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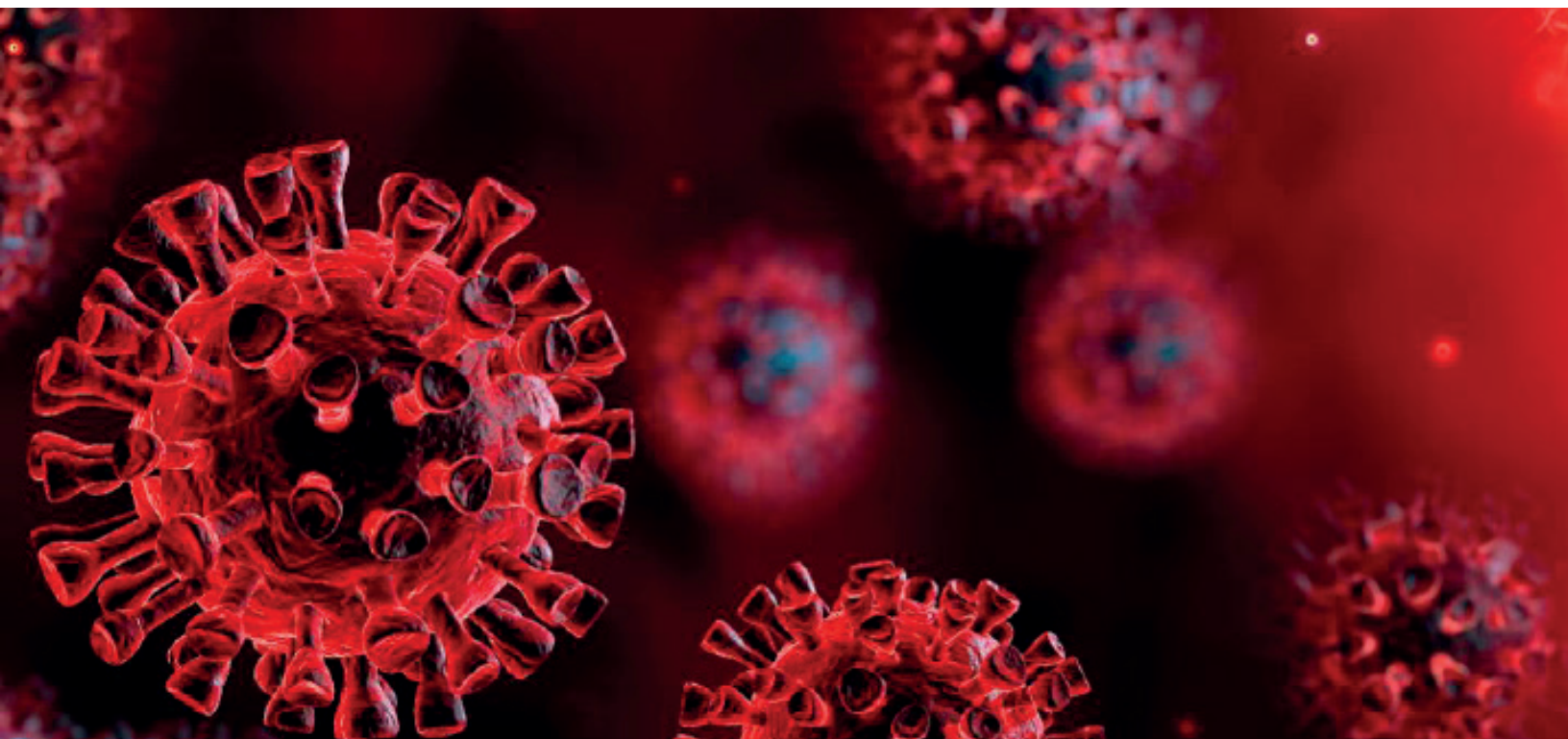


COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



MAY 2021



Better Data | Better Decisions | **Better Outcomes**

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

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

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

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1. Executive Summary

KEY HIGHLIGHTS




Confirmed Cases	COVID Related Deaths	Tests Conducted
		
166K Total confirmed cases	2K Total death recorded	2.2M Test samples collected
1.6K New confirmed cases in May 2021	9 New COVID related deaths in May 2021	226K New Test samples collected in May 2021
-24.9% Decrease compared to April 2021	-35.7% Decrease compared to April 2021	+54.8% Decrease compared to April 2021

Figure 1. COVID-19 overview in Nigeria

COVID-19 EPIDEMIC OVERVIEW AND VACCINATION PROGRAM

Across Nigeria cases of COVID-19 declined by 25% in May to 1,596 and with testing increasing by 54.7% this would indicate a real drop in caseload. In the BAY states however, there was a slight uptick to 121 new cases up from 99 in April. 1.78 million people have now received the first dose of vaccine, 94.8% of the target group for the first phase. In the BAY states 97% of the target population had received their first vaccination, roughly in line with the national rollout.

Overall, Nigeria has so far avoided a third phase of the virus, although testing is still low despite the recent increase and vaccination coverage is only around 1% of the total population. The situation in the BAY states appears stable, but the fact that no new cases were identified in Borno state indicates there may be some issue with testing or reporting there. With overcrowded camps, poor hygiene and sanitation and population displacements there is a risk of any COVID-19 outbreak spreading rapidly.

COVID-19 CONTAINMENT MEASURES AND COMMUNICATIONS

The guidelines for COVID-19 released in April are still in effect. These measures require public mandatory use of facemask, physical distancing, avoidance of

public gathering and non-essential travel in addition to gatherings for worship or weddings to be held at 50% capacity, closure of bars, nightclubs, pubs, event centres as well as recreational venues throughout the country and indoor sports facilities to remain closed. A nationwide curfew remains in place from 12 midnight till 4am, and civil servants on Grade level 12 and below continue to stay at home while the country rolls out a nationwide vaccination campaign.

The government sanctioned 90 travelers arriving in Nigeria from Brazil, India, and Turkey for evading the mandatory 7-day quarantine and declared 108 arriving passengers from Brazil, Turkey, UAE and India, Persons of Interest (POI) for violating COVID-19 quarantine protocol.

Nigeria government also launched a campaign dubbed "Powerful H.A.N.D.S" to curtail the spread of the COVID-19 pandemic and launched a toll-free 24-hour mental health helpline for people to cope with the pandemic. A strategic communication initiative in the BAY states to counter misinformation of COVID-19 was put in place.

SECURITY AND HUMANITARIAN ACCESS

Nigeria is facing a significant upsurge in violence and violent crime. Conflict between herder and pastoralist communities has broken out in several states and the northwest region has also seen attacks on schools resulting in the kidnapping of hundreds of school children. In addition, separatist movements in both the southeast and southwest have been active. This all puts increased pressure on Nigeria's security forces whilst at the same time fighting has escalated in the northeast.

The most recent NSAG attacks have been in Yobe state leading to the displacement of over 150,000 people, added to continued conflict in Dikwa LGA, Borno. The escalation in conflict has resulted in more limited access to these communities with security challenges impeding humanitarian operations in critical locations such as Dikwa and Monguno LGAs of Borno state as well as constraining access to populations on the move such as those displaced populations from Yobe State. Transport of humanitarian aid by aid has also been constrained due to security fears.

The upcoming rainy season usually reduces the ability of NSAGs to implement attacks, but it will also make travelling by road more difficult, putting further pressure on the humanitarian supply chain.

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

HUMANITARIAN NEEDS

With the reduction in COVID-19 cases the main driver of humanitarian needs continues to be the escalation in conflict. Household purchasing power in the northeast remains low as despite a drop in the overall inflation rate, the price of basic foodstuffs continues to increase.

As the northeast enters into lean season (June – August) there will be increased pressure on food stocks and markets and households relying on purchased food or humanitarian aid. Overall, the number of people food

insecure in IPC phases 3 (critical) and 4 (emergency) is expected to rise to approximately 4.4 million; but where conflict is preventing humanitarian access and limiting livelihood activities there is a risk that some communities will face IPC phase 5.

With the return of rains and storms in some areas there will be increased need for critical infrastructure including shelter and WASH facilities. Recent displacements will put pressure on already overburdened camp and host community facilities. In addition, the health sector is under increased pressure with infrastructure damaged by recent NSAG attacks and if the usual increase in diseases such as malaria and acute watery diarrhea occurs as the rains arrive.

2. Economic Context

ECONOMIC GROWTH GAINS SOME TRACTION IN Q1 BUT REMAINS FRAIL

Economic growth gained some momentum in the first quarter of the year, although it remained frail. GDP increased 0.5% year-on-year (yoy), up from the prior quarter's 0.1% expansion, but undershooting markets' expectations. The uptick was driven by a markedly softer drop in the oil sector, which contracted 2.2% in the first quarter following the 19.8% dive logged in the prior quarter. The improvement came on the back of higher output, with production rising to 1.72 million barrels per day (mbpd) in Q1 from 1.56 mbpd in Q4 2020 supported by higher crude oil prices for the sector's performance. The non-oil sector's performance, however, deteriorated as activity grew 0.8% yoy, down from the 1.7% expansion recorded in the prior quarter. This came partly on the back of softer growth in the agricultural sector (Q1 2021: +2.3% yoy; Q4 2020: 3.4% yoy), while output in the information and communication sector also moderated ([Focus Economics](#) 25/05/2021). The reduction in the agricultural sector's contribution to the GDP can be associated with declining farming activities in light of increasing insecurity ([Premium](#) 25/05/2021). The central bank is expected to maintain interest rates at 11.5% – a measure to prop up the economy against the impact of COVID-19. This is due to slow recovery from the 1.92% contraction in GDP experienced for the full year ([Bloomberg](#) 23/05/2021).

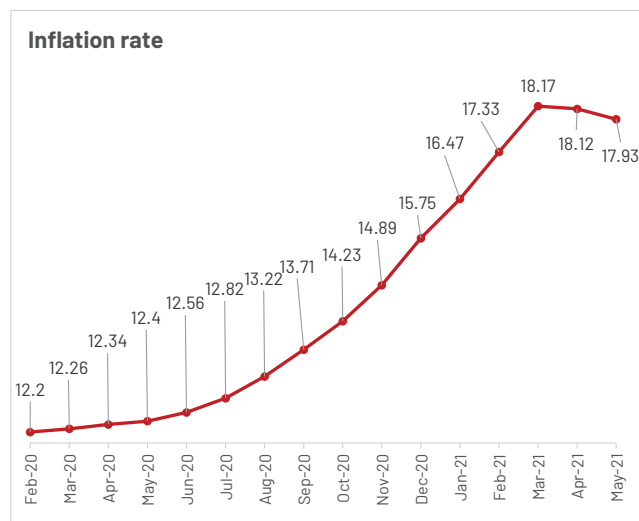
Business conditions in Nigeria's private sector economy continued to improve with Stanbic IBTC Bank Nigeria Purchasing Managers' Index (PMI), coming at a nine-month high of 54.4 in May, up from April's 52.9. As a result, the index moved further above the neutral 50-threshold that separates expansion from contraction in business conditions. This means that the private sector business environment continues to show strong signs of improvement in May because for one, the easing of stringent public health restrictions since the second quarter of last year continues to pave the way for some level of broad macro-economic recovery this year. Although that said, the economy still faces some idiosyncratic factors of heightened insecurity and seemingly low foreign exchange (FX) liquidity. Inflation continues to remain high and as the recent PMI series suggests, both input and output prices have been on the rise. This could potentially impact the recovery in aggregate demand and purchasing power of the consumer, in light of sticky wages ([Focus Economics](#) 01/06/2021).

The economic output is expected to rebound substantially in 2021 Q2, as the COVID-19 situation in the country and worldwide improves, driving oil prices and enhancing the recovery of the oil sector. Further, the recovery in oil prices, together with an adjustment of imports to the weaker Naira exchange rate, implies that the current account deficit largely closed in 2021 Q1, having widened to 5.0% of GDP in Q4 2020. As the ratio of imports to GDP has normalized and as imports already reflect the more depreciated parallel-market Naira exchange rate, the interpretation of the

current account rebalancing and its adjustment to the new oil price/Naira exchange rate equilibrium as having largely taken place, will facilitate economic expansion going forward.

NIGERIA INFLATION RATE STABILISES FOR THE 1ST TIME SINCE 2019

Figure 2. Inflation rate in Nigeria, starting January 2020



Nigeria's annual inflation rate dropped further for the second consecutive month to 17.93% in May 2021 compared to 18.12% recorded in April 2021, amid a slight slowdown in prices of food & non-alcoholic beverages & tobacco (22.28% vs 22.72% in April) and despite a recent currency devaluation. Still, the annual core inflation, which excludes the prices of volatile agricultural produce, hit 13.15% in May, the highest since April of 2017 ([Trading Economics](#) 30/05/2021). On a monthly basis, consumer prices inched up 1.01%, following a 0.97% increase in the prior month. This rise in the food index was caused by increases in prices of Bread, Cereals, Milk, Cheese, Eggs, Fish, Soft drinks, Coffee, Tea and Cocoa, Fruits, Meat, Oils and fats, and Vegetables. Even as the inflation rate dropped further for the second consecutive month compared to April 2021, it is worth mentioning that a decline in inflation does not necessarily imply that prices are falling. It simply means that commodity prices are increasing albeit at a slower pace.

The World Bank estimates that over half of Nigerians are underemployed or unemployed, while before COVID-19 about 80M of Nigeria's 200M people lived on less than the equivalent of \$1.90 a day. With the pandemic and population growth, Nigeria could see that figure rise to

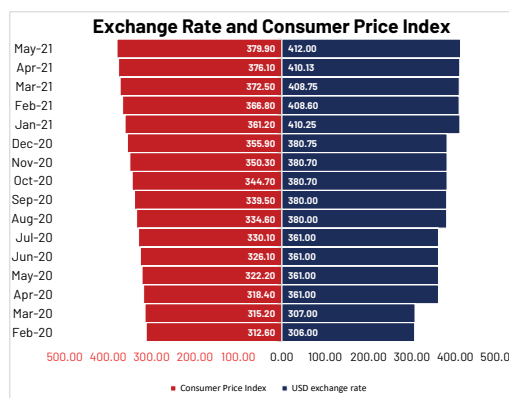
almost 100M by 2023. Nigeria's economic woes also help to explain a vertiginous rise in crime as more people were kidnapped in the first four months of 2021 than all of 2020. The worsening violence is around three flashpoints: the jihadists of Boko Haram in the north-east; a long-standing conflict between farmers and cattle-herders across central Nigeria; and fighting between government forces and Igbo separatists in the south-east ([The Economist](#) 13/05/2021).

