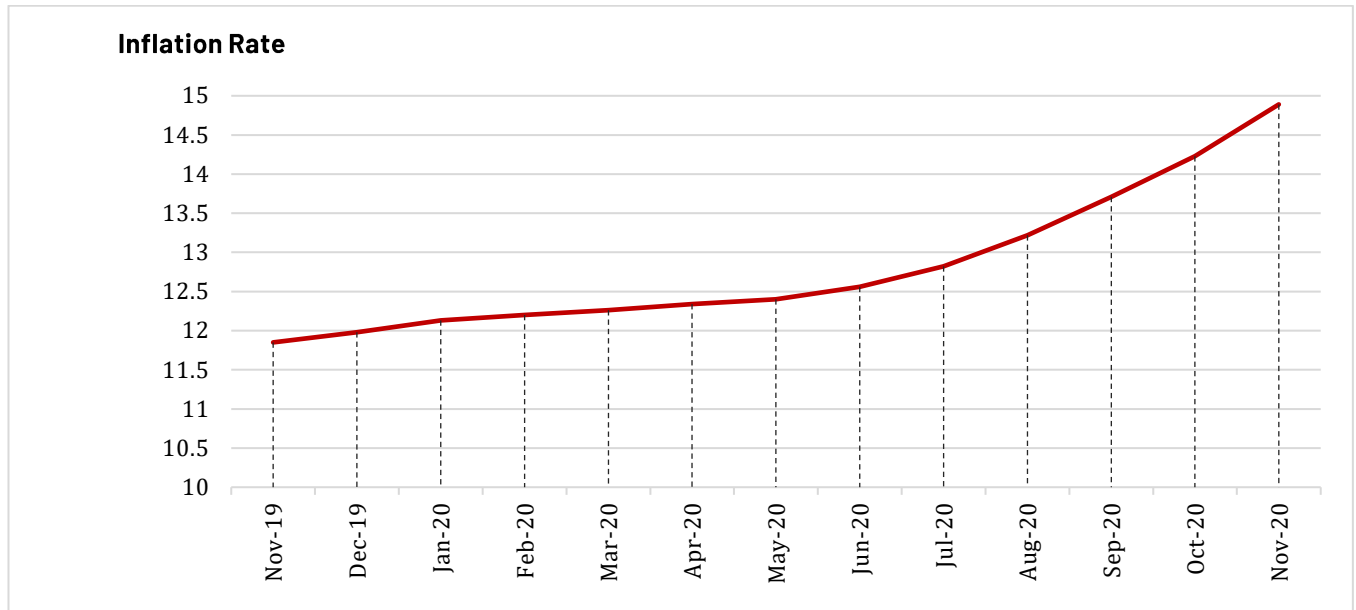
The World Bank reported that Nigeria's economy contracted by 4.1% in 2020, making it the worst decline in recent years. While the economy is projected to grow at 1.1% in 2021 with a gradual recovery towards being in-line with the country's estimated population growth of 2.6% (while economic growth remains below population growth per capita income declines). The forecast is precarious for an economy with a large share of the government revenue, economic activity, jobs, investments, and credit growth reliant on the oil sector. Thus, the estimated growth is subject to low oil prices and production due to OPEC quotas, falling public investment resulting from weak government revenue, constrained private investments, and subdued foreign investor confidence. (World Bank 31/12/2020)

The recent increase in the number of Covid-19 cases in the country could further undermine projected economic growth. A new survey indicates that Nigerian's poor understanding of and compliance with Covid-19 precautions has driven the consistent increase in the number of cases recorded, and a second lockdown could be imminent. (Nairametrics 07/01/2021)

For a more in-depth analysis of the economic downturn resulting from the twin shocks of the global pandemic and the decline in foreign demand for oil exports, please refer to the World Bank Bi-annual report series, Nigerian Development Update (NDU).

### Inflation rate rises for the 15-straight month to a near 3-Year High

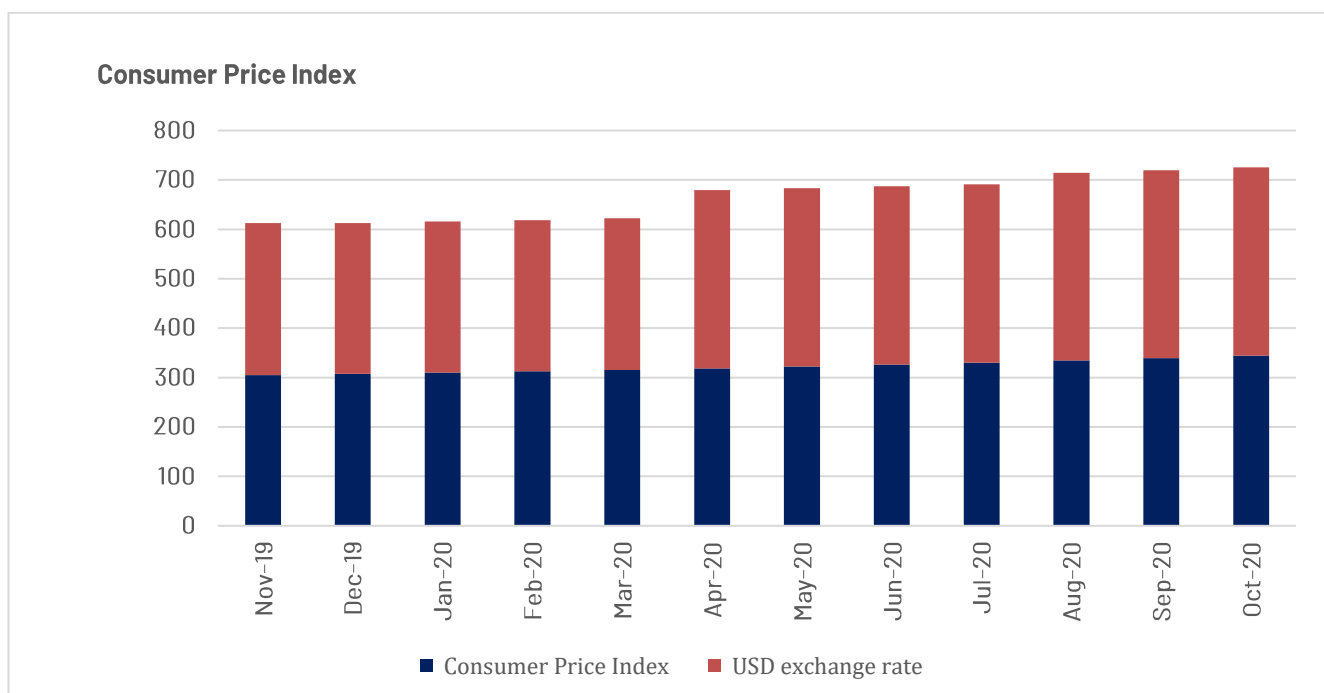
The annual inflation rate increased by 14.89% (year-on-year) in November 2020, 0.66% points higher than the rate recorded in October 2020 (14.23%). This is the highest inflation rate since January 2018. It was mainly driven by increased food prices caused by dollar shortages, border closure, and surging jihadist attacks in farming areas. (Trading Economics 15/12/2020)

**Figure 1: Inflation rate in Nigeria within 12 months, starting in December 2019**

## Consumer price index and currency exchange continues to rise

The consumer price index (CPI) increased to 350.3 points in November from 344.70 points in October of 2020. This is a 14.89% increase compared to November 2019. (Statista 07/01/2021). Core consumer prices increased to 309.14 points in November from 307 points in October of 2020. (Trading Economics 07/12/2020).

The Naira has continued to depreciate against the dollar at the Investors and Exporters window (NAFEX) where forex is traded officially, closing at the rate of N393.50/\$1 as reported in November 2020. The 100% improvement in dollar supply following the removal of the restriction on domiciliary accounts by the Central Bank of Nigeria failed to stop the rise in the exchange rate. (Nairametrics 11/07/2021)

**Fig 2: Consumer Price Index constantly increasing as naira exchange rate weakens**

## Context – Security

Nigeria's security situation remains very volatile given that nearly every part of the country is beset with some type of security challenge. The northwest and north-central regions continue to experience banditry, farmer-herder conflict and kidnapping. On 11 December 2020, more than 300 boys were kidnapped from their secondary school in north-western Katsina State (SCR, 17/01/2021). South east and south-south regions remain overwhelmed with kidnapping, civil agitation (IPOD) and oil bunkering, while the south west still face farmer-herder clashes, civil population – amotekun (regional security outfit) conflict, the threat of kidnapping among others.

Northeast Nigeria saw an increase in attacks by Organized Armed Groups (OAG) in recent months. The attacks resulted in further displacement, death, and abductions, particularly in the Borno State where IDPs and farmers were killed in direct attacks and clashes. Most of the civilians were either targeted while cultivating farmlands and fishing to support livelihoods or caught in crossfire during clashes (OCHA 09/12/2020). Media reports that at least 76 farmers were killed in Borno State in November 2020 when the OAG attacked farmland in Zambamari, Jere LGA (DW 02/12/2020) and another 110 others were killed in a separate attack on Koshobe, near the Borno State capital of Maiduguri (VOA 30/11/2020). Reports of the number of people killed and injured vary but the frequency of attacks result in further displacement, driving people from their homes and often putting them at increased risk in overcrowded IDP camps or informal settlements.