CBN MAINTAINS MONETARY POLICY RATE UNCHANGED AT 11.50% AND ADOPTS NAFEX RATE AS THE OFFICIAL EXCHANGE PLATFORM

The Central Bank of Nigeria (CBN) maintained the monetary policy rate at 11.5% to curtail the inflation and continue supporting the economic recovery. The CBN stated that it remains "focused towards achieving price stability in the short to medium-term" because a tighter stance could derail the fragile economic recovery while only moderately influencing prices due to persisting supply-side constraints ([Focus Economics](#), 26/05/2021). In addition, the CBN removed the N379/\$1 exchange rate from its official website homepage, adopting the NAFEX/I&E Window exchange rate of N410.25/\$1, thereby ditching a multi-decade use of government-determined benchmark exchange rate. This now means that all exchange rate transactions involving the public and the private sector will reference the prevailing NAFEX rate as its official exchange rate ([Nairametrics](#), 25/05/2021).

EXCHANGE RATE FALLS AT THE NAFEX WINDOW AS NIGERIA'S EXTERNAL RESERVE DIPS \$1 BILLION

Figure 3. Exchange rate & CPI in Nigeria, starting January 2020



The exchange rate between the Naira and the US dollar closed for the month of May 2021 at N412/\$1 at the Investors and Exporters (I&E) forex window. This represents a 0.24% decline compared to a N1 decline at N411/\$1 recorded on the previous day May 27, 2021. On the other hand, Nigeria's external reserve declined by 0.06% on Thursday, 27th May 2021 standing at \$34.26 which translates to over a \$1 billion loss in one month. Despite the bullish trend on the global

oil market, foreign reserves have continued to dip since April 2021 due to low sales of Nigerian crude attributed to the resurgence of the COVID-19 in India, one of the highest buyers of Nigerian crude. Meanwhile, the CBN continues to intensify its effort in attracting foreign remittances into the country, which led to the indefinite extension of the "Naira4Dollar" scheme earlier in May ([Nairametrics](#), 31/05/2021).

3. Context - Security

The security crisis in Nigeria is deteriorating with an alarming wave of violence that has left millions of people helpless due to the attacks of jihadist groups in the north-east compounded by a sharp rise in abductions, banditry targeting civilians in schools and at interstate border crossing across Nigeria. Mass killings by bandit groups in rural towns, a reported rise in armed robberies in urban areas and increasingly daring attacks on security forces by pro-Biafran militants in the south-east have also all risen ([Guardian](#) 05/05/2021). Violent extremist groups such as Boko Haram and the Islamic State West Africa Province (ISWAP) have become even more deadly in recent months and are expanding their operations beyond the north-east of the country.

ESCALATING FARMER-HERDER CONFLICT DYNAMICS

Violence between Nigerian herders and farmers has escalated in recent times. The conflict has evolved from spontaneous reactions to provocations and now to deadlier planned attacks, particularly in Benue, Plateau, Adamawa, Nasarawa and Taraba states. Primarily affecting the middle belt and north-west states, clashes between farmers and herders over land have spurred the formation of ethnic militias, vigilante raids, and extrajudicial killings. The farmer-herder conflict has become Nigeria's gravest security challenge, now claiming far more lives than the Boko Haram insurgency. In the month of April 2021, for instance, 83 people died in the fighting between locals and pastoralists in three villages in Zamfara state ([The Economist](#) 22/05/2021). It has displaced hundreds of thousands and sharpened ethnic, regional, and religious polarization.

On 13 May 2021, a clash between neighboring Tiv and Fulani communities in Bali LGA in Taraba state led to a wave of population displacement ([IOM](#) 25/05/2021). Escalating insecurity and communal violence appear to be strengthening separatist movements across the country. Among those movements is the Indigenous People of

Biafra, a group that advocates an independent state in a part of Nigeria that tried to break away more than 50 years ago. In January, the separatist group, Indigenous People of Biafra, or IPOB, launched an armed security unit aimed to push back Fulani herders, who are often blamed for communal clashes in the region. In recent months, a Yoruba separatist group has appeared, calling for the creation of an independent state known as the Oduduwa Republic. The republic would include the southwestern parts of the country, including Nigeria's economic capital, Lagos ([VOA News](#) 25/05/2021).

A CONTROVERSIAL BAN ON OPEN GRAZING IN 27 STATES

Open grazing as an old practice of roaming ruminant animals in open fields, plains, and bushes in search of pasture or foliage triggered conflicts between host communities and migrant herders, leading to several deaths in many states across the country. Aside from deaths of different individuals, it led to loss of property worth millions of Naira and food shortages due to neglect of farmlands and destruction of crops. After many years of crisis between farmers and herders across various parts of Nigeria, the 17 southern governors on May 11 resolved to ban open grazing of cattle in their states. They expressed that the rationale for the ban on open grazing is that "development and population growth has put pressure on available land and increased the prospects of conflict between migrating herders and local populations in the South. Given this scenario, it becomes imperative to enforce the ban on open grazing in the South, including cattle movement to the South by foot". They recommended the Federal Government to support willing states to develop alternative and modern livestock management systems ([Guardian](#) 12/05/2021). However, Nigeria's Attorney-General of the Federation (AGF) opposed the southern governors' ban on open grazing, citing it as a dangerous provision for any governor in Nigeria to compromise on the population's freedom of movement ([Guardian](#) 20/05/2021). This was resonated in the president's statement read by the Senior

Special Assistant to the President on Media and Publicity, insisting that the governors' resolution is a violation of the constitutional right of Nigerians to live and do business in any part of the country, irrespective of such citizen's state of origin ([Vanguard](#) 25/05/2021).

Much as the move will reduce the issue of criminal herdsmen kidnapping by eliminating the alibi of staying in the forest in the guise of rearing cows, it is believed that this might only put a stop to the herders/farmers crisis in the South but triple in the north and middle Belt. Unless a compromise is reached between northern governors and their southern counterparts, the matter might trigger another crisis as the Fulani are expected to revolt should the plan come into action ([Premium](#) 30/05/2021).

SECURITY IN THE NORTHEAST REMAINS LARGELY VOLATILE WITH INCREASED ATTACKS

The security environment in the northeast continues to deteriorate, not only for civilians but also humanitarian actors. Across several Local Government Areas (LGAs) in Borno, Adamawa and Yobe (BAY) States, attacks continue to cause mass displacement and casualties among civilians, IDPs and returnees ([UNHCR](#), 13/05/2021). Barely a week after an attack on 23rd April where an estimated 150,000 residents of Geidam town fled their homes, NSAG launched repeated attacks on Kanama town, about 35 kilometers away, displacing almost the entire civilian population of about 30,000 people. Most of the displaced people took shelter in host communities across Yunusari, Bade, Damaturu, Nguru LGAs in Yobe while others transited

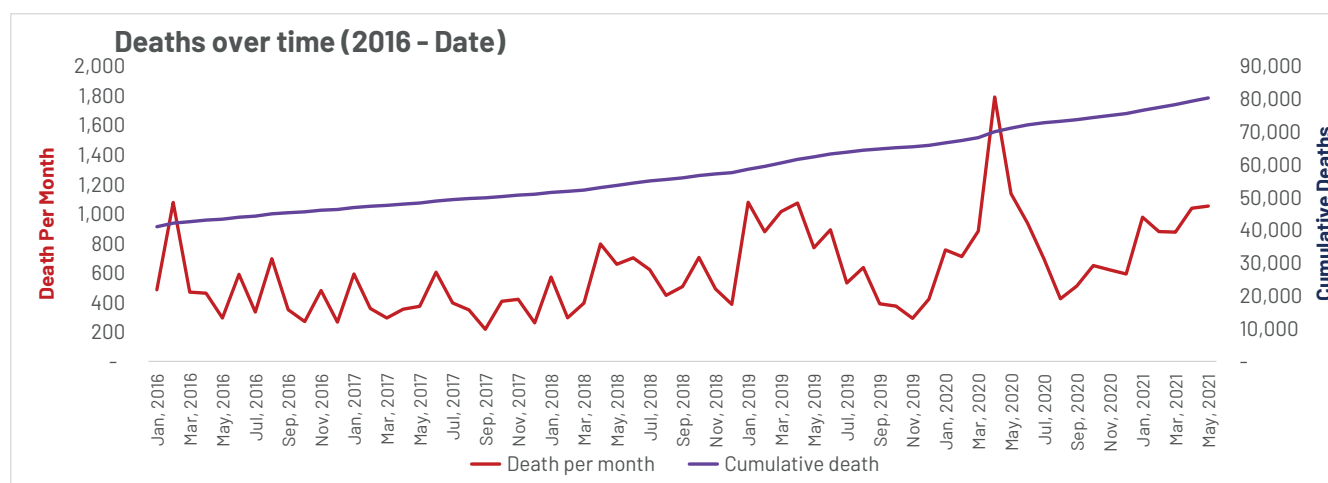
or crossed to neighboring states including Bauchi and Borno ([UN OCHA](#) 05/05/2021).

Massive population displacement and attacks on hospitals and PHC centers by the Non-state Armed Groups (NSAGs) are disrupting COVID-19 response and health services in affected LGAs (Geidam, Yunusari, and Gujba) of Yobe state. Insecurity and military operations are limiting contact tracing, active case search, and community sensitization. Bad geography is limiting access to remote communities to sustain COVID-19 prevention activities ([WHO](#) 04/05/2021).

The decade-long armed conflict in northeastern Nigeria has severely affected food production systems in this part of the country, with Adamawa, Borno and Yobe being the most affected states and experiencing high displacement, enormous human, social and economic losses, and high levels of acute food insecurity and malnutrition ([FAO](#) 10/05/2021).

According to the Nigeria Security Tracker ([NST](#)), the number of deaths caused by different political, economic and social grievances, has been on rise since 2011. Borno as the epicenter of Boko Haram registered a high number of deaths compared to the rest of other states in the region. Approximately, 33,891 deaths have been registered in Borno followed by 4,034 deaths in Adamawa and 3,062 deaths in Yobe since 2011. 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.

Figure 4. Death from Non-State Armed group actions

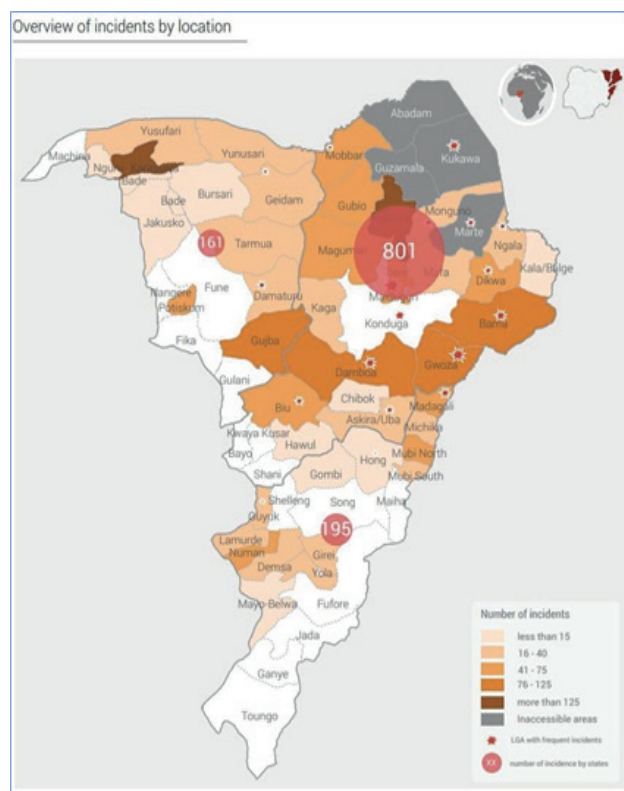


Source: [NST](#) 30/04/ 2021

4. Humanitarian Access

With the increased Non-State Armed Groups (NSAGs) attacks against civilians, humanitarian workers, and aid facilities has rendered humanitarian access in northeast Nigeria highly constrained. The situation has remained extremely volatile for humanitarian actors due to increased hostilities and military operations that have led to waves of mass displacement and continued to impact humanitarian operations. Since the beginning of Q1, NSAGs have increased their attacks on super-camps and military bases resulting in the highest number of attacks in a quarter by ISWAP since recording began. These increased attacks have reduced access and hindered the ability of humanitarians to provide services. The most significant attack by NSAGs in Dikwa town, forced the relocation of humanitarians and disrupted humanitarian services. The insecurity has delayed the rehabilitation of water systems, delivering essential WASH non-food items (NFIs) and chlorine for water purification and disinfection ([UNICEF 04/05/2021](#)).

Figure 5. An overview of security incidents in the BAY states.



The humanitarian access snapshot of April 2021 indicates that, approximately 1,157 access incidents from January – March 2021 in Borno, Adamawa and Yobe (BAY) states have been mounted by NSAGs that disrupted commercial and humanitarian traffic along key Main Supply Routes (MSRs) and in towns targeting humanitarian personnel, facilities and assets leading to the loss of lives of aid workers. This highlights the noticeable shift in the humanitarian operating environment where aid workers and humanitarian infrastructure are directly targeted. These access challenges continue to disrupt humanitarian operations in north-east Nigeria in locations where access continues to be limited and it is estimated that approximately 1 million people are living in inaccessible areas where humanitarian actors consistently seek to reach ([UN OCHA 30/04/2021](#)).

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SECURITY CHALLENGES RESTRAIN ACCESS IN THE DEEP FIELD LOCATIONS

The attacks on hospitals and PHC centers by the Non-state Armed Groups (NSAGs) are disrupting COVID-19 response and health services in affected LGAs (Geidam, Yunusari, and Gujba LGAs) and limiting access to remote communities to sustain COVID-19 prevention activities. In addition, the insecurity and military operations that result in mass displacement do limit contact tracing, active case search, and community sensitization in security compromised LGAs ([WHO 04/05/2021](#)). The recent security challenges have largely impeded humanitarian operations and access in critical locations like Dikwa and Monguno LGAs of Borno state. Several thousand IDPs are at risk of being cut off from urgent assistance and services ([IOM 12/05/2021](#)).

The availability of helicopters to field locations is currently very restricted due to space limitations, weather conditions and security concerns, which impacts humanitarian

operations ([WFP 05/05/2021](#)). The humanitarian cargo notification system operated by OCHA Nigeria continues to function well however cargo movements experience some delays due to increased military operations and restrictions on the quantity of fuel transported per organization. For

the MSRs where government clearances are mandated, the state government and Nigerian Armed Forces (NAF) are actively facilitating all levels of this process ([UN OCHA 30/04/2021](#)).

5. COVID-19 Epidemic Overview

NEW CASES CONTINUE TO DECLINE

Table 1. COVID-19 Nigeria (NCDC)

	Total samples tested	Total confirmed cases	Total active cases	Total discharged cases	Total deaths
Nigeria	2,150,581	166,315	7,686	156,55	2,071

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

	30-Jun	31-Jul	31-Aug	30-Sep	30-Oct	29-Nov	27-Dec	31-Jan	28-Feb	28-Mar	25-Apr	30-May
New cases per month	14,555	17,556	11,176	4,983	3,673	4,891	17,002	46,828	24,415	6,936	2,126	1,596
# of testing conducted					612,154	776,768	935,037	1,356,773	1,580,442	1,778,105	1,924,294	2,150,581
# Total Prevalence (confirmed cases)	25,133	42,689	53,865	58,848	62,521	67,412	84,414	131,242	155,657	162,593	164,719	166,315
# Total cases discharged	9,402	19,270	41,513	50,358	58,249	63,055	71,034	104,989	133,742	150,308	154,926	156,558
New Deaths	274	305	135	99	34	27	81	332	321	141	14	9
# Total deaths	573	878	1,013	1,112	1,146	1,173	1,2	1,586	1,907	2,048	2,062	2,071

New cases of COVID-19 declined by 25% in May (1,596), despite a 54.7% increase in testing conducted from 146,189 to 226,287. Hence, the cumulative number of cases in May reached 166,315 cases, while the positivity ratio further declined to 0.7, implying an incident rate of 1:143,000. Nine (9) new deaths were recorded in May, which represents a 65% decline, compared to figures reported for April (14). Most of these deaths (45%) occurred in Akwa Ibom, even though Lagos and Abuja remain the COVID-19 hotspots. Nigeria remains the second most severely affected country in Africa after South Africa.