The month of December saw several significant security events in BAY States as was forecasted by security experts. The village of Pemi in Borno was attacked on 24 Dec by a group of suspected Boko Haram militants killing at least seven people and abducting approximately seven others, including the village pastor. The attackers also set fire to the village church, a dispensary, and several homes (GardaWorld, 25/12/2020). The attack was predicted and Nigeria's Department of State Services (DSS) issued a warning on Dec 22nd. Unidentified gunmen (shooters) also attacked the town of Garkida in neighboring Adamawa State on Dec. 24, engaging in acts of looting and arson but there are no reports of casualties in the Garkida attack to date. On 26 Dec. Boko Haram killed at least 10 people, including four security personnel, in raids on three villages in northeast Nigeria. Fighters in six trucks attacked the villages of Shafa, Azare and Tashan Alade in Borno State that day and set fire to homes and public buildings while firing sporadically at residents (Africanews 28/12/2020).

These and several other unreported attacks resulted in further displacement in the region. About 659 departures were recorded between December 21 – 27 2020 in Askira/Uba, Damboa, Gwoza and Kala/Balge LGAs of Borno; Girei, Gombi, Lamurde, Madagali, Maiha, Mubi North, Mubi South, Numan and Song LGAs of Adamawa. 45.7% of this displacement was triggered by conflict/attack (Nigeria – Emergency Tracking Tool Report 203 (21 – 27 December 2020)).

## Humanitarian Access

Humanitarian Access in Nigeria is significantly constrained in Borno, Adamawa, and Yobe States, which are affected by Boko Haram's armed activity. Insecurity and threats of attacks against civilians, humanitarians, and aid facilities affect both Access of people to services and aid delivery.

### Areas outside of Government control inaccessible to humanitarian workers

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

## Increased regulation of humanitarian organizations' registration and activities

In Borno, a regional law has increased the requirements related to registration for organizations that operate in the state, establishing a stronger policy of control of aid operations. There are barriers to importing humanitarian goods, which is subject to specific administrative procedures. Registration processes at federal and state levels for humanitarian organizations are ambiguous; states are allowed to implement independent local laws that result in additional conditions being imposed on humanitarian activities in specific areas.

The military restrictions on the movement of essential cargoes in the previous year (2019) have been somewhat relaxed; however more stringent approval protocols have been introduced. For example, the movement of fuel over 1000 liters/week/location will require military approval, and some commodity cargoes such as foodstuff, spare parts, etc. There is still an active ban on dry and wet fertilizer movements, which requires approval (Access WG, FSS, and Logistics excerpts, Nov 2020).

Human Rights Watch reported that aid agencies could not respond effectively to the crisis in northeastern Nigeria due to worsening insecurity. Government and military officials require aid organizations to undergo lengthy processes to obtain compulsory authorization for moving personnel and cargo-carrying relief materials. Relying on the Money Laundering and Terrorism Financing ACTs, the government imposed additional cash transfer programs. The restrictive military measure on the amount of fuel available for each agency has impacted the response, especially in generating the power needed in hospitals and medical centers to preserve essential drugs and vaccines.

As a result, some agencies have reduced and or ceased their activities in particular locations, because of a shortage of fuel to run generators. One potential negative impact of this is that such restrictions may give the impression that humanitarian organizations are not independent, making them more vulnerable to Boko Haram attacks. The report further explains that a law passed in Borno State requiring aid organizations to register for approval of projects before implementation limits access for the humanitarian organizations. The regulation introduced new controls over the locations and categories of beneficiaries, aid group's activities, and the staff they can hire, which appear to run contrary to the humanitarian principle of independence (HRW, 04/03/2020).

## Humanitarian access affected by increased insecurity

Insecurity and violence also affect humanitarian activities and limit humanitarian goods and staff movements in the northwestern part of Nigeria, which has been affected by criminal activity and banditry (ACAPS 15/12/2020).

Humanitarian Access by road in the BAY States deteriorates, especially for essential humanitarian routes such as Maiduguri to Damboa, Dikwa to Monguno, Damboa to Gwoza, Damboa to Chibok and Bama to Rann which has all had civilian Access blocked to by the military. Movement from Maiduguri to Damaturu, Maiduguri to Mafa, and Dikwa required military escorts but some requests are declined due to insufficient military personnel and multiple ongoing military campaigns. Furthermore, air access to these locations has been restricted due to COVID-19 and is now based on program criticality even though the number of helicopters has increased from two to five since June 2020 (Access WG, FSS, and Logistics excerpts, Nov 2020).

The introduction of the "Super Camps" concept (concentration of government forces in strongholds with the capacity to respond swiftly to the adversary) has resulted in the military leaving their former locations and small towns. This has left a security vacuum and thousands of civilians fled after a string of insurgent raids on newly unprotected areas (Gubio and Magumeri). In addition, the lack of a local military presence has enabled the militants to set up illegal vehicular checkpoints on roads, restricting further the population's access to humanitarian aid.



# COVID-19 Epidemic Overview

Within the reporting period, Nigeria witnessed a sharp increase in the number of confirmed Coronavirus cases. By the end of December, there were 84,414 total confirmed cases and 1,289 Deaths (NCDC 26/12/2020). This is an increase of 17,002 cases, over 3 times the increase of 4,891 cases in November, and the second-highest one month increase since July 2020. The Nigerian authorities have warned of a possible second wave of the pandemic due to the sharp increase in the number of cases. (Reuters 10/12/20)

## Nigeria Overview

**Figure 3. COVID-19 Nigeria<sup>1</sup>**

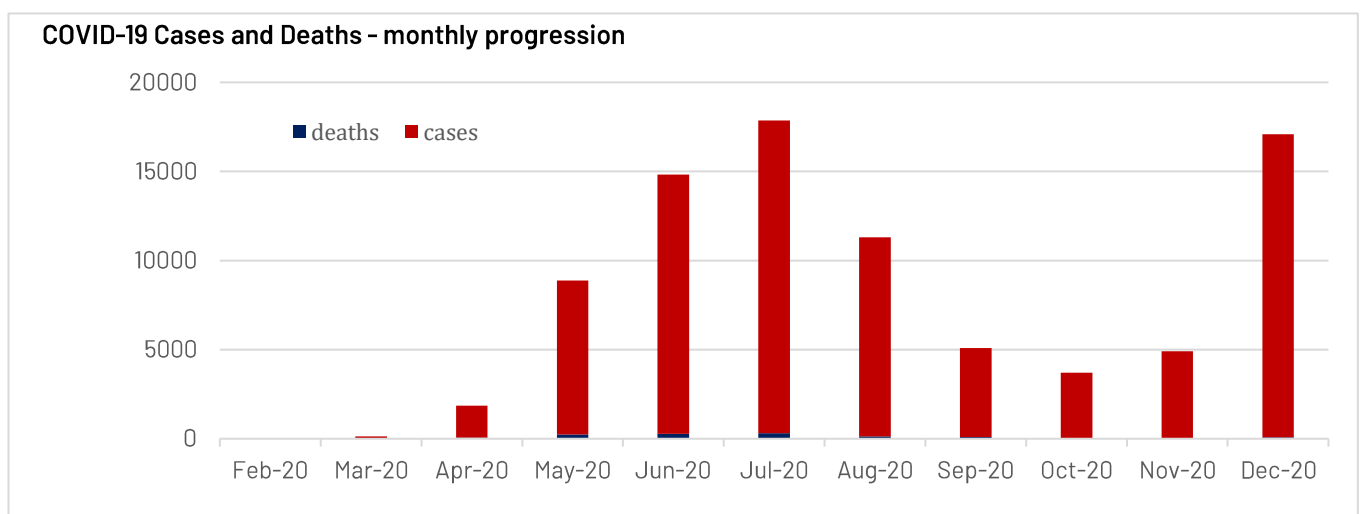
	Total Samples tested	Total Confirmed cases	Total Active cases	Total Discharged cases	Total Deaths
<b>Nigeria</b>	935,037	84,414	12,126	71,034	1,289

Since the first confirmed case in February 2020 in Lagos State (NCDC 28/02/2020), Lagos State and the FCT (Abuja) have accounted for the largest number of COVID cases. By 27 December 2020, Lagos and Abuja had 28,741 and 11,354 cases respectively, Borno State had 796 confirmed cases, Adamawa had 355 and Yobe had 187 confirmed cases.

**Figure 4. Monthly Progression of COVID-19 Outbreak in Nigeria**

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

**Figure 5. Monthly Progression of COVID-19 Cases vs Deaths**



<sup>1</sup> [NCDC](#)

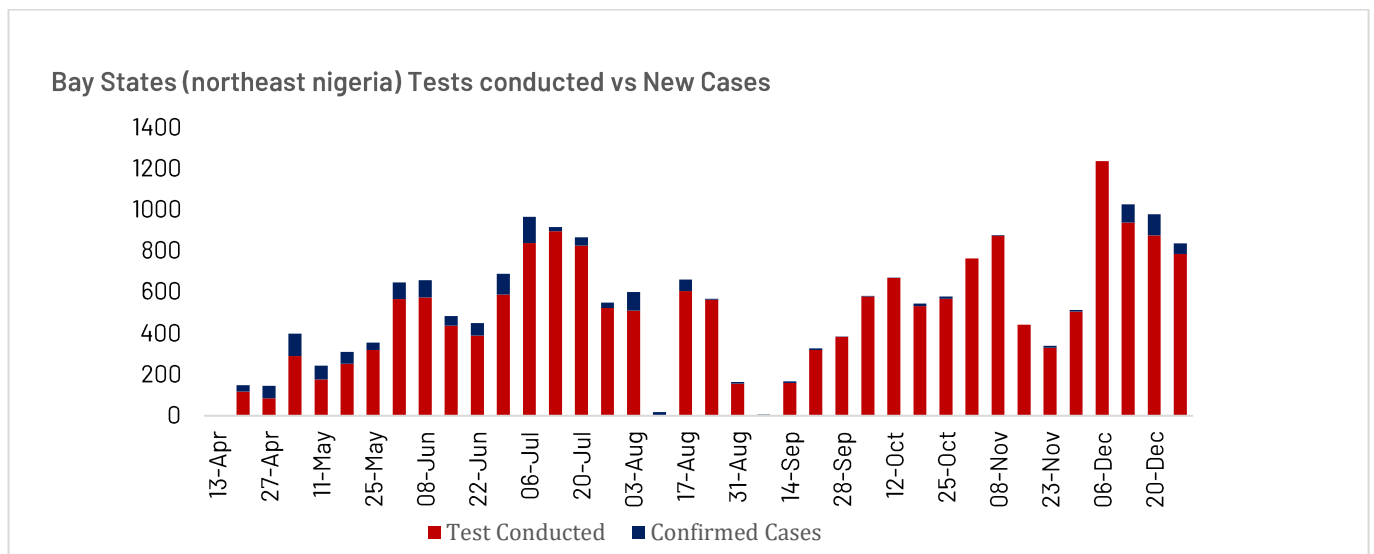
## BAY States Overview

While Adamawa state was the only BAY State to report COVID-19 related deaths (2) during this period, all the states had sharp increases in the number of confirmed cases compared to the previous months. 46.5% of all Yobe State's cases to date and 29% of all Adamawa's COVID cases were reported in December (NCDC 26/12/2020).