POSITIVITY RATES DECLINED TO LESS THAN 1% AS TESTING FOR MAY INCREASED BY 55%

In the last four months (February - May), there has been a steady decline in the positivity rate recorded from 10.9

in February to 0.7 in May as indicated in the figure below. This decline in positive infections could be attributed to some states not sustaining enough testing rates, the reluctance among communities to be tested due to the stigmatization of testing, possible personnel shortages as staff are diverted to the ongoing vaccination roll out and insecurity preventing people from accessing tests.

Table 3: Positivity rates for the last four months

	February	March	April	May
Positivity rate	10.9	3.5	1.5	0.7
Testing	223,669	197,663	146,189	226,287

Although there was a trend of reduction in the number of tests conducted for February reducing from 223,669 to 146,189 in April, the tests for May increased to 226,287.

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

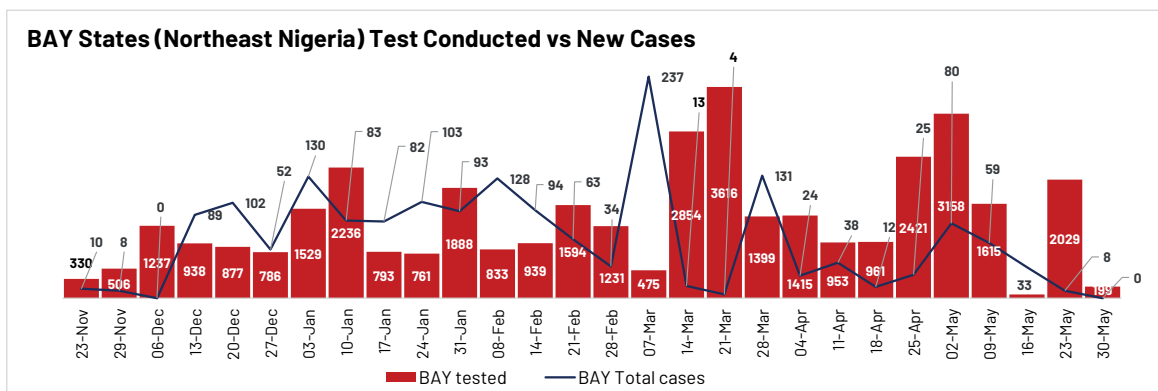
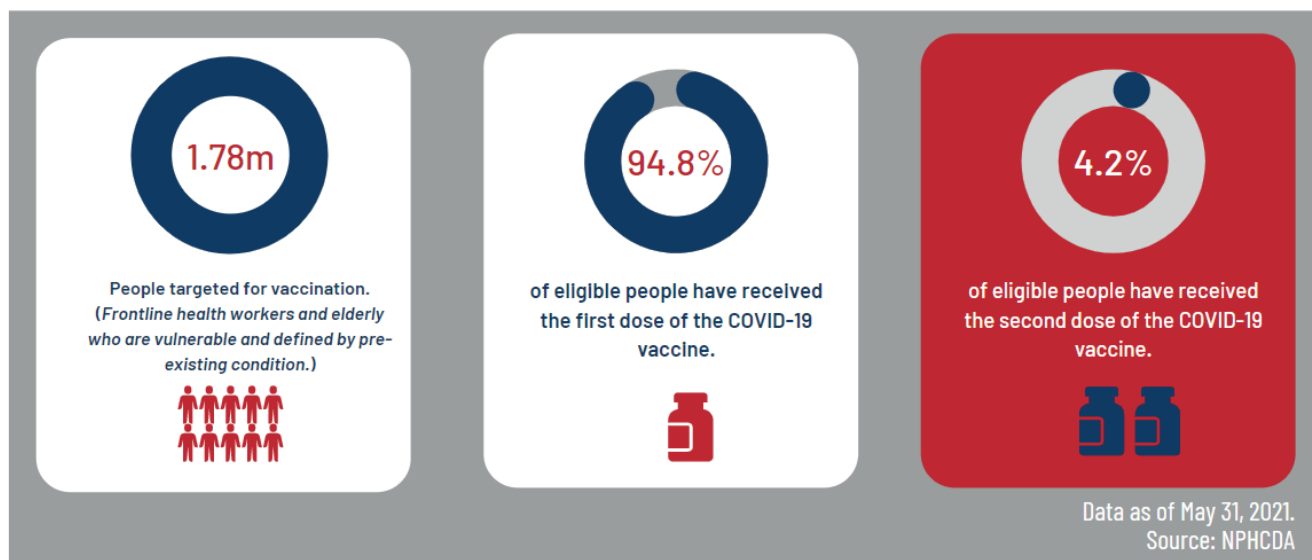
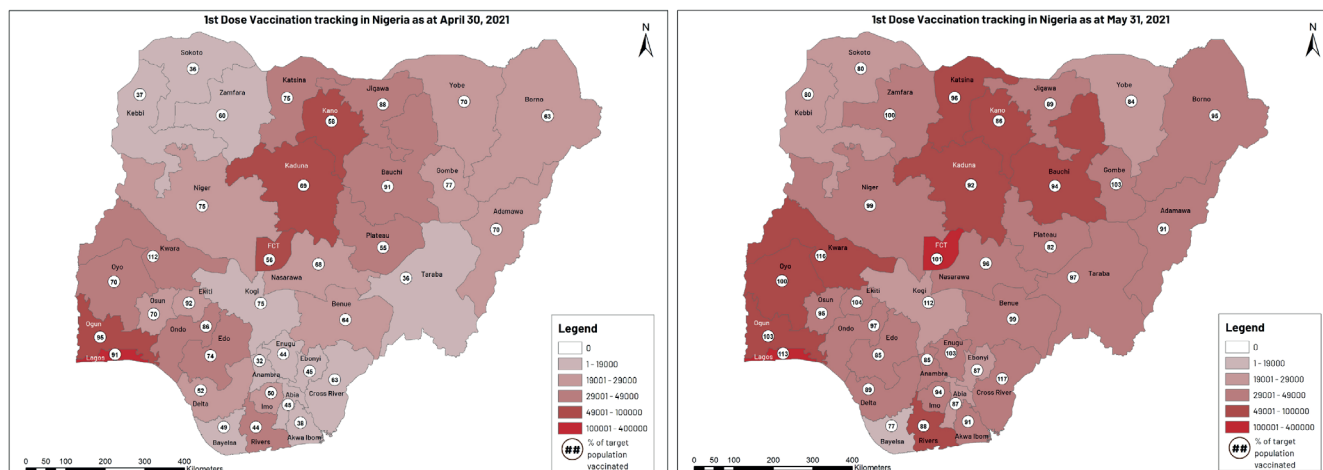


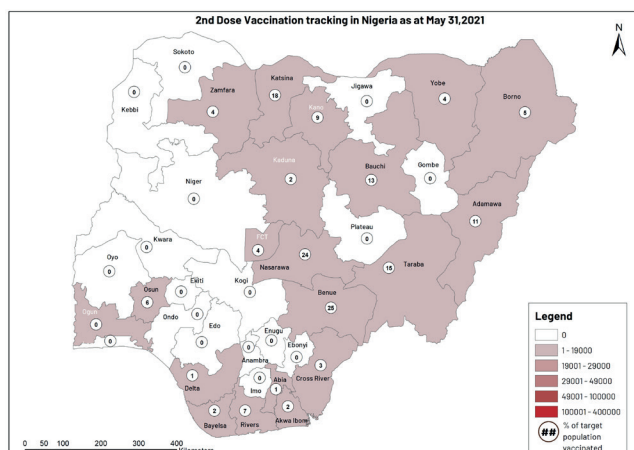
Figure 7. COVID-19 vaccination in Nigeria



Map 1. Timeline of COVID-19 Vaccination in Nigeria



Map 2. Timeline of COVID-19 Vaccination in Nigeria (2nd Dose)



BAY STATES OVERVIEW

In BAY states, 121 new cases were reported, representing about 8% of the national figure (1,596). New cases increased by 22.2% compared to April. The highest figure was reported in Yobe (67), which experienced a 13% decrease from the 77 cases reported in April, followed by Adamawa (54), about five-fold more of what was previously reported. No new cases were reported for Borno probably due to insufficient testing, which totaled 88 in May, representing just 1% of the total tests conducted in BAY states, and 87% decline compared to April.

The cumulative cases reached 2,911 in May, a 4% increase from April (2,790). The highest number of cases (46%) was reported in Borno, followed by Adamawa (39%) and Yobe (15%). No death was reported for the month in view in the BAY states.

No health-worker was reportedly infected by COVID-19 in May, hence the cumulative number of health workers infected has remained unchanged from what was reported in the previous month. Highest cases were reported in Borno (81), followed by Adamawa (61) and Yobe (19).

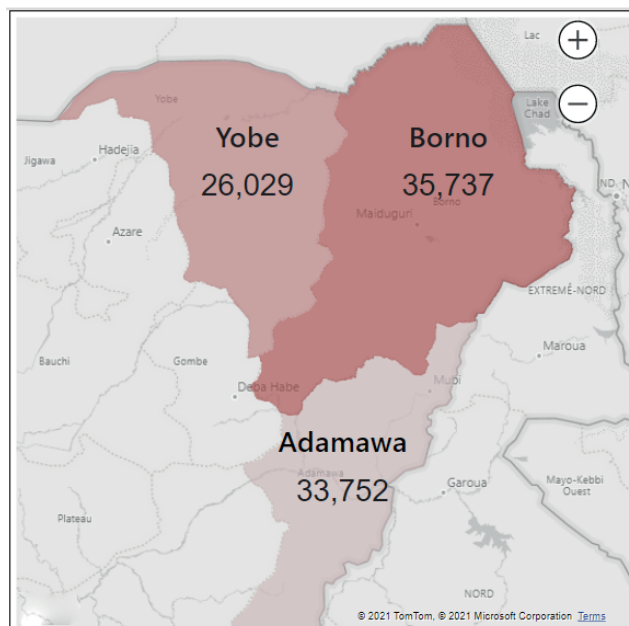
COVID-19 VACCINATION IN BAY STATES

Nigeria continued to make steady progress toward vaccination of its citizens with the 1st and 2nd doses of 3.92 million doses of the AstraZeneca vaccine delivered on March 2, 2021 through the COVAX scheme.

As of 31st May, the BAY states had reached 95,518 (97%) of its target population of 98,220. Borno State had the highest number of individuals of 35,737 (95%), which is 12,103 increase from what was reported in April (23,634) of those that were administered the first dose of the

vaccine, followed by Adamawa state with 33,752 (114% of the targeted 29,637), and Yobe, with 26,029 (84%). Borno accounts for approximately 37.34% of individuals vaccinated with the first dose in BAY states given the total target population of 98,220 in the BAY states. ([NPHCDA 31/05/2021](#)).

Figure 8. COVID-19 vaccination in Bay States



State	Target Population	People vaccinated (1st Dose)	% of people reached (1st Dose)	People Vaccinated (2nd Dose)	% of people reached (2nd Dose)
Adamawa	29,637	33,752	114%	3,765	13%
Borno	37,753	35,737	95%	1,609	4%
Yobe	30,827	26,029	84%	959	3%
Total	98,217	95,518	97%	6,333	6%

Source: ([NPHCDA 31/05/2021](#))

With the start of the UN vaccination campaign on 28th April 2021, about 931 staff members, 437 of their dependents, and 855 INGOs and implementing partners have received the first dose while the second dose has also commenced on 28th May 2021.

TESTING & CONTACT TRACING

In May, COVID-19 testing in the BAY states increased by 23%, passing from 5,750 to 7,065. Yobe accounted for 72% of these samples, which increased from 4,506 samples in April to 5,076. Adamawa accounted for 27% of the tests, with an increase from 578 samples in April to 1,903 in

May. In Borno however, testing was drastically reduced, falling from 666 in April to 86, and accounting for only 1% of testing throughout the BAY states.

Figure 9. Testing in BAY states

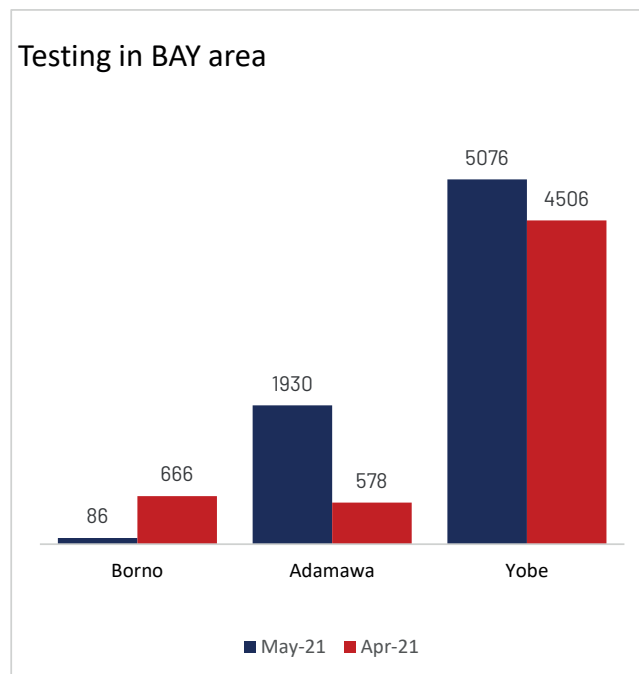
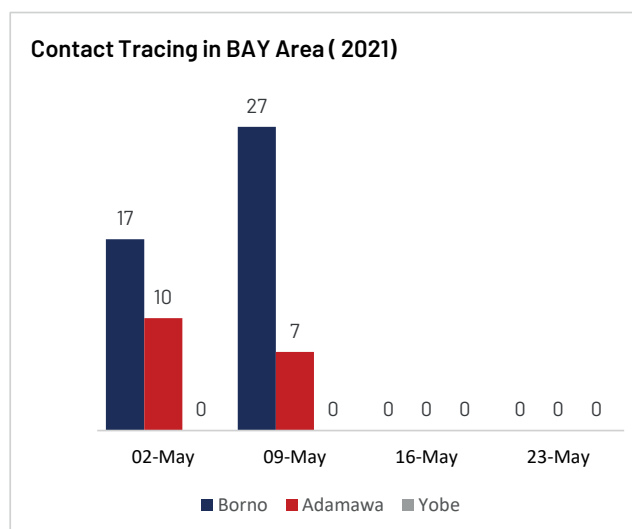


Figure 10. COVID-19 Contact Tracing in the BAY States



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

There was a decline in the number of contacts traced by 84% in May compared to the figure reported for April in BAY states from 379 to 61. A decline was reported in Borno from 115 to 17, while no contact tracing was reported in Yobe. Adamawa recorded increases from 19 to 44.