**Figure 6. COVID-19 Total caseload BAY States (NCDC Weekly Report, 27/12/2020)**

	Confirmed cases	Case increase from previous month	Discharged cases	Deaths
Adamawa	355	94	238	21
Borno	796	51	705	36
Yobe	187	87	123	8
<b>Total</b>	<b>1,338</b>	<b>232</b>	<b>1,066</b>	<b>65</b>

**Figure 7. Weekly testing and caseload data for the BAY States (NCDC Weekly Epidemiological Report, 27/12/2020)**

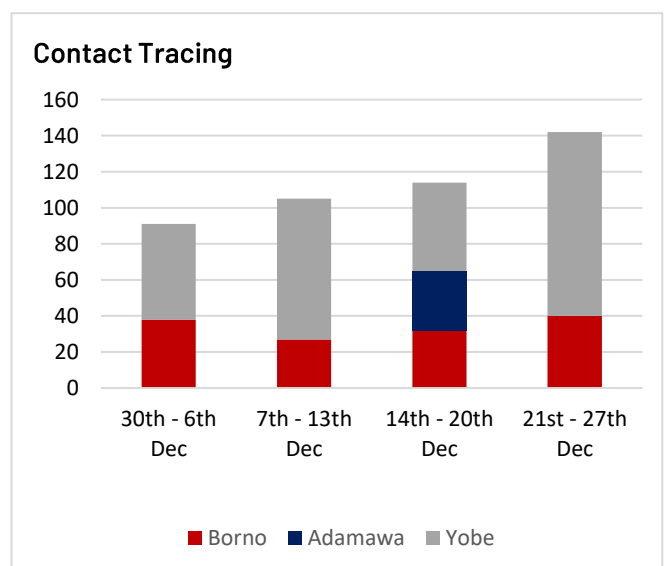


## Testing & Contact Tracing

Despite a significant increase in COVID-19 cases (94 out of 355 total cases) in Adamawa during this period, only 33 contact tracing efforts were carried out during the entire period. Yobe still leads the states with contact tracing despite having the least number of confirmed new cases.

**Figure 8. Contact Tracing for BAY States in Dec 2020.**

**Source: COVID-19 Weekly Situation Report Week 48 [Borno, Adamawa & Yobe]**





## Health Workers Increasingly Affected

Health workers are very vulnerable to COVID-19 given the nature of their work and the lack of personal protective equipment. Healthcare professionals and front-line workers are getting infected with COVID-19 at a higher rate. To date at least 20 doctors have lost their lives to COVID-19 and more than 2000 health workers have been infected by the disease across the country (WHO,03/12/2020, Andalou Agency 26/12/2020).

## COVID – 19 Containment Measures

### Presidential Task Force on COVID-19 mandate extended

Due to concerns over a second wave resulting from reduced compliance with containment measures and increases in travel and gatherings during the festive period, the Federal Government has extended the Presidential Task Force (PTF) mandate on COVID-19 until March 2021. In his speech at the end of the year, the President urged Nigerians to limit or suspend all large social gatherings and travels during the festive period to limit the risk of contracting the virus (The Statehouse 22/12/2020). The Federal Minister of Health has also ordered the reopening of all isolation and treatment centers in the country which were previously closed due to reduced patient load (Federal Ministry of Health 10/12/2020).

### New Containment Measures Introduced Amid Fears of Second Wave

In response to the recent surge in confirmed COVID-19 cases, the Presidential Task Force has advised states to immediately close all bars, nightclubs, and restaurants across the country. The number of guests at weddings, conferences, and other gatherings has also been limited to 50 persons. Public transportation systems are also expected to operate at less than 50% capacity and all schools were urged to remain closed until 18th January 2021 (The Statehouse 22/12/2020).

The Nigerian Government has also cited punitive measures for travelers ignoring quarantine and testing rules. It stated that it would publish the passports of the first 100 passengers who failed to undergo the compulsory COVID-19 test after returning to the country and their passports will also be suspended until June 2021 to serve as a deterrent to others (Premium Times 29/12/2020). Due to new variants reported in South Africa and the UK, travel restrictions have been heightened for all passengers arriving from the areas. Such travelers will be processed separately upon arrival and will be subjected to at least seven days in quarantine, even with a negative Covid-19 PCR test (Business Insider 28/12/2020).

### Enforcement and Compliance with COVID-19 Measures

Previous restrictions that are still in place include a nationwide curfew between midnight and 4am, and requirements for social distancing and to wear masks in public places are expected (FEWS Net 14/11/2020). An earlier survey revealed poor compliance with COVID-19 preventive measures amongst Nigerians. The findings indicate that most people have abandoned the use of facemasks, hand sanitizers, physical and social distancing as they go about their daily activities.

According to the report, most craftsmen, artisans and traders believed the virus no longer posed a threat due to the reduction in the number of confirmed cases, while some opined that the virus only affects the elites and the affluent in the society. Other perceptions are fueled by the assumptions that COVID-19 does not exist in the country. (Nairametrics, 07/09/2020).

Lack of compliance with containment measures was also consistently noted in the WHO sitreps. "Poor compliance in the use of face masks, social distancing, and good hygiene practices by the general public" was pointed out as the first challenge in the eleven COVID-19 sitreps published by the health sector between (Relief Web 07/06/2020, Relief Web 13/10/2020).

Physical distancing is especially problematic in many camps due to overcrowding. Four out of five people in these camps live in overcrowded conditions, with makeshift and temporary shelters built close to each other, making physical distancing impossible (OCHA 13/08/2020). Partners intensified advocacy with authorities and communities especially in Borno State to provide additional lands to decongest overcrowded camps and enable implementation of risk mitigation measures including social distancing (OCHA 04/01/2021).

In northeast Nigeria strict surveillance and screening continues at the country borders and points of entry (PoE) to IDP camps. In December 2020 over 46,000 screenings were conducted at different points of entry (POEs) across BAY States. At the POEs, travelers were counselled on COVID-19 risks, symptoms, prevention/mitigation measures, and steps to take in the event of suspected cases (WHO 14/12/2020, OCHA 04/01/2021).

As public schools in Lagos State reopen for in-person learning amidst a second wave of coronavirus in Nigeria, UNICEF supports the state to put protocols in place to mitigate the spread of the virus among students. In addition to social distancing and proper wearing of face masks, guidelines established by the state Ministries of Health and Education have banned morning gatherings. Time in school has been cut to four hours a day without extracurricular activity. For schools to get certified for reopening, they are required to have holding areas for sick pupils, install multiple handwashing facilities with soap and water, and have their teacher take an online course on government protocols and guidelines (UNICEF 22/12/2020).

## Information and Communication for COVID-19

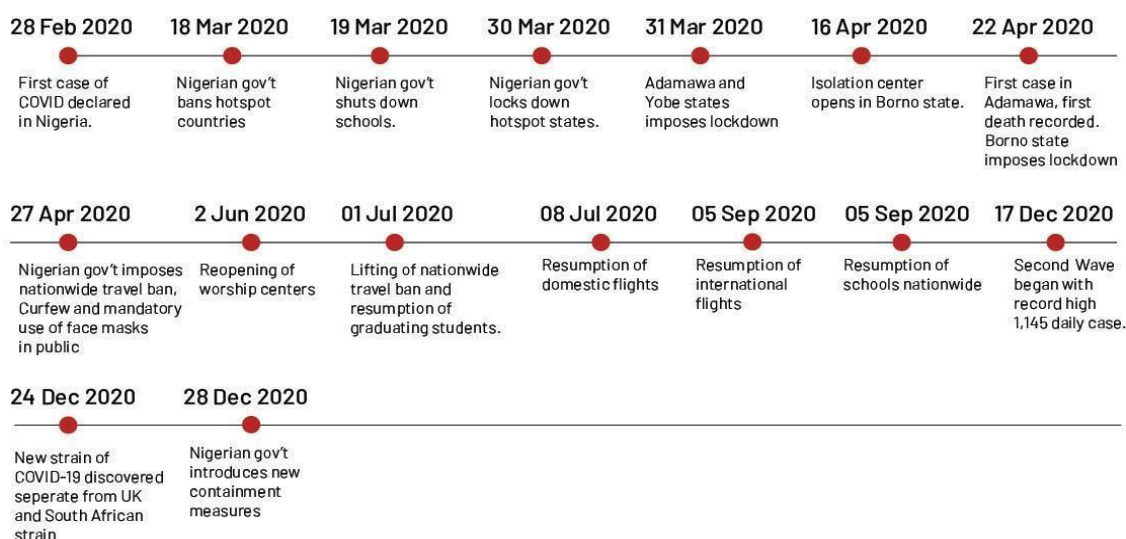
UN agencies, NGOs and government staff continue to support COVID-19 awareness campaigns. Risk Communication and Community Engagement (RCCE) teams are engaged in sensitization activities to reduce the transmission of COVID-19. Activities included media engagements using radio and TV jingles, interactive discussions on radio and TV, radio dramas, children and adolescents' specific jingles etc. Banners and billboards continued to be displayed in strategic locations (UNICEF 15/12/2020).