6. COVID-19 Containment Measures

APRIL COVID-19 HEALTH PROTECTION GUIDELINES STILL IN EFFECT

During the month of April, the government instituted the Phase 4 guidelines effective from 11th of May 2021, as a measure to mitigate the risk of a spike in new COVID-19 cases, while the nationwide vaccine rollout continues. Some of the reintroduced measures included: gatherings for worship or weddings at 50% capacity, closure of bars, nightclubs, pubs, event centers as well as recreational venues throughout the country, while indoor sports facilities remain closed until 11th June, 2021. A nationwide curfew is in place from 12 midnight till 4am, and civil servants on Grade level 12 and below continue to stay at home until 11th June, 2021. The proper use of face masks in all government premises remains mandatory. Finally, schools with accommodation facilities were asked to consider the use of approved Ag-Rapid Diagnostic Tests (RDT) ([NCDC](#) 10/05/2021, [Today Online](#) 11/05/2021)

IDP CAMPS CONTAINMENT MEASURES

In northeast Nigeria, measures are still taken to ensure that camp communities remain protected. These measures include the dissemination of IEC materials on protective measures to avoid infection, the isolation centers for new arrivals and handwashing stations. However, the challenge of social distancing in over congested camps remains ([Protection Sector Report](#) 04/05/2021).

NIGERIA GOVERNMENT MOVEMENT RESTRICTIONS

The Government of Nigeria imposed sanctions on 90 travelers arriving in Nigeria from Brazil, India and Turkey for evading the mandatory 7-day quarantine ([CGTN](#) 24/05/2021). It said that non-Nigerians who had travelled to any of the three countries in the previous 14 days would not be allowed into Nigeria ([The Premium Times](#) 07/05/2021). Also, banned congregational prayers at the National Eid ground in Abuja, restricting all Eid-el-Fitr prayers to

neighborhood Juma'at mosques ([TodayOnline](#) 11/05/2021). While official engagements, meetings and conferences will be held virtually and approved gatherings must be held with physical distancing measures and with other non-pharmaceutical measures in place" ([CGTN](#) 11/05/2021). Those aged 60 and above or with co-morbidities (e. g.

diabetes, cardiovascular disease) are strongly urged to stay home and avoid crowds ([NCDC](#) 10/05/2021). Also, the Presidential Steering Committee (PSC) has declared 108 arriving passengers from Brazil, Turkey, UAE and India, Persons Of Interest (POI) for violating COVID-19 quarantine protocol ([AllAfrica](#) 24/05/2021).

7. Information and Communication for COVID-19

CURTAILING THE SPREAD OF COVID-19 THROUGH AWARENESS

As part of efforts towards curtailing the spread of the COVID-19 pandemic in Nigeria, the federal government launched a sensitization campaign dubbed "Powerful H.A.N.D.S" translated as "H – Have your hands washed or sanitized frequently; A – Always cough or sneeze into your elbow; N – No going out without face mask; D – Distance of at least two arm's lengths should be maintained; S – Stay indoors and self-isolate if you feel sick". The campaign is targeted for select states (Oyo, Kano, Kaduna, Plateau, Rivers and the federal capital territory and FCT) with high COVID-19 cases in the country. This will last for an initial period of four months while communicating the main message that "THE POWER TO STOP COVID-19 IS IN OUR H.A.N.D.S" and the initiative, is a national social and behavior change campaign, is simpler to curb the spread of the virus.

As some countries are experiencing a surge in COVID-19 cases, Nigeria has continued to record low cases for almost three months. The United Nations Resident and Humanitarian Coordinator, Edward Kallon, said although the cases in Nigeria are reducing, the risk of transmission persists along with the emerging COVID-19 variants from countries such as India and South Africa. He said: "There is no better time than now to empower and encourage people to sustain the practice of preventive behaviors to protect themselves and loved ones from the scourge of COVID-19." ([The Premium Times](#) 20/05/2021).























FREE COVID-19 MENTAL HEALTH HELPLINE LAUNCHED











Nigeria launched a toll-free 24-hour helpline staffed with trained psychologists and counselors to focus on mental health issues as part of a joint effort between the government and a group of private counselors to address increasing mental health cases in the country.

Nigeria's Minister of Special Duties stated that the virus has done a lot of damage to societies across the world economically, socially, politically and health wise, and that is why counseling has become an important tool in helping people cope with the pandemic ([Voice of America](#) 18/05/2021).

COUNTER MISINFORMATION OF COVID 19 THROUGH STRATEGIC COMMUNICATION INITIATIVES IN BAY STATES

In Borno state, communities remain exposed to widespread misinformation regarding the COVID-19, inclining the population to believe that 5G networks can cause COVID-19, that the government is dropping chemicals from a jet to spread the pandemic, the virus can be cured by lemon, ginger, or garlic; and the Nigerian immune system is too strong to succumb to the virus; among many others. These rumors continue to provoke suspicion of the government, incite intercommunal conflict and stigmatization, and undermine vital attempts to protect vulnerable communities from COVID-19. In order to track these myths and redesign effective communication strategies, GASKIYA (Hausa for 'Truth') was conceived as an initiative to address COVID-19 myths through technology, to improve community-level behavioral change related to COVID-19 prevention measures through strategic risk communications in Borno State. The Gaskiya initiative incorporates push SMS and IVR messages to intake rumor submissions from truth champions (village volunteers), translate and transcribe the rumors, tag and categorize them, and send feedback to the community in partnership with Translators without Borders and Viamo ([Mercy Corps](#) 14/05/2021). In Yobe State, Infection Prevention and Control (IPC) conducted mass sensitization on COVID-19 during Eid-el-fitr celebration ([WHO](#) 25/05/2021).

- February 28 2020  ■ First case of COVID-19 confirmed in Nigeria
- March 18 2020  ■ Nigerian government bans hotspot countries
- March 19 2020  ■ Nigerian government shuts down schools
- March 31 2020  ■ Adamawa and Yobe states impose lockdown
Nigerian government imposes lockdown on hotspot states
- April 16 2020  ■ Isolation center opens in Borno state
- April 22 2020  ■ First case in Adamawa state recorded
First COVID-19 related death reported
Borno state imposes lockdown
- April 27 2020  ■ Nigerian government imposes nationwide travel ban, curfew and mandatory use of facemasks in public
- June 02 2020  ■ Reopening of worship centers
- July 01 2020  ■ Lifting of nationwide travel ban. Schools resumes for graduating students
- July 08 2020  ■ Resumption of domestic flights
- September 05 2020  ■ School resumption nationwide with COVID-19 guidelines in place
Resumption of international flights
- December 17 2020  ■ Second wave began with record high 1,145 daily cases
- December 24 2020  ■ New strain of COVID-19 separate from UK and South African variant discovered
- December 28 2021  ■ Nigerian Government introduces new containment measures.
- January 10 2021  ■ 100,000 COVID-19 cases milestone
- January 18 2021  ■ School resumption nationwide with COVID-19 guidelines
- January 25 2021  ■ UK Variant discovered in Nigeria
- February 15 2021  ■ 150,000 COVID-19 cases milestone
- February 27 2021  ■ One year since first case
- March 02 2021  ■ 3.94m doses of AstraZeneca vaccine arrive in Nigeria from the COVAX initiative
COVID-19 related deaths reached 2000
- March 05 2021  ■ First Vaccine dose administered. Frontline health workers and adults with pre-existing conditions among first target groups.
- March 06 2021  ■ Nigerian president receives first dose of COVID-19 vaccine.

- March 12 2021  ■ Vaccination rollout began across the country
- March 23 2021  ■ 122,000 vaccines administered
- April 26 2021  ■ Nigerian government introduces extra measures for passengers arriving from Brazil, India and Turkey.
- April 26 2021  ■ 1.19m vaccines administered nationwide. 65,986 vaccines administered in BAY state
- May 02 2021  ■ Nigerians ban travelers from India, Brazil and Turkey
- May 03 2021  ■ Lagos state government implements new protocols to prevent 3rd wave of COVID-19
- May 03 2021  ■ Nigerian Government re-imposes curfew and COVID-19 restrictions.
- May 13 2021  ■ WHO reports Indian variant of COVID-19 in Nigeria and the Nigeria government prepares to launch phase 2 of vaccination.
- May 18 2021  ■ Nigerian government and partners create free helpline to support those with COVID-19 mental health struggles.
- May 24 2021  ■ Nigeria imposes sanctions on 90 travelers who evaded mandatory quarantine and the Presidential Steering Committee (PSC) declared 108 arriving passengers from Brazil, Turkey, UAE and India, Persons Of Interest (POI) for violating COVID-19 quarantine protocol.

8. Overview of Impact and Humanitarian Conditions

With the COVID-19 infection rate still falling, the most significant driver for the crisis continues to be the continuing NSAG attacks, in particular the most recent attacks in Yobe state which displaced upwards of 150,000 people. Insecurity is also impacting the ability of humanitarian actors to reach some of the more remote locations, while the pressure on air cargo has also increased.

With the transition into lean season, the region will see a significant rise in the number of households facing food insecurity. Rains are also expected, further impacting the ability of humanitarian actors to navigate the road system, but positively this also usually makes it harder for NSAG to launch large-scale attacks. Rainy season can also bring flooding and disease, therefore increased pressure will be expected on the WASH sector.

Conflict and displacement continue to negatively impact access to livelihoods, with access to land particularly affected in hard-to-reach areas and areas of return.

As the northeast enters lean season 4.4 million people are projected to face food insecurity with small populations most heavily affected by conflict at risk of being pushed into IPC Phase 5. Although the headline inflation rate is dropping, prices for basic foodstuffs continue to increase driven by low market stocks and increased reliance on markets.

Malaria and Acute Respiratory Infection (ARI) continue to be the main cause of morbidity in the BAY states and the recent measles outbreak continues but the rate of new infections is decreasing. Loss of health infrastructure continues due to damage from NSAG attacks and increased displacements add to pressure on already overstretched health services.

A recent nutrition survey in central Borno points to a small decrease in acute malnutrition rates, but overall stunting (chronic malnutrition) rates remain unchanged. Food insecurity, poor dietary diversity and poor infant and young child feeding practices have been identified as causal factors for malnutrition.

WASH needs are expected to increase as the region moves into the rainy season. With pressure from increasing levels of displacement, IDP sites (in both camps and host communities) will see WASH resources stretched. The latest DTM report indicates that for the majority of sites, latrines are rated as “not so good” in terms of cleanliness, which is concerning considering the danger of diseases such as cholera. In addition, the latest data from hard-to-reach areas indicates that WASH facilities for these communities are also in poor shape.

Shelter and NFI needs are increasing due to displacement caused by NSAG attacks. In addition, many shelters and belongings were damaged or destroyed by fire as the hot season came to an end. With many households now living in makeshift shelters and recent displacements leading to

overcrowding, the oncoming rainy season brings the risk of disease and exposure.

NSAG attacks continue to be a significant driver of protection issues, with many of those in hard-to-reach areas citing attack or abduction by armed groups as their top protection issue. The prevalence of Sexual and Gender-Based Violence (SGBV) combined by the lack of access to support services continues to be a major concern.

School attendance appears to be close to pre-COVID-19 levels in the BAY states based on DTM data. However, a recent school survey highlighted major shortfalls in COVID-19 prevention measures, particularly in public schools.

9. Information Sources and Gaps

Food security data is mostly unchanged since the previous report using the March [Cadre Harmonise report](#), the latest [FEWS net](#) outlook from April as well as the [IPC Acute Malnutrition](#) analysis. Nutrition surveillance in Borno state was taken from the [ISDR bulletins](#), with comprehensive overall nutrition data (for the BAY states) drawn from the [Nutrition and food security surveillance \(Round 9\) report](#) for which data collection took place in October 2020. However a [SMART survey](#) conducted by Save the Children covering four LGAs in Central Borno from February was also available.

Health data is drawn from the most recent [ISDR reports](#), [measles tracking](#) and the [April health bulletin](#). There is limited data for other impacts such as the state of infrastructure other than that flagged in flash reports and similar updates on NSAG attacks.

Shelter and WASH data uses the regular [CCCM update](#) along with [DTM round 36](#) (data collected in February), alongside an in-depth assessment of [WASH infrastructure in the Maiduguri Metropolitan City](#).

For education extensive data across the whole of Nigeria regarding school reopening and adherence to COVID-19 prevention protocols is provided by a [nationwide survey](#) with data [DTM round 36](#) compared to similar data from 2020 to give some idea of school attendance. For more accurate analysis it would be necessary to get concrete data on school attendance as opposed to KI estimates.

Protection data is somewhat limited. Trends for [2020 were drawn from the 2020 Protection Sector Annual Report](#) as well as a [press release from Women under Siege](#).

Reports from [UN OCHA](#), [IOM](#) and the latest operation update from [UNHCR](#) give details of recent NSAG attacks.

For hard-to-reach areas data for most sectors was provided through REACH perception surveys carried out in February.

May is a transition month as the hot season draws to a close (there were multiple fire reports for this month) and the lean season begins (which will also bring some rainfall). Without the in-depth household level data (of the type provided by the [MSNA](#) and [ENA](#)), it is more difficult to analyse accurately the current humanitarian needs and lingering effects of COVID-19 containment measures on the economy, livelihoods and food security situation. In depth mapping of WASH infrastructure is beginning to provide a concrete picture of WASH needs, but continued displacement, damage due to climatic factors as well as conflict will also mean needs can fluctuate on a week to week basis. Data from more in-depth sources also tends to have a 2 - 3 month lag and this should be considered when utilising the analysis on humanitarian needs.

10. Sectors



Livelihoods

OVERVIEW AND SOURCES

Analysis of factors impacting livelihoods in the northeast is mainly drawn from the latest [FEWS Net Nigeria Food Security Outlook](#) (April) as well as overall economic data (see economic section). Although the overall Nigeria economy seems to be moving towards recovery after the pandemic, many factors are still negatively affecting livelihoods and household incomes in the northeast. The latest [Reach Livelihood Factsheet](#) for hard-to-reach areas (February) shows a widespread curtailment of livelihood activities. The latest [Displacement Report Round 36](#) (February) provides information on access to livelihoods for IDPs and returnees which still remain constrained.

LIVELIHOOD OPPORTUNITIES REMAIN LIMITED FOR IDPS

The overall profile of livelihood activities remains relatively unchanged for IDPs in northeast Nigeria. Camp-based IDPs cite petty trading as the main occupation (37% of sites), followed by casual labor (30%) and farming (24%). For those in host communities there is more access to land for farming and as such farming is the main occupation identified in 62% of sites, followed by petty trade (14%) and daily laborer (14%). IDP households in camps are therefore more reliant on activities outside of subsistence farming to generate income ([IOM](#) 19/05/2021).

Increasing levels of conflict in the Northeast is limiting humanitarian activities, agricultural labor activities, as well as the ongoing dry season harvest and these factors are all having a negative impact on household purchasing power. In addition, although the overall economic situation in Nigeria is improving (see economic overview), the price of basic foodstuffs continues to rise putting pressure on household incomes ([FEWS Net](#) 30/04/2021, [Naira metrics](#) 30/05/2021).

Attacks during the last 3 months in Damasak, Dikwa, and Marte LGAs in Borno State along with similar attacks on Geidam LGA in Yobe state have led to the displacement of tens of thousands of already vulnerable households. Sourcing income is particularly challenging for newly displaced IDPs who are faced with finding somewhere new to live and registering for humanitarian aid; they will also have lost many of the few assets they owned due to

the displacement ([FEWS Net](#) 30/04/2021).

Even for the many households in areas less affected by conflict in the Northeast with functional markets and with the ability to engage in normal livelihood activities, it is likely the impact of economic and security constraints will result in this happening at below-average levels ([FEWS Net](#) 30/04/2021).

ACCESS TO LIVELIHOOD ACTIVITIES IN HARD-TO-REACH AREAS IS SEVERELY CURTAILED

After a brief uptick in January, settlements in H2R areas are reporting widespread curtailment to livelihood activities. In February, over 80% of settlements in 14 LGAs (out of 17) across Adamawa and Borno states reported that they were not able to engage in their normal livelihood activities, and for the other 3 LGAs the proportion of settlements reporting the same issues was between 41 – 80%. Subsistence farming was the most common livelihood activity (reported by 78% of settlements), followed by livestock rearing (49%) and casual labor (35%). Hunting, market trading, and fishing were also cited.

Conflict and the fear of being attacked/abducted (as outlined in the Protection section) are limiting access to farmland and also opportunities for work as casual labor (which is often related to agriculture). Lack of access to markets also prevents households from trading livestock or other goods, and in 5 of the LGAs surveyed, none of the settlements reported that people have access to a functional market within walking distance (Abadam, Askira/Uba, Guzamala, Mafa, Ngala). Of the other LGAs surveyed, 7 reported that only 1-20% of settlements had similar access to markets, with only 5 reporting that over 20% of settlements have access to a functional market within walking distance.

Although different LGAs, and settlements within the LGAs are surveyed each month (making direct comparisons impossible), with several hundred settlement assessed each month, conclusions about the overall trend can be drawn and it is worrying that such a large proportion of settlements are reporting issues with livelihoods given that they do not have access to humanitarian aid. These households are therefore particularly vulnerable as the

region moves into lean season ([REACH](#) 18/05/2021).

RETURNEES FACE BARRIERS TO ACCESSING LIVELIHOODS

The vast majority of return locations cited farming as the main livelihood activity (97%), petty trade (2%) and fishing activities (1%) the other activities mentioned. However, access to farmland was available in only 84% of the locations assessed (down by 9% compared to Round 35 conducted in December). This may in some part be due to an increase in returnees (an increase of 20,470 individuals since the previous round) and therefore an increase in locations in areas such as Gwoza and Bama LGAs where there are still significant security constraints. In addition the upsurge in NSAG activity may now prevent many close to the affected areas to feel safe when accessing farmland, or they may be prevented from doing so by security forces.

Only 21% of locations where returnees have settled had markets nearby while 79% had no market facilities, therefore impacting access to livelihood opportunities that depend on markets ([IOM](#) 19/05/2021).

In Geidam and Kanamma where people are returning after displacement due to attack, livelihoods are likely to be constrained. A recent assessment conducted by SEMA and OCHA among the IDPs highlights the loss or temporary suspension of livelihood activities due to the displacement. Most of the displaced are farmers, fishermen and petty traders and 47% of the respondents to the survey stated that they don't have access to markets in their place of displacement (Early Recovery 28/06/2021).

Food Security

OVERVIEW AND SOURCES

The latest [Cadre Harmonise report](#) projected that 4.37 million people will be food insecure (Phases 3 – 5) for the coming lean season (June – August 2021), with those in Hard-to-Reach (H2R) areas likely the worst affected. This represents a small increase compared to the lean season in 2020 (4.30 million). More information on the situation in H2R areas is provided by the latest [Reach H2R](#)

[Food Security and Livelihood Factsheet February](#). Conflict and insecurity affecting market access, farming and the delivery of humanitarian assistance were flagged as the main drivers of food insecurity in the north-east by the [April food security outlook](#) from FEWS NET and a synopsis of other drivers is provided by the [FAO April overview](#).

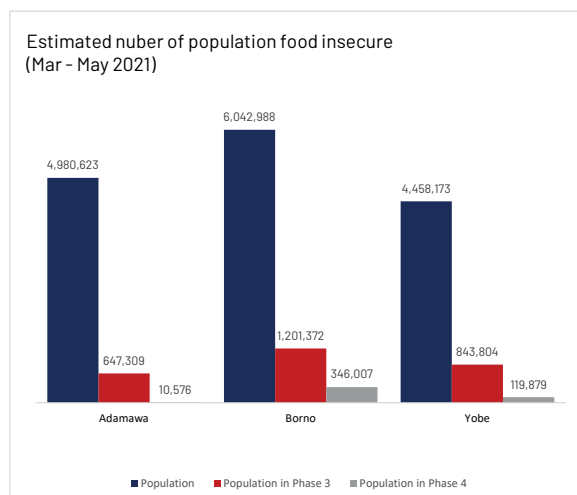
Information specific to central Borno is provided by the [Save the Children nutrition focused SMART survey](#) showing a high prevalence of poor household diet diversity and the widespread use of coping mechanisms to meet household food needs.

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

Crisis affected populations across the BAY states mainly face IPC 2 (stressed), IPC 3 (crisis) and IPC 4 (emergency) food security outcomes. Households in displacement camps, where there is good food access due to ongoing humanitarian assistance, mostly have ongoing stressed (IPC Phase 2) outcomes; the situation is similar for those close to city centers such as Maiduguri, where households have incomes and are able to purchase food. Where access to humanitarian assistance is limited (some host communities or returnee populations), those who rely mainly on their own production and (likely limited) market access, are generally facing the Crisis phase of food insecurity (IPC Phase 3). Households in inaccessible areas, mainly in Borno state, where there is increased reliance on foraging and no access to humanitarian assistance, face large food consumption gaps and are in Emergency (IPC Phase 4) ([FEWS Net](#) 30/04/2021).

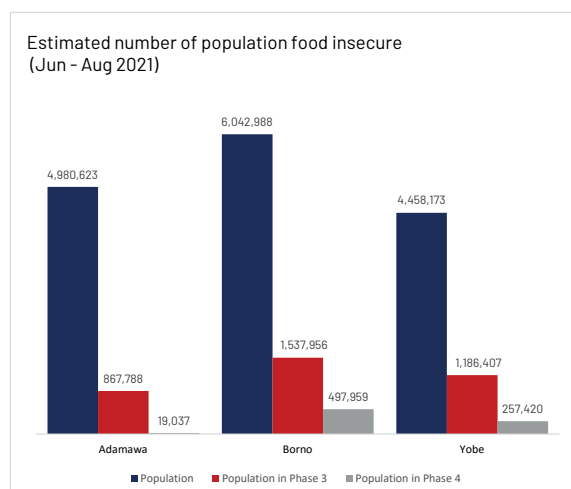
In terms of scale, the most recent Cadre Harmonise (CH) ([March 2021](#)) indicates that there are approximately 3.17 million food insecure people in the BAY states, including almost half a million at emergency level (Phase 4) – Table 3. Borno state continues to be the worst affected state in the BAY area. All LGAs in Borno state are facing Emergency levels of acute food insecurity (Phase 4), while almost all LGAs of Adamawa state are facing Stressed levels (Phase 2), except Madagali (Phase 4) and Yola North and South LGAs (Phase 3). Similarly, in Yobe State, most LGAs are either facing Stressed (IPC Phase 2) or Crisis (Phase 3) levels of acute food insecurity.

Figure 11. Estimation of population per phase of food and nutrition insecurity in the current situation (March to May 2021) the BAY States



As the northeast moves into lean season (June – August 2021), it is projected that food insecurity will rise with up to 4.4 million people requiring food assistance in the BAY States. Approximately 775,000 people will face emergency (IPC Phase 4), representing a 16% year-on-year increase. The number of LGAs where the population will face Crisis levels (IPC Phase 3) acute food insecurity is expected to double during the lean season and 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 (IPC Phase 4) of food and nutrition insecurity ([NPFS 18/03/2020](#), [FEWS NET 16/11/2020](#)).

Figure 12. Estimation of population per phase of food and nutrition insecurity in the projected situation (June – August 2021) the BAY States



For inaccessible areas, whilst no population or area was classified in Famine levels, IPC Phase 5, food consumption patterns indicate that less than 10% of the population 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](#)).

INSECURITY AND CLIMATE CHANGE DRIVE FOOD INSECURITY

Increased insecurity and displacements in the BAY State is affecting food insecurity and food production, putting a burden on the host communities. The conflict prevents households from engaging in farming or other income generating activities and prevents access to markets for buying and selling of produce. Of most concern is the suspension of humanitarian assistance following attacks, most recently in April 2021 in Damasak, where many of the households rely on humanitarian aid for their basic needs.

In addition, climate change and variability exacerbates the burden placed on the host communities, by limiting access to farmland and other resources, affecting the food production and food security in the region, already experiencing high levels of acute food insecurity and huge social and economic losses. Weather-related disasters (drought, floods), as well as pests and diseases have also led to reduced crop yields and livestock productivity, further aggravating the food security situation in the area, leaving the majority of the affected population to rely on humanitarian assistance ([FAO 10/05/2021](#)).

In the H2R areas of Adamawa and Borno states the picture is similar with conflict as a major barrier to food and farming. Most of the settlements assessed in February reported either no access to food or very little access to food. In 7 LGAs (Abadam, Ngala, Mafa, Jere, Damboa, Askira Uba and Madagali) none of the assessed settlements were able to report that most people had access to enough food. Of the other 10 LGAs analysed, only Kukawa, Guzamala and Magumeri reported that in over 20% of the assessed settlements most people had enough access to food ([REACH 18/05/2021](#)). "Farmlands destroyed by conflict" was [given](#) as the main reason for food shortages, alongside "natural causes", both reasons reported by 26% of the assessed settlements. Other reasons included "unsafe access to farmland" (17%) and "small land to farm on" (15%) ([REACH 18/05/2021](#)).

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

The effects of COVID-19 and related containment measures further fragilized the economic situation of many communities, resulting in significant income losses, trade disruptions and rising food prices ([FAO](#) 10/05/2021). Underpinned by the insecurity and Nigeria's Dollar crunch, the inflationary pressure on food prices continues to contribute to food insecurity throughout northeast Nigeria, particularly as the lean season approaches and more households seasonally rely on markets for their food needs. While market stocks slightly increased following the start of the dry season harvest in April, market demand remains high. Due to the below-average 2020/21 harvest, high levels of conflict and trade disruptions, households further relied on markets, driving up food prices. In February 2021, purchasing food was the main source of food across three out of four surveyed LGAs in Borno state by Save the Children (Jere, Mafa and Maiduguri) ([Save the Children](#) 10/05/2021).

Despite the continued reduction in inflation in April, reaching 22.72% compared to 22.95% in March according to the NBS Consumer Price Index, the prices for basic food items continue to rise in the country ([The Premium Times](#) 17/05/2021). Food inflation continues to be driven by the increasing price of essential food items like bread, cereals, vegetables, oils, fruits, meat, egg ([Vanguard](#) 28/05/2021), as well as high petrol price, standing at 166 NGN/liter in February, driving up transportation costs. Staple food prices across all monitored markets remain significantly above last year and the five-year average for all commodities. Staple food prices are expected to further increase, with peak staple food prices during the lean season from June to August ([FEWS Net](#) 30/04/2021).

HIGH RELIANCE ON COPING MECHANISMS IN CENTRAL BORNO

According to the Nutrition survey conducted by Save the Children in February across four LGAs in Borno state (MMC, Mafa, Jere and Konduga), the use of food-based coping strategies was mostly reported in Jere, MMC and Mafa LGAs. While Mafa LGA recorded the highest level of acute food insecurity among the surveyed LGAs, Crisis levels (IPC 3), 42% of households reported relying on coping mechanisms to meet households' food needs, compared to about 55% for both Jere and MMC LGA. Somewhat surprisingly only 24% of households in neighboring Konduga LGA mentioned using coping strategies.

Across the surveyed LGAs, households reported reducing the number of meals per day, limiting portion size, prioritizing children's consumption over adults, relying on less preferred and less expensive food and finally borrowing food or relying on help from friends and family as the main coping mechanisms used ([Save the Children](#) 10/05/2021).

HIGH RELIANCE ON FOOD AID AMONG IDPS BUT SIGNIFICANT GAPS IN SUPPORT REMAIN

With high food needs and reliance on humanitarian aid, the provision of food support to displaced populations is critical. While food support is available to most, not all IDPs are reached. The 36 Round of DTM assessment in northeast Nigeria showed that the overall provision of food support in camps and camps-like settings did not evolve significantly compared to the last round. However, the provision of food support in host communities significantly differed in Yobe and Taraba states.

In camps and camps-like settings, while 86% of IDPs in the sites surveyed cited food as the main unmet need, food support was only available onsite in 42% of camp and camp-like settings and 38% off site, similar rates to the last assessment. However, of most concern is that no food support at all continues to be reported in 19% of sites within Borno (home to approximately 900,000 camp-based IDPs). The percentages were higher in Taraba (60%) and Yobe states (22%), but the population of camp-based IDPs is small (approximately 11,000 and 16,000 IDPs respectively) ([IOM](#) 19/05/2021).

Among host communities, food support for IDPs is reportedly available on-site in 49% of the locations assessed, and off-site in 27%. Still concerning is the high level of non-supported households, with more than a quarter of locations (27%) where no food support available. In Adamawa and Borno states, respectively 35% and 28% of sites do not have access to food support. Provision of food support in Yobe state improved, with 26% of locations mentioning no food support compared to 68% in the last round ([IOM](#) 19/05/2021).

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

In areas considered 'hard-to-reach' (H2R) or deemed 'no go' areas amid security concerns, households are cut off from humanitarian assistance and face large food consumption gaps, having little to no food stock and limited market access. As a result, most are expected to remain in Emergency (IPC Phase 4) acute food insecurity. Overall, in the BAY states, approximately 750,000 people living in completely or partially inaccessible communities face acute food insecurity. The vast majority of these live in Borno state ([FEWS NET](#) 05/04/2021).

As vulnerable households have less access to basic services and humanitarian assistance, households in H2R areas increasingly rely on their own production or foraging ([FEWS Net](#) 30/04/2021). In February, the majority of the assessed settlements (84%) reported that cultivated food was their main source of food, followed by foraging wild food, reported by 14% of the settlements ([REACH](#) 18/05/2021).