The Volunteer Community Mobilizer (VCM) network continues to engage through house-to-house (H2H) mobilization and sensitization. VCMs demonstrated handwashing with soap under running water, awareness of COVID-19 symptoms and preventive measures (UNICEF 15/12/2020). In key hotspot states, school visits were conducted to sensitize pupils on the need to observe social distancing, use of facemasks as well as on general hygiene practices and adoption of healthy habits (UNICEF 15/12/2020).

Prominent religious leaders continue to share key messages at mosques and churches, house to house visits target the most at-risk communities and towns announcers continue to provide key messages to rural communities (UNICEF 15/12/2020). WHO's Hard to Reach Teams, in collaboration with other partners, are continuing with community sensitization on COVID-19 in remote and security compromised areas (WHO 14/12/2020).

In addition to the abovementioned activities, efforts at sector level are mobilizing and sensitizing IDP communities on COVID variants. Camp Coordination and Camp Management (CCCM) partners supported the establishment of information centers in both camps and host communities to raise awareness and sensitization among the IDP populations (CCCM 14/01/2021).

**Figure 9: COVID -19 Timeline in Nigeria**



## Overview of impact and humanitarian conditions

Although the lean season ended and the number of people facing acute food insecurity has dropped to 3.4 million, there is concern that the impact of COVID-19, insecurity, and the continuing economic downturn will drive food insecurity to higher levels in 2021 than those seen in 2020. With increasing cases of COVID-19 across the country there are fears of a second wave and that further COVID-19 containment measures may be introduced impacting livelihoods and humanitarian programming.

The livelihoods situation in northeast Nigeria is still precarious. Unemployment and poverty are increasing, and insecurity continues to constrain commercial and humanitarian activities.

3.4 million people currently face acute food insecurity (IPC Phase 3+). The latest Cadre Harmonisé projections indicate that over 5.1 million people will face crisis level or worse food insecurity (IPC Phase 4+) during the next lean season (June – August 2021). Increasing insecurity, overcrowded conditions in many camps and challenging conditions in informal settlements and returnees contributes to increased vulnerability and exposure to protection risks.

Schools are closed for the holiday season and are set to resume on January 18th. However, the increase in COVID-19 cases alongside the requirement to undertake new COVID-19 mitigation measures will make it challenging for schools to open on this date. Meanwhile many, especially the poorest, struggle to access distance learning programs.

Access to water, sanitation, and hygiene (WASH) facilities remains a major challenge in northeast Nigeria, exacerbated by continued population movements driven by insecurity. Flooding during September and October caused significant damage to WASH facilities and both security restrictions and COVID-19 containment measures have thwarted the response.

As worries about a possible second wave of COVID-19 increase, health services are still under strain with many either closed or only partially functional. There is also a critical lack of health staff in the northeast. Recent survey data indicates there are high levels of malnutrition across the northeast and a high prevalence of longer-term issues such as stunting. However, crude mortality rates and under-5 mortality rates have not yet exceeded emergency thresholds, although some of the worst affected areas are expected to be those inaccessible to humanitarian workers and therefore not covered by the study.

## Information Challenges and Gaps

### Health

The sector is struggling to understand the level of municipal compliance with COVID 19 protocols set by government authorities. There is little reliable information on how urban dwellers and IDPs are complying with COVID-19 protocols because sector partners are facing funding and capacity issues to carry out such studies. However, the figure reported by the MSNA 2020 put compliance rate in northeast over 60% whose data collection methodology was based on phone interviews.

### WASH

The sector is desirable for carrying studies focusing on locations where sector partners are not currently present including where they are present. Little information is available on locations where partners don't operate therefore, the sector would like to support partners to carry out such studies to help the sector understand the magnitude of the needs of the sector in terms of WASH services. Understandably, the statistics from the sector partners indicate that they are only present in less than 40 percent of the IDP camps while present in host communities is even less.

# Livelihoods

The livelihoods situation in northeast Nigeria remains precarious. Although many COVID-19 restrictions have been lifted, rainy season and attendant flooding have been followed by further insecurity caused by attacks by non-state armed groups (NSAGs). Macroeconomic factors such as the depreciation of the Naira and a high unemployment rate are also negatively impacting the livelihoods sector. A recent World Bank report estimates that the extreme poverty rate across Nigeria is expected to rise, with the number of poor likely to increase by 15 to 20 million by 2022. However it should be noted that while poverty has traditionally been concentrated among rural households dependent on agriculture (the majority of the population in the northeast), more than one-third of those falling into poverty due to the COVID-19 crisis are expected to be urban residents (World Bank 01/12/2020). Note that as data is limited this month a clear current picture of the situation cannot be provided with any large degree of certainty.

## **Deterioration of livelihoods, rising costs and insecurity are driving the adoption of harmful negative coping mechanisms**

The impact of the COVID-19 pandemic and the associated containment measures disrupted household's income generating activities across the country. Most livelihood activities across the states showed deterioration, with several zones/LGAs in emergency due to the global pandemic (COVID-19), insecurity, and rise in the cost of production inputs. In the projected situation, several households in the BAY States are likely to resort to emergency coping strategies that may result in further collapse in livelihoods (FAO 15/12/2020).

The critical challenges people face include a lack of livelihood opportunities, food insecurity, and inflated prices. These factors have increased tension across IDP camps and host communities, forcing affected and vulnerable populations to adopt negative coping mechanisms, including transactional sex and street begging. (UN OCHA 26/11/2020).

## **Heavy flooding and Insecurity have impacted livelihoods and humanitarian programming**

Unusually heavy rainfall resulted in large scale flooding across northern Nigeria from July to September, damaging or destroying cropland, houses, roads, and other civilian infrastructure, and disrupting livelihood activities and the delivery of humanitarian assistance in affected areas, according to the UN (USAID 21/12/2020). Sporadic attacks by the non-state armed groups (NSAG) in the northeast states of Adamawa, Borno, and Yobe have continued to negatively impact on livelihoods and consequently on food and nutrition stability (FAO 15/12/2020).

## **Livelihoods for the poorest and most vulnerable are amongst those most affected**

Reduction of basic services and livelihoods are exacerbating the vulnerabilities of affected people such as increased unemployment and loss of remittances. Food security and livelihoods are particularly precarious due to semi-subsistence lifestyles and heavy dependence on the informal sector for income. Daily laborers and people engaging in cash-for-work activities are the most affected due to restricted labor migration and the closure of small businesses. Youth and women in the informal sector are also hard hit (UN OCHA 12/10/2020, CARE 27/10/2020).

# Food Security

Although the number of people facing acute food insecurity at crisis or worse levels (IPC Phase 3+) has dropped to 3.4 million, continued conflict, the ongoing impact of the COVID-19 pandemic and macroeconomic factors all contribute to a worrying food security picture in northeast Nigeria. The latest Cadre Harmonisé projections indicate that over 5.1 million people will face crisis levels or worse food insecurity during the next lean season (June – August 2021), and this could include over 900,000 people at emergency level (IPC 4).

Food insecurity in hard-to-reach areas is assumed to be significantly worse than those supported with humanitarian assistance. In terms of affected groups, recent studies by Amnesty International and CARE highlight that the elderly and women and girls are at risk.

## 3.4 million people in the BAY States are facing acute food insecurity

The latest Cadre Harmonisé analysis (October 2020) indicates that over 3.4 million people are currently facing acute food insecurity at crisis or worse levels (IPC Phase 3+) in the three northeastern states, a figure that is projected to rise to 5.1 million in the 2021 lean season (June–August) if adequate assistance is not provided (FAO 22/12/2020).

The northeast is home to 2.1 million IDPs who face significant food and livelihood challenges. Due to persistent insecurity and the influx of IDPs, host communities have reduced access to land and other resources for food production, leading to high levels of poverty and malnutrition (FAO 22/12/2020). Of particular concern are the approximately 1.2 million people living in completely inaccessible areas or inaccessible communities in Borno, Adamawa and Yobe States, of which approximately 690,000 are currently at IPC Phase 3 or more (FEWS NET 23/11/2020, (UN OCHA 09/12/2020)).