SEVERE HUNGER WIDESPREAD IN H2R SETTLEMENTS

In H2R settlements, severe hunger was frequently reported. Severe hunger was reported by about 80% of settlements in Abadam, Ngala and Gwoza LGAs, due to lack of access to food. Approximately 50% of assessed settlements in Kala Balge and Konduga LGAs reported similar issue and severity ([REACH](#) 18/05/2021).

A risk IPC Phase 5 persists in northeast Nigeria, as the LGAs containing H2R areas in Borno (Bama, Dikwa, Gwoza, Marte), Adamawa (Madagali), and Yobe (Gujba and Gulani) continue to face severe food consumption gaps, due to limited access to farmlands, markets, health facilities, water and livelihoods ([WFP](#) 26/05/2021). If households continue to have reduced food access and humanitarian remains limited for a prolonged period of time, IPC Phase 5 could be recorded in H2R areas ([FEWS Net](#) 30/04/2021).

HIGH RELIANCE ON EXTREME FOOD-COPING MECHANISMS

As well as the lack of food, a widespread presence of these negative food coping strategies was reported. Households

in H2R areas of Borno and Adamawa states continue to be reliant on wild food that is not part of their usual diet. Out of the 17 assessed LGAs in 10 LGAs, more than 40% of the settlements reported eating wild foods. The situation was even more severe in Marte, Jere, Gwoza, Dikwa and Kala Balge LGAs, where 81 to 100% of the settlements reported such extreme coping mechanism. Bama, Abadam, Askira Uba and Magumeri LGAs recorded even higher rates compared to January, while the situation improved in Konduga and Ngala LGAs ([REACH](#) 18/05/2021).

Eating one meal per day or for not eating an entire day were also widely reported. Except in 4 LGAs (Kukawa, Jere, Damboa and Askira Uba), in all other assessed LGAs of Borno and Adamawa states, at least some of the settlements reported that most people eat one meal per day or less. In Gwoza LGA, the situation worsened in February with 81 to 100% of the settlements reporting that most people were eating one meal per day or less as a coping strategy. Similarly, in Madagali and Abadam LGAs, higher rates of reliance of this coping mechanism, with in February 61 to 80% and 41 to 60% of the assessed settlements respectively mentioning it. Similarly, out of 17 assessed LGAs, communities in 13 LGAs settlements reported that people would go an entire day without eating as a coping strategy. The situation was more severe in Jere and Madagali LGAs, where 41 to 60% of the settlements reported going an entire day without eating ([REACH](#) 18/05/2021).



Health

OVERVIEW AND SOURCES

Integrated Disease Surveillance and Response (IDSR) reports ([IDSR wk16](#), [IDSR wk17](#), [IDSR wk18](#), [IDSR wk19](#)) show that malaria cases have declined though malaria is still the main cause of morbidity. Acute Respiratory Infections (ARI) have increased and continue to be the second largest known cause of morbidity. As the hot season continued throughout May the drop in malaria is to be expected, but this could change once the rainy season begins. Health issues in Hard-to-Reach (H2R) areas were provided by the [REACH report](#) covering February and were in line with overall findings although access to health services remains poor and could be declining. WHO provides details of the measles outbreak via weekly reports ([WHO wk16](#), [WHO wk17](#), [WHO wk18](#), [WHO wk19](#)) which show a steady decrease in measles cases with most cases confined to Maiduguri as a reactive vaccination campaign is rolled out across 7 LGAs.

The latest (April) [health sector bulletin](#) provides an overview of the response and continues to flag that the unpredictable security situation is continuing to hamper the movements of health workers, drugs and other medical supplies. Also, the continuous population displacements and influx of returnees and/or refugees disrupting are further challenging health programs implementation. A recent [WHO press release](#) also flags the high rate of newborn deaths in Nigeria. Local media highlights the worsening mental health situation due to the COVID-19 pandemic ([The Sun](#), [VOA](#)), as well as issues around HIV mother-to-child transmission ([The Premium Times](#)). Finally details of the impact on health services by recent NSAG attacks are covered via [OCHA flash reports](#).

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

Malaria continues to be the main cause of morbidity, despite a decrease of cases by 15% compared to the previous month. The cumulative caseload for Malaria in Borno State is 114,056, with a morbidity rate of 13.3%. Over the last four weeks (W16-W19), the weekly case numbers ranged from 3,360 to 4,587, with an average of 3,765 cases per week. This compares with an average case per week of 4,446 for the last month (W12-W15) ([IDSR](#) 25/05/2021). The reduction in malaria cases is corroborated by camp data where the percentage of managed camps reporting malaria has decreased to 26% in the first half of May from 29% reported in the first half of last month (April) ([CCCM](#) 21/05/2021, [CCCM](#) 23/04/2021). For IDPs in host communities, malaria was cited as the most common health problem in 53% of sites (data collected in February), down from 71% in the previous round (December) ([IOM DTM](#) 19/05/2021). As the rains return it will be usual to see malaria cases increase again.

Of identified causes, ARI is the next biggest cause with a cumulative caseload of 161,491 and a morbidity rate of 18.8%. The average weekly cases for the month have increased by 7% compared to the previous month with weekly case numbers (W16-W19) ranging from 4,297 to 6,514, with an average of 5,467 cases per week. This compares with an average case per week of 5,888 for the last month (W12-W15) ([IDSR](#) 25/05/2021).

The average weekly cases of Acute Watery Diarrhoea (AWD) for the month have increased by 18% compared to the previous month. The cumulative caseload for AWD is 12,614, with a morbidity rate of 1.5%. Over the last four weeks (W16-W19), the weekly case numbers ranged from 382 to 546, with an average of 460 cases per week. This compares with an average case per week of 391 for the

last month (W12-W15) ([IDSR](#) 25/05/2021).

This month a wider survey of H2R areas in Adamawa and Borno covered 17 LGAs and found that the primary health concern continues to be malaria or fever (65%), followed by malnutrition (17%) and waterborne diseases (8%). These overall findings are similar to the previous month, however data varied between the LGAs with 100% of the assessed settlements in Damboa and Jere perceiving malaria or fever as the main health problem. However, waterborne diseases were cited as the main health problem in 40% of the assessed settlements in Ngala and 33% of the assessed settlements in Abadam ([REACH](#) 18/05/2021).

ISDR reporting for weeks 16 to 19 has improved compared to recent weeks but still ranged from 60 – 76% completeness, well below the 80% target ([IDSR](#) 04/05/2021, [IDSR](#) 11/05/2021, [IDSR](#) 18/05/2021, [IDSR](#) 25/05/2021).

MEASLES CASES DECLINE AS VACCINATION CAMPAIGN ROLLED OUT

Although the measles outbreak continues, the number of suspected cases of measles has declined week by week through the reporting period, with 711 suspected cases recorded in W15, declining to 491 in W19 with the total number of cases standing at 5,902 with 72 deaths and a case fatality rate of 1.28%. The LGAs worst affected are Maiduguri (over 200 cases) and Jere (100 cases), with Magumeri and Konduga reporting approximately 25 cases each. There has also been a measles outbreak reported in Dikwa during mid-May which led to the death of 5 children (3 in Klagaru and 2 in Sangaya Camps), although this information may yet to be incorporated into surveillance figures ([IOM](#) 24/05/2021).

Based on the recent SMART nutrition survey of 4 LGAs in Borno (Jere, Konduga, Mafa, and MMC), the highest coverage of measles vaccination among children (9-59 months) was reported in MMC (78.1%) followed by Konduga (73.6%) and Mafa (62%). However, the measles vaccination was below the national target of 90% across the surveyed LGAs of Borno. Insecurity has hindered the delivery of lifesaving routine vaccines in Borno leading to occurrence of suspected measles cases in unvaccinated communities and is a contributing factor to the spread of measles during the recent outbreak. However, in the last half of April, more than 740,000 children were vaccinated in the 7 LGAs in Borno during the Measles reactive vaccination campaign with a coverage of 97.3%. ([Save the Children](#) 10/05/2021, [WHO](#) 25/04/2021, [WHO](#) 14/05/2021, [WHO](#) 10/05/2021, [WHO](#) 26/05/2021, [IDSR](#) 04/05/2021, [IDSR](#) 11/05/2021, [IDSR](#) 18/05/2021, [IDSR](#) 25/05/2021).

HEALTH SERVICE ACCESS IS POOR IN HARD-TO-REACH AREAS AND IN AREAS OF RETURN

Out of 17 assessed LGAs in H2R areas in Borno and Adamawa, not a single assessed settlement in Borno LGAs reported a functional health care service within a day's reach (data collected in February). In January 2021, even though it was minimal, several settlements did report access to health facilities. It should be noted that a direct comparison is not possible as settlements and informants may differ even if the summarized analysis refers to the same LGA. However, the situation is clearly dire as 351 settlements were assessed across the study, and only a few of those from Adamawa state reported access to a nearby health facility.

From the 97% of settlements reporting barriers to health, the most commonly reported barriers were: "Never had health facilities nearby" (75%), "Facilities destroyed by conflict" (14%) and "No health care workers in the area" (4%) ([REACH](#) 18/05/2021).

Locations hosting returnees in BAY states also have poor access to health services compared to locations hosting IDPs. 65% of locations hosting returnees did not have access to health services. The lack of access to health services was highest in Yobe (67%), followed by Adamawa (66%) and Borno (61%).

HEALTH INFRASTRUCTURE DAMAGED DURING NSAG ATTACKS AND DISPLACED POPULATIONS LACK ACCESS TO HEALTH SERVICES AND MEDICINES

NSAG attacks have occurred in late April on Geidam town and Kanamma town in Yobe state. This has led to the large-scale destruction of homes, businesses and critical infrastructures such as hospitals and schools, and reports of IEDs and unexploded ordnances (UXOs) in parts of the affected areas. Over 150,000 people have been displaced and many are living in transit camps with little access to health services and medicine. On April 18th another attack took place in Dikwa LGA, Borno, already the scene of conflict the previous month displacing 1,500 people.

The direct consequences of such attacks include damage to health infrastructure, loss of medicines to looting, closure of health services and the displacement of health staff. IDPs face a lack of access to services whilst on the move and the attacks are pushing increasing numbers of

IDPs towards already overcrowded IDP camps and host communities. Such large population displacements are putting increased pressure on overburdened health services and overcrowding in camps increases the risk of the spread of disease, especially as rainy season approaches ([UN OCHA](#) 01/05/2021, [IOM](#) 04/05/2021, [UN OCHA](#) 08/05/2021, [WHO](#) 25/05/2021).

COVID-19 TAKES A TOLL ON NIGERIANS' MENTAL HEALTH

Nigeria media is reporting that the number of people with mental health issues is increasing rapidly. According to WHO, about 50 million people in Nigeria suffer from one form of mental illness or another. Unfortunately, the current pandemic and increasing insecurity are factors that have had a negative impact on the mental health of many Nigerians. Estimates suggest the number of people needing mental health services tripled during the pandemic, with less than 10 percent likely to get help because of the stigma attached to mental health in Nigeria ([The Sun](#) 25/05/2021, [VOA](#) 11/03/2021).

During April mental health outreach sessions and support from public health centers treated a total of approximately 4,300 patients with mental health disorders in Borno state ([WHO](#) 15/05/2021).

NEWBORN DEATHS AND HIV MOTHER TO CHILD TRANSMISSION ILLUSTRATE SOME OF THE UNDERLYING HEALTH CHALLENGES FACING NIGERIA

Nigeria is the country with the second-highest death of newborns in the world, with 270,000 deaths. There are approximately 6,700 newborn deaths every day, amounting to 47% of all child deaths under the age of 5-years. These statistics underline the ineffectiveness of the country's overall health services [newborn deaths refer to the first 28 days of life (the neonatal period) which is the most vulnerable time for a child].

Approximately 1.9 million people under the age of 64 are living with HIV AIDS in Nigeria. While rates of Mother to Child Transmission (MTCT) of HIV are dropping, Nigeria still accounts for 37,000 of the world's new cases of babies born with HIV. Child health is further compromised by the lack of update of antenatal services. Only two million pregnant women attended the ANC service out of eight million, indicating a lack of health support to pregnant women.

These underlying issues are only exacerbated by insecurity

and the pressure on health services caused by the COVID-19 pandemic, leading to a further deterioration of the health of those living in the BAY states ([WHO 27/05/2021](#), [UNICEF accessed 29/06/2021](#), [The Premium Times 05/05/2021](#)).



OVERVIEW AND SOURCES

The most recent large-scale survey on malnutrition in the BAY states is the [Nutrition and Food Security Surveillance Round 9 \(NFSS IX\)](#) which is supported by the [IPC Acute Malnutrition analysis 2020 - 2021](#), and summarized (alongside the response) via the [Nutrition Sector Dashboard](#). This has been complemented by a [SMART survey](#) conducted by Save the Children covering four LGAs in Central Borno (Maiduguri Metropolitan Council (MMC), Jere, Mafa and Konduga) which gives a detailed updated analysis for the prevalence of malnutrition as well as an analysis of a number of contributing factors such as diet diversity, use of food coping mechanisms and infant and young child feeding practices (IYCF). Overall, the prevalence of acute malnutrition in central Borno appears to have decreased slightly in February, but stunting levels remain static.

The perception of malnutrition in Hard-to-Reach (H2R) areas remains concerning and was analysed in the February [REACH Report](#). The latest ISDR reports ([ISDR wk16](#), [ISDR wk17](#), [ISDR wk 18](#), [ISDR wk 19](#)) provide regular updates of the numbers of Severe Acute Malnutrition cases identified in Borno state which have dropped steadily through late April and the first half of May.

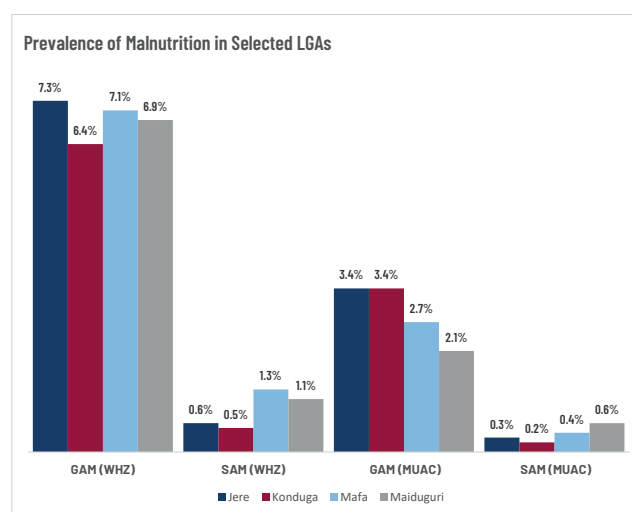
Finally, the [FAO April overview](#) provides a short synopsis of the factors driving food insecurity in the BAY states.