**Figure 10. IPC figures for the BAY States October – December 2020**

State	Population	Population in Phase 3	Population in Phase 4	Population in Phase 5	Population in Phase 3 to 5	% pop food insecure
Adamawa	4,980,623	650,802	6,826	-	657,628	13%
Borno	6,788,700	1,380,921	433,331	-	1,814,253	27%
Yobe	4,458,173	827,539	119,090	-	946,629	21%
Total	16,227,496	2,859,262	559,247	-	3,418,510	21%

## Projections indicate a significant rise in the population facing acute food insecurity in 2021 compared to 2020

Persistent conflict, recurrent flooding, and the effects of the COVID-19 pandemic have further exacerbated socio-economic indicators, hampering commodity trade and economic activities, including farming and food production in the northeast (FAO 22/12/2020). In September 2020, the UN Secretary General indicated that northeast Nigeria was at risk of famine, with “alarming levels of food insecurity and hunger” caused by the conflict and worsened by COVID-19’s impact directly on communities and indirectly through funding shortages for humanitarian aid (Amnesty International 08/12/2020, UN NEWS 17/11/2020). Across the whole of Nigeria the number of people projected to experience acute food insecurity during the 2021 June-to-August lean season is approximately 80% higher compared with the 2020 lean season (USAID 21/12/2020). For the northeast, over a quarter of the population are facing emergency phase food insecurity (IPC Phase 4) with 8 LGAs (Marte, Kaga, Magumeri, Gubio, Guzamala, Kukawa, Mobbar and Abadam) amongst the worst to be affected (FEWS NET 23/11/2020).



**Figure 11. IPC figures for the BAY States June - August 2021**

State	Population	Population in Phase 3	Population in Phase 4	Population in Phase 5	Population in Phase 3 to 5	% pop food insecure
Adamawa	4,980,623	959,391	9,462	-	968,853	19%
Borno	6,788,700	1,979,920	693,373	-	2,673,293	39%
Yobe	4,458,173	1,231,277	264,929	-	1,496,206	34%
Total	16,227,496	4,170,588	967,764	-	5,138,352	32%

## Food prices are a contributing factor to food insecurity

The Food inflation rate (CPI-food) is having negative implications on food prices and households capacity to sustain minimal food and nutrition security status. During the next six to nine months, households in totally or partially inaccessible areas may experience significant constraints to food access owing to reduced livelihood activities, limited income levels and market disruption (FEWS NET 23/11/2020). Statistics from FAO showed that the rising cost of foods was not peculiar to Nigeria. Global food commodity prices rose sharply in November to their highest level in nearly six years as the FAO Food Price Index averaged 105.0 points during the month, up 3.9% from October and 6.5% higher than its value a year earlier (This Day 06/12/2020).

## Conflict is a major driver of food insecurity

The conflict in Nigeria is expected to continue to escalate while civilians suffer some of the worst conflict-related food insecurity, socioeconomic vulnerability, and inequality issues in the world (Mines Advisory Group 14/12/2020). Food availability has continued to be negatively impacted owing to disrupted agricultural livelihood activities and limited access to production assets (land, labor, and farm inputs) (FEWS NET 23/11/2020).

## The Elderly, women and girls are particularly vulnerable

With humanitarian actors unable to access the most conflict-affected areas to collect data or provide consistent assistance, the likelihood that more people are experiencing more serious food insecurity is high, particularly among women and girls. A recent CARE survey found that the pandemic's effects on food and nutrition were a major concern for more than 53% of women surveyed in Nigeria (CARE 18/11/2020). Female-headed households, especially those in IDP camps, reported that they have had even more difficulty accessing services related to food and non-food items due to their marital status, and that men tend to have more access than women. This also puts women at greater risk of sexual exploitation, they are more likely to exchange sex for food. Furthermore, families are also more likely to marry their child daughters in exchange for dowries they can use to feed themselves (Mines Advisory Group 14/12/2020, Food Tank 06/10/2020).

Because IPC and FEWS NET figures are not disaggregated by sex, age, ability, or other identity factors, this can make it difficult to fully understand how many people are food-insecure and how hunger affects specific groups, women, girls, or the elderly. Without a full understanding of who is affected and why it undermines efforts to provide the best assistance possible. However, given the established negative correlation between conflict and food security, and the known effects of the COVID-19 pandemic on food security, it is certain that conflict-affected people worldwide, particularly women and girls, need immediate assistance (CARE 18/11/2020). The elderly also face barriers in accessing assistance and make up a disproportionately large segment of the population living in areas that Boko Haram controls or contests. Some older people remain because they have reduced mobility and cannot flee; other older people stay because of deep ties to their homes and villages, where they have lived for decades and provided for themselves and their families, generally through farming (Amnesty International 08/12/2020).



Rising food costs linked to the COVID-19 pandemic have made the situation worse with every displaced older person [interviewed for the study] indicating that food prices spiked, leaving them with even less to eat. Older people repeatedly described having to use part of their cash assistance for food, or having to sell some of an in-kind distribution, to pay for essential medication (Amnesty International 08/12/2020).

## **MSNA data shows large percentages of the population faced Food Security Living Standard Gaps (FSLSGs) during July/August**

The COVID-19 pandemic also contributed to an extended period of decreased accessibility for humanitarian partners, exacerbating FSL needs. Lockdowns instituted across the BAY States prevented the movement of humanitarian workers and supplies. Accompanying these movement restrictions was increased activities from Organized Armed Groups (OAGs) preventing distributions of food and fuel from reaching key areas. These wider accessibility issues across the northeast contributed to a decrease in food and fuel availability, having crucial implications on the food security of households (REACH Initiative 21/12/2020).

As of August 2020, four LGAs in Borno State had approximately 70% or more of the population reporting FSLSG gaps (Damboa (85%), Bama (76%), Mafa (72%) and Mobar (69%). For Borno overall FSLSGs are more prevalent for the IDP population (59%), while returnee and non-displaced populations were at 55% and 40% respectively. In Adamawa, The LGA of Michika recorded the highest proportion of FSLSGs at 81%, and again across the state IDP population was worst affected (63%) followed by returnee (55%) and non-displaced populations (53%). In Yobe, the LGAs with the largest proportion of FSLSGs were Fune 70% and Yusufari 66%, with IDPs the worst affected group across the state (45%). (REACH, REACH, REACH 14/12/2020).

## **Protection**

There has been an increase in security incidents now that the rainy season is over, and this has resulted in several civilian casualties. A recent report by the Mines Advisory Group also outlines the dangers of Unexploded Ordnance (UXO) in the northeast. In addition to these overt protection issues, conditions in camps, informal settlements, and for returnees continue to increase vulnerability and protection risks for many. However, there is limited data on the current prevalence of negative coping mechanisms and protection incidents. Therefore, the current situation regarding protection (now lean season has passed and many of the COVID-19 containment measures have been relaxed) is not easily analyzed.

## **Exposure to unexploded ordnance continues to be a major issue in northeast Nigeria**

A total of 1,052 people have been reported to be killed or injured by explosive ordnance since 2016 across the most afflicted northeastern states of Borno, Adamawa and Yobe, although this number is estimated to be even higher due to underreporting (Mines Advisory Group 14/12/2020). However, the ability to undertake mine clearance was constrained due to the ongoing conflict and insecurity, by the absence of a national mine action authority, and limited explosive ordnance disposal teams among the Nigerian army and police (Mines Advisory Group 14/12/2020).

## Available evidence points towards an increase in the number of rape and SGBV cases since the COVID-19 lockdown

The Minister of Women Affairs and Social Development Pauline Tallen stated that incidences of SGBV, including rape, had increased across Nigeria during the lockdown, but especially in rural areas. The response was constrained as SGBV was not considered essential during this period. This prevented women's groups and other actors from providing support (Premium Times 14/12/2020). This ties in with evidence in the mostly rural northeast where the COVID-19 pandemic heightened already existing vulnerabilities for gender-based violence which resulted in an increase in the number of rape and SGBV cases. Also negatively affected was survivors' access to quality response services and ability to seek help and report such cases (OCHA 09/12/2020). Children remain at risk of trafficking, abduction and sexual violence across the region (UNICEF 14/12/2020).

## Protection Living Standard Gaps – MSNA Analysis

The latest multi-sectoral needs assessment (MSNA)<sup>2</sup> indicated that 27% of Persons of Concern (PoC) households in Borno State, 18% in Yobe State and 21% in Adamawa State have protection living standard gaps (PLSGs).

Data was collected for the MSNA in July and August 2020. The PLSGs is a composite indicator made up of: movement restrictions experienced over last 30 days; involvement of household members in safety and security incidents over last three months; signs of psychological distress in children; possession of identification documents; reason for any children not living with the household; and presence of housing, land and property issues.

There are not large data variations from state to state although Borno clearly had the highest percentage of population facing PLSGs with approximately one-third of all IDP and returnee households having a PLSG. For Yobe and Adamawa the worst affected group was IDPS where approximately one quarter had PSLGs in both states. In Adamawa returnees were also similarly affected.

It should be noted that some protection issues such as SGBV will not be easily factored into this measure, and indicators such as identifying signs of psychological distress in households' children were self-reported (not identified by trained personnel). However, the figures do provide comparisons between groups and geographic areas. LGAs in Borno ranged from approximately 50% of the population identified as having PLSGs in Mobbar, Konduga & Bama, compared to approximately 15% in Askira/Uba & Hawul.

## Education

Primary and secondary schools around the country went on break since mid-December 2020 and are expected to resume in mid-January 2021. The government has announced plans to institute new measures for the reopening of schools due to the second wave of COVID-19 and the increase in the number of cases. With schools in the northeast still struggling to meet up with the previous guidelines, complying with the new guidelines is likely to present even more challenges. With the phasing out of distance learning programs there is a danger that many children will again be prevented from learning.

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<sup>2</sup> REACH (2020:) <https://reliefweb.int/sites/reliefweb.int/files/resources/Nigeria-MSNA-2020-Sectoral-Factsheet-Borno-State.pdf>

## **Schools in the Northeast may fail to meet new COVID-19 guidelines**

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

## **Lack of funding is affecting the ability of humanitarian partners to run remote education programs**

Many educational radio and TV programs in the northeast ended in October 2020 and are unable to continue due to lack of funds. This situation leaves many children without access to education until schools effectively resume in the region (OCHA 09/12/2020). In addition, some areas are not covered by the radio network making programming challenging in the event of school closure (Education Sector 26/01/2021).

## **The increasing poverty rate makes parents unable to afford the cost of sending their children to school**

Children are in urgent need of quality education, and prolonged school closures are affecting nearly 4.2 million students in northeast Nigeria. Learning outcomes remain poor as two in three children who finish primary school are unable to do basic arithmetic (UNICEF 14/12/2020).

The outbreak of the COVID-19, the spread of the second wave, and worsening security situation in the Northeast has negatively impacted employment and income in the northeast (Vanguard 8/12/2020). As such, more parents have had to withdraw their children from school as they are no longer able to afford the cost of education. COVID-19 has not only increased unemployment but also exposed the weakness of the education system and increased the Learning Poverty rate<sup>3</sup> by 10 points, from 53% to 63% (World Bank 15/10/2020, Vanguard 28/12/2020).

## **The impact COVID-19 on education and learning**

The multi-sectoral needs assessment (MSNA) indicated that 40% of PoC households in Adamawa State, 32% in Yobe State, and 31% in Borno State have education living standard gaps (ELSGs) (data collected in July/August 2020). Factors included: lack of remote learning during school closures due to cost, child labor, marriage to children within the school-age group (3-17 years) not enrolled in formal education, and children within 5-17 years of age group dropping out of school before COVID-19 containment measures. Nearly half of the IDP and non-displaced population groups in Adamawa have an ELSG with Michika being the most impacted LGA in the state with over 70% of households reported to have ELSG.

In Yobe, ELSG gaps were prevalent among the non-displaced population, approximately one-third of this population group was reported to be facing an ELSG with Fune (75%) and Damturu (61%) the most severely affected LGAs. While Borno has the lowest percentage of households with ELSGs among the 3 states, the returnees and IDPs were the most impacted with approximately one-third of households of each of these population groups having an ELSG. (REACH, REACH, REACH 14/12/2020).

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<sup>3</sup> The inability of a child to read and understand a simple text by the age of 10 which further impedes his/her ability to succeed in school and beyond.

Returnees and IDPs in Borno are the two population groups with the highest proportion of households found to have multi-sectoral needs (98% and 97%, respectively). (REACH 10/12/2020).

## WASH

Access to water, sanitation, and hygiene (WASH) facilities remains a major challenge in northeast Nigeria due to insecurity, the constraints faced by humanitarian actors (including issues related to COVID-19), and infrastructure damage during the rainy season. This lack of access makes compliance with COVID-19 prevention and public health advice on handwashing difficult. The WASH situation is worsened by overcrowding in camps and in other sites that expose women and girls to protection risks.

### **WASH needs are being exacerbated by the pandemic and poor hygiene practices, flooding, insecurity, and accessibility constraints.**

The outbreak of COVID-19 in Nigeria and its spread to Borno, Adamawa, and Yobe States in the northeast increased pressure on the limited capacity to deliver enough water across many IDP camps, as well as essential supplies like soap, handwashing stations, and hygiene kits (UN OCHA 14/09/2020, UN OCHA 09/12/2020). The situation is further complicated by poor hygiene and sanitation practices including improper waste disposal, blocking water channels, and increasing risks of flooding during heavy downpours (UN OCHA 12/10/2020). With the end of the rainy season, the latrines' dislodgement has become necessary to improve sanitation conditions. This is because congestion in some camps puts pressure on available sanitation facilities, with little or no space for the installation of new ones (UN OCHA 09/12/2020).

These needs are reported to have increased significantly due to flooding that caused damage to facilities during the rainy season (OCHA 09/12/2020). Without the availability of sanitation facilities and hygiene materials, IDPs remain extremely vulnerable to disease transmission and are unable to follow the COVID-19 hygiene prevention protocols (IOM 17/07/2020).

In Konduga and other locations, the theft of submersible pumps has led to water supply shortages and increased pressure on existing water points (UN OCHA 09/12/2020).

With the water table in some areas in the BAY States have low or non-existent groundwater, forcing partners to rely solely on water trucking (UN OCHA 09/12/2020). However, there are some areas where access to water is improving: 76% of the displacement sites reported an average waiting time at water points of less than 30 minutes while 23% reported between 30 minutes and an hour and for only 1% of sites is the wait above one hour, down from 3% during the previous reporting period (CCCM 23/12/2020).

### **Women and girls face increased protection risks due to the lack of gender disaggregated WASH facilities.**

Almost half of the latrines across 17 LGAs in the Bay States do not have gender markers. This means that there is no distinction between the bathrooms and latrines meant to be used by females and those for males (CCCM 14/12/2020). A consequence of this is that women do not get the privacy they need, especially in camps where one WASH facility is shared by 50-100 people (UN OCHA 09/12/2020). This increases their exposure to SGBV and other protection risks.

### **Impact of COVID-19 containment measures on WASH Living Standard Gaps**

A significant increase in the proportion of households with WASH LSGs was reported in the 2020 due to the pandemic and a change in the methodology to reflect preventive behaviors required to limit the spread of COVID-19. Inadequate sanitation facilities and open defecation were particularly responsible for the WASH LSGs, the major driver of the extreme multi-sectoral needs found in some households (REACH 10/12/2020).

As of August 2020, more than half of the PoC in Yobe, 74% of those in Borno, and 73% of those in Adamawa were reported to have WASH living standard gaps. This ranged from gaps in access to an improved water source, time (minutes) taken to fetch water, access to a sufficient quantity of water for drinking and other domestic uses, and access to soap to access to a functional and improved sanitation facility (REACH, REACH, REACH 14/12/2020). Insecurity and accessibility constraints have negatively impacted the delivery of response materials. Throughout August, 2020 delays in delivery of WASH construction materials from Maiduguri to Dikwa LGA in Borno due to security clearance slowed the response (UN OCHA 09/12/2020). A higher percentage of households in LGA'S (Mobbar, Mafa, Dikwa, Bama, Monguno) in close proximity to inaccessible LGAs in Borno State were reported to have high WASH LSGs (REACH 14/12/2020).

It should be noted that since August the sector and its partners have responded to some of these reported gaps and this information can be found in the monthly situation report submissions to OCHA such as the December sitrep: UN OCHA.

## Health

A nutrition surveillance indicates that mortality rates are highest in Borno State, but emergency thresholds have not been exceeded. As worries about a possible second wave of COVID-19 increase, health services are still under strain with many either closed or only partially functional. There is also a critical lack of health staff in the northeast. However, a longer than normal malaria season has now passed, but there is still the threat of other public health emergencies such as measles and meningitis. Data from the recently released MSNA provides analysis of health living standard gaps across the region during July/August 2020.

### Mortality rates are highest in Borno State but not exceeding emergency thresholds

Crude mortality<sup>4</sup> was highest in Borno (0.22 deaths/10,000 population/day) by state and MMC & Jere (0.34 deaths/10,000 population/day) by domain. Under-five mortality was highest in Yobe (0.44 deaths/10,000 population/day) by state and MMC & Jere (0.66 deaths/10,000 population/day) by domain. Crude mortality rates did not exceed the emergency threshold of one death/10,000 persons/day all the domains. Under five mortality rates also did not exceed the emergency threshold of two deaths/10,000 children under five/day all the domains (National Bureau of Statistics 17/12/2020).

### The conflict has led to the long-term deterioration of health facilities and services in the northeast

The ongoing conflict has also led to an escalation of attacks on health care facilities and has significantly restricted all humanitarian access. Health facilities are regularly attacked, vandalized, looted or burned down, and over 30,000 health workers across the region face constant risk of being assaulted, abducted or criminalized for providing care to opposing parties. Since January 2020, 24 attacks on health care have been reported in northeast Nigeria via WHO Surveillance System for Attacks on Health Care (SSA) and currently only 58% of the health facilities are fully functional in BAY States (WHO 10/12/2020, WHO 14/12/2020).

Those health facilities that are functional face a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work inaccessible areas because of ongoing armed conflict (WHO 14/12/2020).

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<sup>4</sup> Crude and under five mortality rates are measures of all-cause mortality occurring during the recall period. Deaths both from conflict as well as natural causes contribute to all-cause mortality.



WHO confirmed that the humanitarian health emergency in northeast Nigeria will remain at grade 3 (the highest level). This indicates that WHO believes that the severity and impact of the emergency on public health significantly reduces access to basic health services and renders the population vulnerable to disease outbreaks, malnutrition, injuries, and mental health (WHO 30/10/2020).

## As malaria recedes endemic diseases pose additional health threats

The northeast region is highly endemic for malaria and cholera and health sector partners have worked on malaria prevention in recent months (including the distribution of mosquito nets and antimalarial drugs), although implementation was constrained by COVID-19 containment measures. Usually, peak malaria season takes place during the rainy season from August to mid-October, however, in Borno State there has been a reported a spike in malaria cases even into the dry season. There remains a high risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever (MSF 11/12/2020, WHO 14/12/2020).

## MSNA analysis of Health Living Standard Gaps

As of August 2020, 26% of the population in Borno State, 24% in Adamawa and 23% in Yobe were reported to have health living standard gaps (HLSGs). Across all three states the main indicators for HLSGs were: a long distance of one hour or more walk to the nearest healthcare centre and a lack of measles vaccines for child of six months to 5 years.

In terms of affected group there was little difference regarding prevalence of HLSGs with all groups having between 21% to 26% of the population with health LSG. The exception is in Borno State returnees are slightly worse as 30% facing HLSGs.