MALNUTRITION RATES IN CENTRAL BORNO HAVE DECLINED

A SMART survey was conducted to investigate the nutritional status of children in four LGAs in central Borno (MMC, Jere, Mafa and Konduga) with data collected between 31 January to 11 February 2021. Headline figures are provided in this analysis for ease of presentation and accessibility to non-technical readers. For detailed results, please consult the original study. It is worth noting that there were no issues with the data quality and full details of the methodology and any limitations are provided in the published report ([Save the Children 10/05/2021](#)).

Global Acute Malnutrition (GAM) rates were similar across the surveyed LGAs, ranging from 7.3% (WHZ) for Jere to 6.4% (WHZ) in Konduga, and from 3.4% (MUAC) in Jere/Konduga to 2.1% in MMC (see Figure 12). Severe Acute Malnutrition (SAM) rates were slightly higher in Mafa and MMC at 1.3% (WHZ) and 1.1% (WHZ), compared to Jere and Konduga (0.6% and 0.5% respectively). This was mirrored MUAC figures with MMC recording the highest SAM rate 0.6% (MUAC) and Konduga the lowest (0.2%).

Figure 13. Acute Malnutrition Rates in Central Borno (source: [Save the Children 10/05/2021](#))



Generally Acute Malnutrition rates in MMC and Jere appear to have declined. Results from October for MMC/Jere (combined) showed a GAM rate of 9.9% (WHZ) and a SAM rate of 1.5% (WHZ) indicating a decline in acute malnutrition for these LGAs. Using MUAC the GAM rate was 3.9% and the SAM rate 0.4% in October, so a decline in GAM is also shown. The SAM (MUAC) rate does not follow this trend, but the rates recorded are relatively low, and the SAM (MUAC) results from Jere and MMC are roughly similar to the SAM (MUAC) October figure.

For Mafa and Konduga comparisons can be made to the overall rates identified for the central Borno region, but care must be taken as a direct comparison is not wholly valid due to 5 other LGAs being included in the October data. Using WHZ, The GAM rate for central Borno in October was 10.7% (WHZ) and the SAM rate 1.4% (WHZ), so a similar fall in acute malnutrition is indicated for central Borno although the SAM rate in Mafa is close to the October figure. MUAC rates from central Borno in October were GAM: 3.9% and SAM: 0.9%, with current figures (3.4% and 0.2%/0.3% respectively) showing a clear drop, especially in the SAM rate ([Govt Nigeria 19/03/2021](#), [Save the Children 10/05/2021](#)).

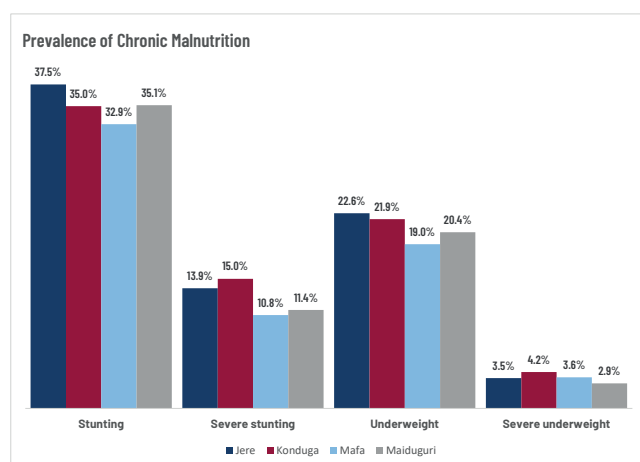
Bearing in mind the caveats mentioned, it appears that acute malnutrition rates have been decreasing across the four assessed LGAs. This would be expected given that fewer households are food insecure during this period, and that contributing factors (such as cases of malaria) also declined during the harmattan season (Dec – Feb).

GAM(WHZ) prevalence was fairly even, being slightly higher for boys in 3 LGAs (Jere, Konduga and MMC) and higher for girls in Mafa. SAM (WHZ) rates were higher for boys in all LGAs, with the biggest difference recorded in MMC (1.8% for boys compared to 0.3% for girls) ([Save the Children 10/05/2021](#)).

STUNTING RATES REMAIN STATIC IN CENTRAL BORNO

The prevalence of stunting in Jere, Konduga, Mafa and MMC LGAs was above 30% across the surveyed LGAs, so for all LGAs this is interpreted as high based on WHO and UNICEF chronic malnutrition thresholds (>30.0 – 39.9) see Figure13. (Please note that the stunting prevalence rate was recalculated in Konduga and Mafa LGA as 32.1% and 27.7% respectively, for details of the reasons for this please see the survey). The prevalence of underweight was interpreted as high (>20.0 – 29.9) across the surveyed LGAs with the exception of Mafa LGA was at 19.0%.

Figure 14. Stunting rates in Central Borno (source: [Save the Children 10/05/2021](#))



These stunting rates are on a par with those measured in the October survey where MCC/Jere recorded a stunting prevalence rate of 34.9% and Central Borno (Containing

Konduga and Mafa) had a stunting prevalence rate of 35.9% ([Govt Nigeria 19/03/2021](#), [Save the Children 10/05/2021](#)). If anything stunting rates in MMC/Jere had increased slightly, for Konduga and Mafa a direct comparison is not possible. This would indicate that longer term malnutrition rates are not improving.

FOOD INSECURITY, POOR DIETS AND IYCF AS CONTRIBUTING FACTORS TO MALNUTRITION

Conflict, the economic impact of COVID-19 containment measures (including rising food prices) and other factors such as drought, floods, pests and diseases have led to reduced incomes, poorer crop yields and livestock productivity in the BAY states. All these factors are driving an increase in food insecurity which has a knock-on effect on children's nutrition ([FAO 10/05/2021](#)).

Household Dietary Diversity Score (HDDS) was assessed based on 24-hour recall of foods consumed at household level and is used as indicator for measurement on food accessibility at household level. Mafa had the largest number of households with a low HDDS (45.0%), followed by Konduga (44.1%), MMC (25.1%) and Jere (24.1%).

In terms of coping strategies, over half of the households in Jere adopted coping strategies in order to meet their food needs (56.9%), this was followed by MMC (54.2%), Mafa (42.3%) and Konduga (24.1%) ([Save the Children 10/05/2021](#)).

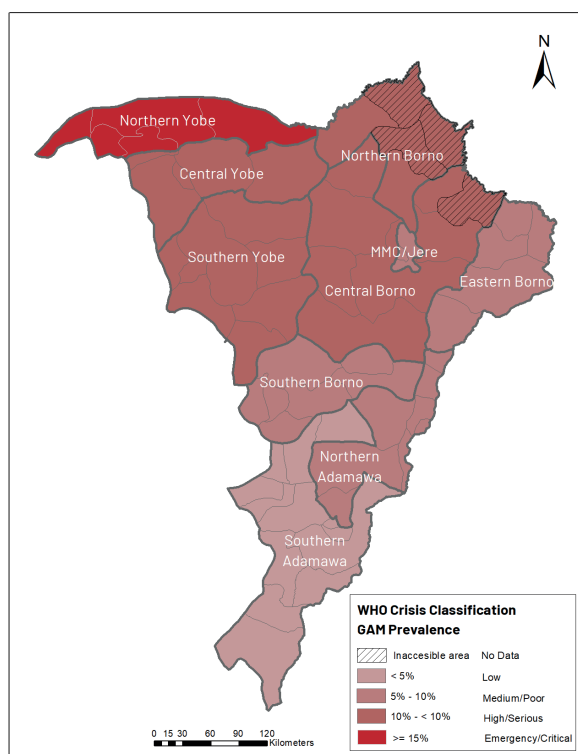
Although there is little correlation between these indicators, the overall picture is one of poor diet diversity added to a high prevalence of coping strategies, indicating that food insecurity is a likely contributing factor to malnutrition in central Borno.

In terms of IYCF practices data is available in the survey covering several indicators. In terms of exclusive breastfeeding rate from birth to six (6) months (EBF), the reported rate was above 50% in Jere (53.3%) and MMC (63.5%) LGAs, however in Konduga and Mafa the EBF rate was much lower at 37.9% and 19.0% respectively. Low EBF rates can also contribute to malnutrition and would therefore also be a likely causal factor ([Save the Children 10/05/2021](#)).

OVERALL ACUTE MALNUTRITION RATES IN YOBE AND BORNO REMAIN HIGH AND LIKELY TO INCREASE AS LEAN SEASON BEGINS

The recent Nutrition and Food Security Surveillance Round 9 (NFSS IX) assessment and IPC nutrition analysis show the seriousness of the deteriorating malnutrition situation in the BAY states with both high and rising malnutrition rates throughout the region. Yobe has the highest Global Acute Malnutrition rate with a SAM (WHZ) rate of 12.3%, followed by Borno (10.0%) and Adamawa (6.2%) – see Figure 14. Looking more closely, Northern and Central Yobe along with Northern Borno show the highest rates with the GAM rate in Northern Yobe at 15.8%, above the critical/emergency threshold. The rest of Borno, Yobe and Northern Adamawa have GAM rates either close to, or slightly above the 10% threshold (High/Serious), ranging from 10.7% (central Borno) to 7.5% (northern Adamawa). Only the region of southern Adamawa is categorized as low with a GAM rate of 4.7% ([Govt Nigeria](#) 19/03/2021, [UNICEF](#) 15/04/2021).

Figure 15. GAM rates across the BAY states (Source: [UNICEF](#) 15/04/2021)



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

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

SAM PREVALENCE RATES DROP SLIGHTLY IN BORNO STATE AND THE MORBIDITY RATES STABILIZES

A total of 6,199 SAM cases were recorded during weeks 16 to 19 (Apr 19 to May 16) with a steady decrease of recorded cases throughout the month (1,738 in week 16, dropping each week to 1,316 by week 19). The morbidity rate ranged from 4.5% to 5.7%. The cumulative total of SAM cases is now 38,117 cases with a morbidity rate of 4.4% (the same as at the end of week 16). Monguno LGA and Jere LGA recorded the highest number of cases through the period.

Reporting rates by health centers were better with 3 of the 4 weeks having completion rates of over 70%, however this is still below the target of 80% ([ISDR](#) 04/05/2021, [ISDR](#) 11/05/2021, [ISDR](#) 18/05/2021, [ISDR](#) 25/05/2021).

PERCEIVED MALNUTRITION IN HARD-TO-REACH STILL WIDESPREAD

The overall perception of malnutrition as the main health problem has increased slightly with 17% of settlements in H2R areas citing malnutrition as the main health problem in February, up from 14% for the previous assessment in January although it should be noted that the LGAs and settlements covered were somewhat different.

Perceived malnutrition among children remains widespread. Perceived malnutrition was reported to affect more than half or all the children in the settlement in 41 – 60% of settlements in 3 LGAs (Jere, Marte and Ngala). For further 2 LGAs this level of malnutrition was perceived in 21 – 40% of settlements and in 7 LGAs the percentage of settlements reporting the same issue was 1 – 20%. However, in Damboa, Askira/Uba, Madagali and Michika LGAs (Southern Borno/North Adamawa), none of the settlements identified this perceived rate of malnutrition. This mirrors the overall malnutrition data reported above, where southern Borno and Northern Adamawa do not have as high rates of acute malnutrition as Northern and Central Borno indicating that H2R areas may follow a similar pattern of malnutrition to the overall situation in these LGAs. However, there was one anomaly, with Kukawa having no settlements identifying 50% or more of children suffering from malnutrition (as Kukawa is an LGA in northern Borno high rates of malnutrition would be expected).



OVERVIEW AND SOURCES

With the pressure of the COVID-19 pandemic abating, WASH needs are becoming more glaring. According to a recent REACH Multi-Sector Needs Assessment (MSNA), 74% of households in Borno State alone have a Water, Sanitation and Hygiene (WASH) sectoral need. [REACH WASH Factsheet for hard-to-reach areas](#) (February) as well as the latest [Displacement Report Round 36](#) (February) detail the current WASH situation. The information from these reports is complemented by the [Northeast Nigeria Camp management bi-weekly tracker report No. 36\(01-15 May 2021\)](#) and various other reports as a comprehensive mapping of WASH infrastructure continues. Reports from [UN OCHA](#), [IOM](#) and the latest operation update from [UNHCR](#) give details of recent NSAG attacks. Finally, although no cholera cases have been reported in the BAY states to date, the [latest NCDC report](#) (March 30) cites 8 Nigeria states with cholera cases, including 128 cases in nearby Gombe state. As the northeast moves into the rainy season cholera and AWD will become of increasing concern.

OVERALL AVAILABILITY AND STATE OF WASH FACILITIES IN IDP SETTINGS

For camp locations, piped water is still the main source of drinking water (72% of locations). Other sources of drinking water in camps/camp-like settings included hand pumps (17%), water trucking (7%), protected wells (2%)

and unprotected wells (1%).

In contrast, hand pumps were the main source of drinking water in 49% of IDP sites in host communities. Only 27% of assessed host community sites reported piped water as their main water source. This was followed by protected wells (8%) and water trucking (7%), unprotected wells (6%). Surface water (1%) and lake/dams (1%)

Concerningly, these figures indicate that there is still a significant effort in providing water through the costly process of water trucking and that for IDPs in host communities, unprotected water sources are the main water source in nearly 10% of sites. Where potable water is available, 9% of sites in camps/camps-like settings and 13% of sites in host communities report that there is less than 10 litres of water available per day per person ([IOM](#) 19/05/2021).

In terms of the cleanliness of latrines and toilets, 92% of facilities in host communities and 88% in camps and camp-like settings were described as not so good (not hygienic). More facilities in camps and camp-like settings (10%) were described as in good condition (hygienic) than in host communities (only 3%), with ([IOM](#) 19/05/2021).

This is also concerning as the rainy season approaches as lack of hygiene can be a driver of disease, even more so as camps are getting overcrowded due to additional displacements. The dangers are exemplified by a recent cholera outbreak in nearby Bauchi state where 20 or more persons have lost their lives ([The Punch](#) 26/05/2021, [NCDC](#) 30/03/2021)

WATER FACILITIES IN MANAGED CAMPS BETTER THAN AVERAGE

More recent data from managed camps indicates an increase in the number of latrines needing desludging with 21% of latrines (up by 7%) in 78 sites across 17 LGAs requiring attention. This could increase the tendency for open defecation. Additionally, 18% (an increase by 5% from the last report) of showers need repair and 53% of showers and latrines in 134 sites across 17 LGAs do not have gender marking and segregation. This means both men and women are using the same facilities which reduces privacy and increases protection risks ([CCCM](#) 15/5/2021).

Queuing for water is still an issue, as although 75% of the displacement sites report an average waiting time of less than 30 minutes at water points, 21% of sites report a wait of between 30 minutes and an hour and at 4% of sites this rises to above one hour.

The evidence generally points at better WASH conditions in settings with some sort of management system (camps and camp like settings) than in host communities and other informal settings with no clear management system, although the needs for repair and maintenance continue to rise (an issue also flagged in the provision of shelter) ([CCCM](#) 15/5/2021).