There was more variance between LGAs, with Mobbar (45%), Monguno (44%), Ngala (42%), Gubio (41%) from Borno State and Ganye (51%), Jada (41%) from Adamawa State having the highest proportion of populations with HLSGs. Adamawa had some of the least affected LGAs with only 9% of the populations of Lamurde and Maiha both HLSGs, in Yobe Nguru reported only 6% of the population with HLSGs.

The health LSG was calculated using a composite indicator including households with children aged 0-15 years with vaccination card, 0 to 23-month-old children receiving PENTA, Polio and BCG vaccines, 6 months to 15-year-old child(ren) receiving measles vaccine, distance to health facility, support for most recent birth, members ill in previous two weeks, preferred treatment center for healthcare and adapting behaviors to COVID-19. (REACH, REACH, REACH 14/12/2020).

It should be noted that the health response has been ongoing so some of these reported gaps may have been addressed. Information on response can be found in the monthly situation report submissions to OCHA such as the December sitrep: UN OCHA.

## Nutrition

There are high levels of malnutrition across the northeast, with Yobe State and parts of Borno State showing the highest prevalence rates. Longer term issues of stunting and underweight children are also high with Yobe continuing to be the worst affected state based on recent nutrition surveillance. Crude mortality rates and under-5 mortality rates [see health section] have not yet exceeded emergency thresholds, although some of the worst affected areas are expected to be inaccessible to humanitarian workers and therefore not covered by the study. Insecurity, a prolonged lean season, and the continuing impact of COVID-19 containment measures have all added to pressure on nutrition services. Latest IPC projections indicate a likely increase in food insecurity across the region which could drive up malnutrition and child mortality rates.

This section draws heavily on the Preliminary Report for the Nutrition and Food Security Surveillance: Northeast Nigeria – Emergency Survey (October 2020) which covers findings from round 9 of the survey. The survey is disaggregated by the following geographic regions:

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



A full list of LGAs and an overview of the methodology can be found in the report. Data was of acceptable quality (or better) except for issues in Northern Borno where the majority of the LGAs were inaccessible to humanitarian actors.

## Global and Severe Acute Malnutrition rates high

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

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

The highest rates for acute malnutrition were in Yobe State, with a GAM (MUAC) rate of 5.2% and a SAM (MUAC) 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. When looking at individual domains within the states there are significantly higher malnutrition rates compared than state averages. 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%. (National Bureau of Statistics 17/12/2020)

## Chronic Malnutrition most prevalent in Yobe

**Figure 13. Prevalence of chronic acute malnutrition and stunting in children aged 6 to 59 months**  
**Source: National Bureau of Statistics 17/12/2020**

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

Stunting is a measure of chronic malnutrition that occurs because of inadequate nutrition over a longer period. Prevalence was highest in Yobe (43.7%). Underweight refers to the proportion of children with low weight-for-age. It can be interpreted as the number of children that are too thin for their age. The prevalence of underweight children was also highest in Yobe (28.6%) by state. In terms of domain within states, all domains with Yobe showed high prevalence for stunting (ranging from 42.7% to 44.6%) and underweight (ranging from 27.8% to 35.9%). Outside of Yobe, Central Borno had the highest prevalence of stunting (35.9%) and Northern Borno had the prevalence of underweight (26.2%) (National Bureau of Statistics 17/12/2020).

## COVID-19, insecurity and the prolonged lean season adding pressure on nutrition services

The main challenge facing the Nutrition sector is the lack of capacity to effectively respond to sudden onset emergencies due to escalating insecurity which has disrupted nutrition services in several LGAs in Northern Borno and Geidam and Gujba LGAs in Yobe State. The prolonged lean season had also added pressure on the low stabilization centers capacity to cope with the increased rates of SAM cases with medical complications. In addition, there is a growing number of under-nourished and separated infants as a result of the COVID-19 pandemic, increased population displacement, and armed conflict. Prevention and management of wasting among infants, particularly for the non-breastfed, is a highly technical and resource-demanding initiative which the northeast is lacking at the moment (OCHA 09/12/2020).

OCHA reports that in the BAY States, four children lose their lives every day due to malnutrition. Particularly worrying is the rising mortality rate in June and July, which increased by 50% compared to the previous months. This is mostly due to the late reporting of medical complications by caregivers and is attributed to the initial COVID-19 movement restrictions and caregivers' fear of contracting COVID-19 if they go to health facilities (UN OCHA 26/11/2020).

Based on IPC projections over 900,000 people will fall under the emergency phase (IPC phase 4) during the 2021 lean season with the majority found in LGAs in north Borno, further impacting nutrition and mortality rates (FAO 15/12/2020).

## Shelter

Insurgency and counter-insurgency operations and flooding have greatly affected temporary shelter solutions in northeast Nigeria, forcing many IDPs to sleep in the open. The need for shelter has continued to grow as repairs have been delayed due to COVID-19 movement restrictions and insecurity. Additionally, the lack of land available to construct new shelters hampers the effort of humanitarian partners.

## Conflict-driven displacements and damage to shelters have led to overcrowding in sites thus increasing protection and COVID-19 risks.

The ongoing conflict in Nigeria's Northeast continues to displace people into camps and host communities, putting a strain on already fragile shelter infrastructure. Many who want to return home are unable to do so due to the fear of further attacks and military operations. Many who return find their homes destroyed and uninhabitable, pushing them into camps and other settings where living conditions are both overcrowded and deplorable (UNHCR 12/10/2020).

During the June-September 2020 rainy season, many shelters were damaged by floods and strong winds, forcing IDPs to move into already crowded camps and reception centers. According to the USAID, flooding adversely affected approximately 436,000 people, destroying more than 66,000 houses and prompting the displacement of at least 62,000 individuals (USAID 21/12/2020). The overcrowding of IDP sites makes adherence to the physical distancing COVID-19 prevention protocol difficult and increases protection concerns such as rape, domestic violence and sexual exploitation and abuse (IOM 20/11/2020, UNHCR 12/10/2020).

## **Lack of adequate shelter is forcing IDPs to sleep in the open exposing them to harsh weather conditions.**

UN OCHA estimates that over 55,000 households need shelter across the northeast. In Borno State, at least 1,522 households are currently sleeping in the open in Magumeri and Gongulong due to the unavailability of materials to construct shelters (UN OCHA 09/12/2020). An influx of returnees has resulted in the congestion of reception centers across Pulka, Banki, Bama, Dikwa, Konduga and Mobbar LGAs, putting over 6,600 households in need of shelter (UN OCHA 26/11/2020).

## **The risk of forced eviction continues to increase as IDPs living in rented houses are unable to keep up with their rent.**

Twenty five percent of IDPs residing in host communities are living in rented houses (IOM 24/09/2020). Due to the effect of COVID-19 on livelihood opportunities, many IDPs, particularly in Borno State, are no longer able to keep up with their rent and now face the risk of forced eviction (UN OCHA 09/12/2020).

## **MSNA analysis of Shelter Living Standard Gaps**

According to the Nigeria Multi-Sector Need Assessment December report, IDPs in Borno were the most likely to have shelter needs compared to other population groups, with approximately half of the IDP households in the state reported to be facing a shelter Living Standard Gap (SLSG) mostly driven by displacement due to insecurity as the epicenter of the crisis. Mafa LGA in Borno is most impacted with over 72% of the households having a SLSG, followed by Damboa LGA (52%) (REACH, 14/12/2020).

While lower levels of SLSGs were reported in Yobe and Adamawa (19% and 14% respectively), the most impacted population groups still remains the IDPs (approximately one third of the IDP population in Yobe (34%) and one fifth in Adamawa (19%)). Fune, Gujba, Bursari LGAs have the highest percentage of households with a SLSG in Yobe (REACH, REACH, 14/12/2020).

## 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 robust.

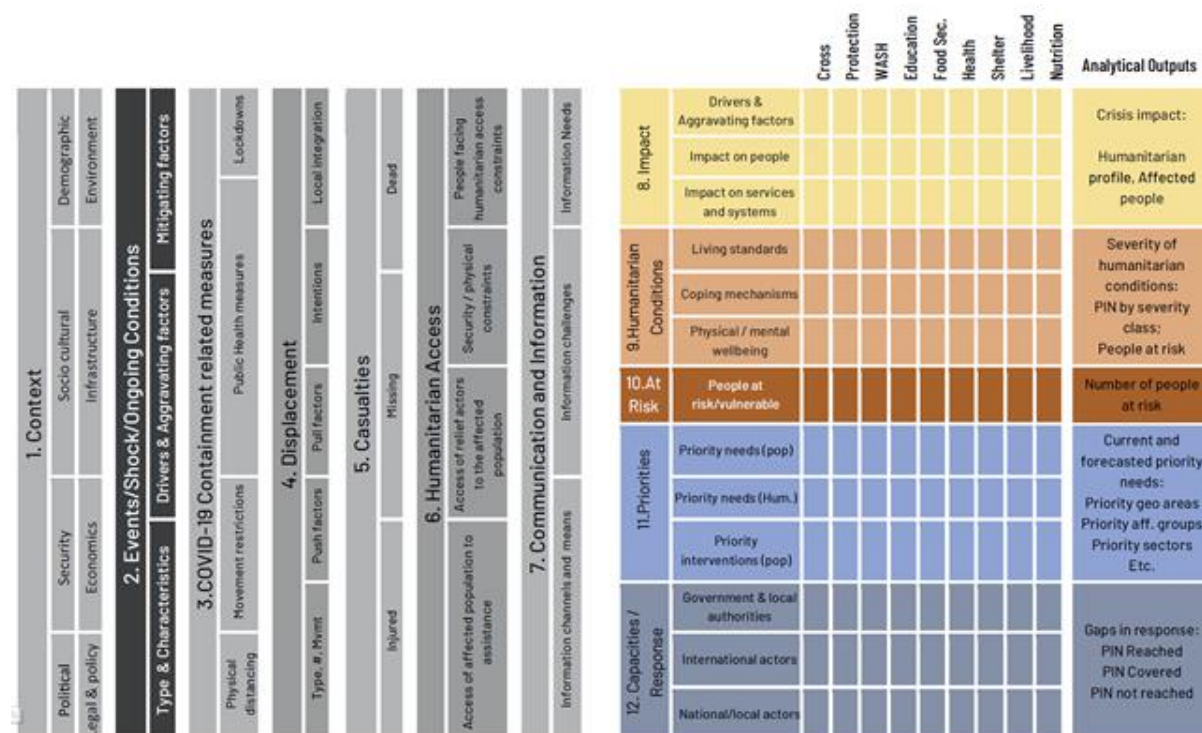
**Methodology.** To guide data collation and analysis, IMMAP and DFS designed a comprehensive Analytical Framework to address specific strategic information needs of UN agencies, INGOs, LNGOs, clusters, and HCTs at the country level. The analytical Framework is essentially a methodological toolbox used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

- Provides with the entire suite of tools required to develop and derive quality and credible situation analysis;
- Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;
- Offers end-users with an audit trail on the amount of evidence available, how data was processed, and conclusions reached;

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

**The Secondary Data Analysis Framework** was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh, etc.) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 14.

Figure 14 – IMMAP/DFS Secondary Data Analysis Framework



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

Source publisher and author(s) of the information;

- Date of publication/data collection of the information and URL (if available);
- Pillar/sub-pillar of the analysis framework the information belongs to;
- Sector/sub-sectors the information relates to;
- Exact location or geographical area the information refers to;
- Affected group the information relates to (based on the country humanitarian profile, e.g. IDPs, returnees, migrants, etc.);
- Demographic group the information relates to;
- The group with specific needs the information relates to, e.g. female-headed household, people with disabilities, people with chronic diseases, LGBTI, etc;
- Reliability rating of the source of information;
- Severity rating of humanitarian conditions reported;
- Confidentiality level (protected/unprotected)

The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details of the information captured for the report are available below (publicly available documents from the 01 December to the 31 December were used).

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

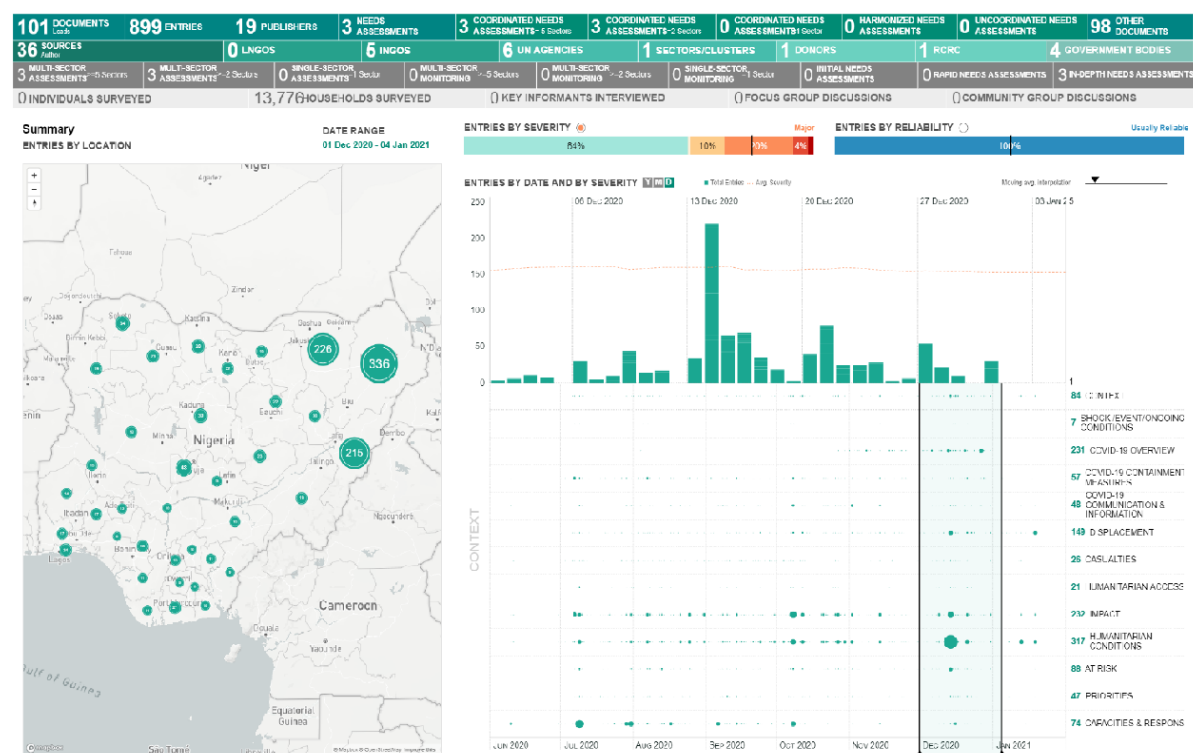
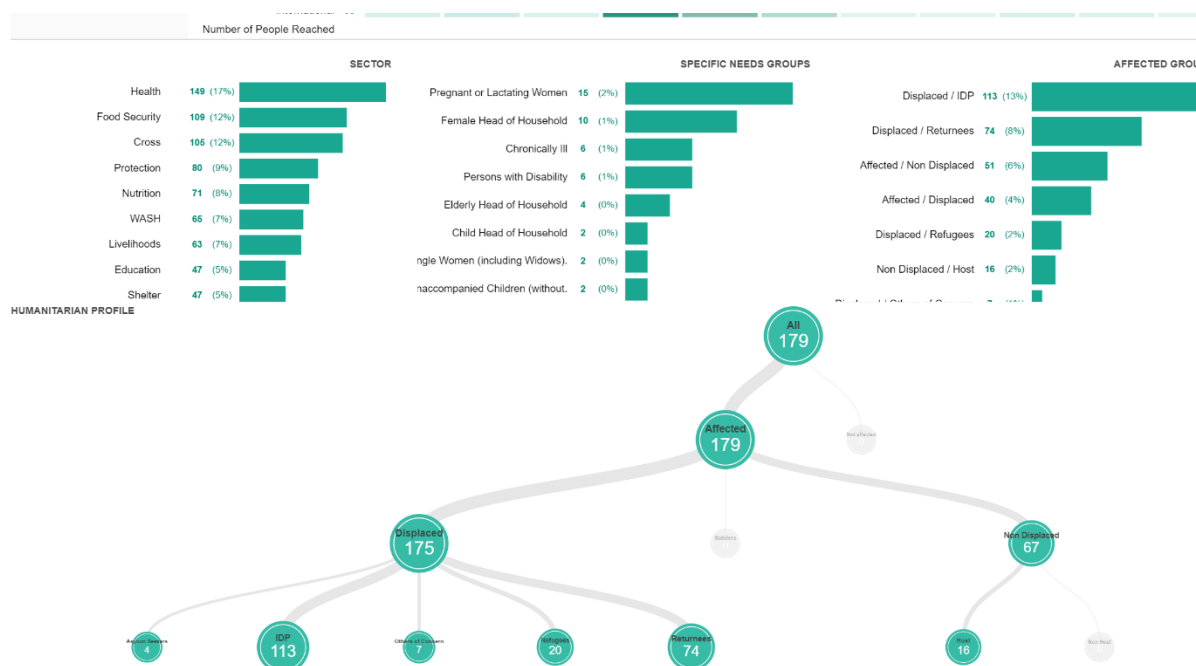


Figure 16: Documents and Entries by Sector and Affected Group





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

SECTORAL FRAMEWORK	# of Entries	median severity		CROSS	FOOD SECURITY LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS		
			TOTAL	529	105	109	83	149	71	65	47	47	80	23	6
IMPACT209	Drivers/Aggravating Factors	146													
	Impact on People	54													
	Impact on System & Services	96													
	Number of People Affected	8													
HUMANITARIAN CONDITION95	Living Standards	179													
	Coping Mechanisms	23													
	Physical & mental wellbeing	105													
	Number of People in Need	23													
AT RISK89	People at risk / Vulnerable	88													
PRIORITY94	Priority Needs (Pop)	19													
	Priority Needs (Staff)														
	Priority Interventions (Pop)	7													
	Priority Interventions (Staff)	18													
CAPACITIES & RESPONSE	Government & Local Authorities	9													
	National & Local Actors	4													
	International	68													
	Number of People Reached														

**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 (Figure 18).

Figure 18 – IMMAP/DFS Analysis Workflow

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 101 relevant documents (articles, reports) from 36 sources	Categorization of the available secondary data (899 excerpts)	Description (summary of evidence by pillar / sub pillar of the Framework)	Report drafting, charting and mapping
	Key questions to be answered, analysis context, Analysis Framework	Identification of relevant needs assessments	Assessment registry 3 Needs assessment reports)	Explanations (Identification of contributing factors)	Review, editing and graphic design
	Definition of collaboration needs, confidentiality and sharing agreements	Data protection & safety measures, storage	Additional tags	Interpretation (priority setting, uncertainty, analytical writing)	Dissemination and sharing
	Agreement on end product(s), mock up and templates, dissemination of products	Interviews with 3 key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop, recommendations for next round
Tools	Analysis Framework <a href="#">Analysis Canvas</a> Data sharing agreements Report template	SDR folder Naming convention	DEEP (SDAF) DEEP (Assessment registry) Coding scheme	Interpretation sheet Black hat	Revised report template Analytical writing guidance Lessons learnt template

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