SPOTLIGHTING WASH NEEDS IN MAIDUGURI, BORNO STATE CAPITAL

As part of efforts to fill the information gaps for a more effective humanitarian response and planning for WASH activities, the REACH Initiative, during its March 2021 Maiduguri Camp WASH Infrastructure Mapping assessed 1,490 latrines and 341 waterpoints, 97% of which were improved sources, around Maiduguri. Findings from this mapping reveal that only 53% of waterpoints are fully functional and 31% not functional at all, whilst 83% of latrines are fully functional ([REACH](#) 01/05/2021).

While the figures appear to be generally good, a further breakdown and deeper analysis reveal that some camps are worse off than others. For instance, although all latrines at the Old Maiduguri Police Station Camp were reported to be functional, only 33% of waterpoints were fully functional. El Miskin has only 30% functional waterpoints compared to Bakassi Camp (76%) and Faria Buzu Camp (100%). What is described as not functional or damaged include the lack of lockable doors or slabs, actual damage to the facility, and flush toilets that are not operational ([REACH](#) 01/05/2021).

The assessment concludes that the lack of a centralized WASH infrastructure database, indicating registration, functionality, and maintenance of waterpoints and latrines remains a key issue to addressing the WASH needs of affected population in the northeast.

POOR WASH FACILITIES THE NORM IN HARD-TO-REACH AREAS

Most of the settlements in H2R areas of Adamawa and Borno states continue to rely on unimproved water sources as their main source of drinking water. An assessment conducted by the REACH Initiative in 17 LGAs of Adamawa and Borno states show that 81% of the settlements in 10 of the LGAs (Abadam, Marte, Mafa, Kala/Balge, Bama, Gwoza, Damboa, Askira/Uba, Madagali, Michika) depended on unimproved water sources. This is such that only very

few settlements in Abadam, Marte, Mafa, Damboa, Gwoza LGAs had improved water sources as their main source of drinking water. Only 1-20% of settlements in the other LGAs had improved water sources ([REACH](#) 18/05/2021).

Available latrines in such areas are only being used by less than half of the population. The most common reasons for this lack of use were reported to be cultural reasons (by 38% of respondents) and overcrowded (by 34% of respondents). Other reasons given include that the latrines are damaged, dirty, or uncondusive for use due to the nature of the land upon which they were built ([REACH](#) 18/05/2021).

NSAG ATTACKS HAMPER WASH PROGRAMMING

Access and insecurity remain key challenges in many parts of the BAY states, affecting funding and partners' capacity to deliver much needed WASH aid. In hard-to-reach areas, many settlements still report that safety concerns prevent at least some of the population from accessing preferred water sources. Increased attacks by non-state armed groups (NSAGs) on military super camps, humanitarian assets and personnel is increasing displacement and increased needs and reducing access to WASH in the already shrinking humanitarian space.

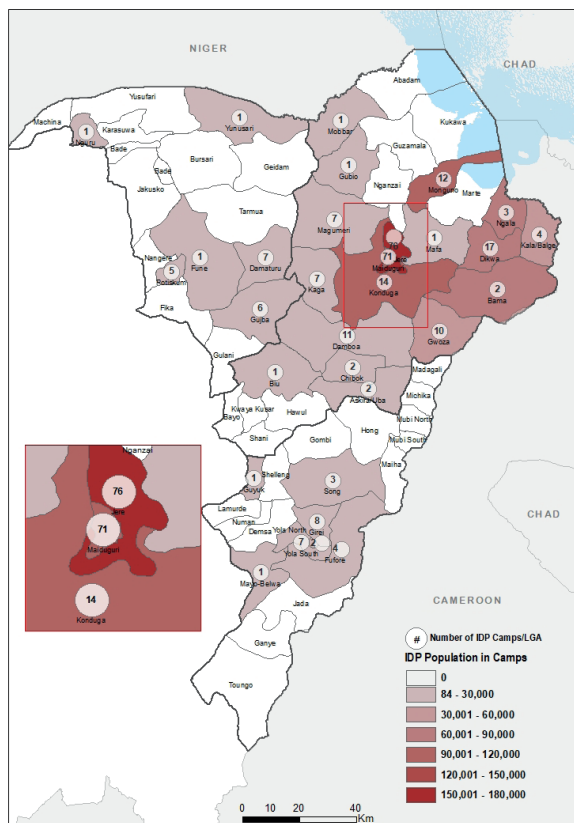
Attacks on Dikwa Town for instance, have forced the relocation of humanitarians and disrupted humanitarian services. This has delayed the rehabilitation of water systems, delivering essential WASH non-food items (NFIs) and chlorine for water purification and disinfection. Critical activities such as latrine rehabilitation, desludging, and hygiene promotion, now must be taken up by community volunteers who are ill-equipped (in terms of having sufficient materials or funds to purchase the materials) to carry out the tasks. Further, hygiene promotion teams can only be supported remotely by technical teams, which, in the long term, may compromise the quality of services provided ([UNICEF](#) 04/05/2021).

The displacement of over 180,000 civilians from Yobe State and several others from Borno State, following NSAG attacks puts a further strain on WASH facilities in already crowded camps. Many vulnerable households have suffered multiple displacement as they struggle to move to areas where basic services (such as WASH facilities and potable water) are accessible and available ([UNOCHA](#) 08/05/2021, [IOM](#) 11/05/2021, [UNHCR](#) 20/02/2021).

OVERVIEW AND SOURCES

Conflict continues to cause displacements throughout the BAY states, increasing the shelter needs of vulnerable populations. Fire outbreaks and windstorms along with the degradation of emergency shelter solutions are also exacerbating the situation as shelter actors struggle with funding and logistical challenges. The [Camp Management Bi-weekly Tracker Report](#) of the first half of May as well as the IOM's [Displacement Tracking Matrix](#) detail the shelter and NFI needs of these populations. The latest [REACH shelter factsheet on hard-to-reach areas](#) gives an insight into shelter challenges for those unable to access humanitarian support, whilst the impact of NSAG attacks in Yobe is provided by a [UN OCHA flash update](#), describing shelter needs for newly displaced populations.

Figure 16. Number of IDP Camps and IDP population/ LGA



THE NEED FOR SHELTER CONTINUES TO INCREASE AS DISPLACEMENT EXACERBATES VULNERABILITIES

According to the [Camp Management Bi-weekly Tracker Report](#) of the first half of May, Over 3,500 households (HH) are sharing shelters in CCCM managed camps (CMC), with 2,818 HH residing across 35 sites in 11 LGAs. Over 1,300 HH are living in the open without a form of shelter at all. The condition of people living under such conditions have worsened considerably compared to the previous round in April. This indicates the existence of huge needs in the sector that is challenging the capacity of partners ([CCCM 21/05/2021](#)).

The report found that 38% of the IDPs in the surveyed areas are living in makeshift shelters, 37% in emergency shelters, 12% in collective/communal shelters, 7% in public facilities and 6% in transitional shelters. Makeshift shelters are typically less likely to provide proper protection and are often built close together constituting a fire hazard.

Fire outbreaks in several camps in different parts of Borno state has led to destruction of thousands of shelters (considerably more than reported in the previous month). Eight fire outbreaks were recorded in between the end of April and beginning of May that destroyed or damaged approximately 5,300 shelters affecting 4,453 households. The outbreaks were often triggered by cooking close to shelters, smoking and burning bush surrounding the camp which has led to congestion, with the affected people forced to reside with friends and relatives within the camp ([IOM 07/05/2021](#), [IOM 10/05/2021](#), [IOM 17/05/2021](#)).

In H2R areas the most commonly reported main shelter type was makeshift shelters in 58% of assessed settlements, even though "original home" was the most commonly reported main shelter location for people in those settlements. This indicates a large degree of damage to houses has occurred such that populations have to build makeshift shelters ([REACH 18/05/2021](#)).

Following a series of attacks on Dikwa, a total of 1,346 individuals were displaced and moved towards Jere and Maiduguri. Another 1,197 individuals have recently returned to Dikwa from Maiduguri ([IOM 15/05/2021](#)). With Dikwa being a garrison town, the space to construct shelters to accommodate all the returnees is inadequate and returnees are likely to face increased hardship associated with the lack of shelter. The situation might also be worsened by the increasing number of shelters that are damaged and require reinforcement, having exceeded their lifespan.

THE NEED FOR SHELTER IS MATCHED BY GROWING NEEDS FOR NFIS

Many IDPs had their houses invaded and their properties destroyed or looted, forcing them to flee with nothing but the clothes on their backs. For many, the socioeconomic hardship brought about by the conflict and the COVID-19 pandemic means they are unable to replace old or worn-out items. As such, a total of 97,132HH need complete NFI kits ([CCCM](#) 15/05/2021). A further breakdown reveals that 4,479HH of these are new arrivals in Monguno (1,255HH), Maiduguri (926HH), Magumeri (470HH), Jere (428HH), Ngala (289HH), Bama (210HH), Gwoza (50HH), Damboa (32HH), and Kala-Balge (14HH). Additionally, 62% of the sites reported that blankets/mats are the most needed NFIs while kitchen sets are the second most needed NFIs.

In 351 settlements in H2R areas, cooking pots were listed as the most pressing NFI need by 98% of respondents. Sleeping mats (82%) and clothes (63%) were the next most commonly reported needs highlighting the lack of basic provisions for many households ([REACH](#) 18/05/2021).

Many of the newly displaced IDPs are living in transit sites in Yobe State, and families are currently sleeping in open spaces and exposed to harsh weather and protection risks. Mats (many are sleeping on the floor), shelter kits and other NFIs are needed including cooking kits, clothing, bedding etc. IDPs in transit sites typically lack access to critical supplies and services, including food, water, shelter and medicine. Most of the displaced people are taking shelter in host communities in Yunusari, Bade, Damaturu, Nguru LGAs in Yobe while others are either still in transit or have crossed to neighboring states including Bauchi and Borno ([OCHA](#) 05/05/2021).

Protection

OVERVIEW AND SOURCES

Details of recent attacks in Yobe state are provide by [OCHA flash update 1 Geidam LGA](#) and an [OCHA Flash update #2 Geidam and Yunusari LGAs](#), as well as reports in the local media. Key protection issues are covered by the most recent [REACH assessment of hard-to-reach areas](#), with data from February covering 17 LGAs in Adamawa and Borno. A recent [press release from Women under Siege](#) highlights the widespread prevalence of SGBV alongside the lack of services available to the victims. The [2020 Protection Sector Annual Report](#) also highlights how COVID-19 containment measures acted as a driver of GBV.

The section also draws on a comprehensive report on [The impact of Mines and UXOs](#) and a [press release](#) from the office of the Special Representative of the Secretary General for Children and Armed Conflict.

NSAG ATTACKS CONTINUE TO CAUSE DISPLACEMENTS AND INCREASE HUMANITARIAN NEEDS

Security situation is deteriorating with attacks in Geidam and Kanama towns causing more displacements in Yobe State with 150,000 civilians reported to have fled Geidam, and a further 30,000 fleeing Kanama, a neighbouring town. Many are currently living as IDPs in various villages within the state, others are either still in transit or have crossed into other states, including Bauchi and Borno ([UN OCHA](#) 08/05/2021). Pockets of insecurity have also been reported in Yunusari, Yusufari, Bursari and Tarmua LGAs, all also in Yobe State. Incessant attacks forced residents of four local government areas (LGAs Gubio, Magumeri, Kaga and Konduga) in Borno State to flee to Yobe ([OCHA](#) 01/05/2021, [IOM](#) 11/05/2021; [UNHCR](#) 19/04/2021).

The newly displaced often have limited access to critical supplies and services, including food, water, shelter, and medicine and continue to suffer from trauma and fear, with hardly any guarantee of safety. Sexual and Gender-Based Violence (SGBV) cases have also been reported, particularly denial of resources, physical assaults, child/forced marriages, and sexual exploitation, including in Damboa, Monguno and Damasak. These displacements have also caused family separations as witnessed in Dikwa. Children can be forced to beg or hawk to sustain themselves or their families exposing these children to the risks of abduction and trafficking.

Killings have caused a feeling of anxiety amongst the affected population, thus increasing the need for mental health and psychosocial support services that are unavailable in some of these locations. Displacement also inhibits movement to and from farms, especially in areas with ongoing military operations, and can result in the loss of legal and civil status documentation ([UNHCR](#) 19/04/2021).

The lack of reception centers where essential details of new arrivals need to be managed and collected before they move into host communities in the main towns can make it challenging to verify the identity of IDPs for prompt and appropriate response ([OCHA](#) 01/05/2021).

AOG VIOLENCE CONTINUES TO BE THE MAIN CONCERN BY MEN, WOMEN, AND BOYS UNDER 18 IN HARD-TO-REACH AREAS

Violence by AOG continues to be the primary safety concern reported by men, women, and boys in H2R areas. It is the second most significant issue for girls after forced marriage. Abduction is the third most common safety issue identified by girls, for boys forced recruitment and abduction are also key safety concerns.

Civilians continue to be killed due to the conflict with many settlements in hard-to-reach areas reporting the loss of civilian lives. Over 80% of the 17 settlements assessed in Adamawa and Borno states have reported at least one incident of conflict resulting in the death of a civilian. Such conflicts are usually associated with the looting and destruction of civilian properties, leaving victims in desperate need ([REACH](#) 18/05/2021).

Several children are unaccompanied and family members are reportedly missing and an increase in the number of child-headed households has been reported. This is excluding the high number of reports of the denial of humanitarian access and assistance to boys and girls in the conflict and grave violations against them received by the [Office of the SRSG for Children and Armed Conflict](#) in the last year.

In March 2021, Amnesty International reported on how Boko Haram fighters targeted women and girls with rape and other sexual violence during recent raids in the northeast. According to the report, Boko Haram fighters raped women and girls who were caught at home or trying to flee in at least five villages in Magumeri LGA of Borno State late last year ([Amnesty International](#) 24/03/2021)

CASES OF SGBV REMAIN UNDER-REPORTED AS VICTIMS DO NOT HAVE ACCESS TO JUSTICE

With women and children making up more than 50 percent of the IDP population in the northeast and having to survive on less than 780 Naira (US \$1.90) a day, many have to supplement their livelihoods by being largely reliant on goodwill donations from charitable and government organizations. Consequently, due to overlapping vulnerabilities related to economic security and protection, many find themselves at risk of sexual and gender-based violence in the camps ([Women Under Siege](#) 28/05/2021).

The incidences of SGBV, including the rape of women and girls in their homes and communities, even by the police and other security forces, remains endemic in the northeast. This is despite the dwindling of the number of COVID-19 cases and easing of related restrictions.

The COVID-19 pandemic negatively impacted the situation of SGBV by reducing survivors' access to report, seek help and response services. In northeast Nigeria, out of 18% of the incidents of sexual violence reported from January to December 2020 for instance, 15% were of rape while 3% were of other forms of sexual assault. Incidents of rape continue to be underreported which can be associated to the lack of justice for survivors even after reporting, the fear of stigma and blaming by health workers/police ([PSWG](#) 04/05/2021).

The absence of Sexual and Assault Referral Centers (SARCs) and other support structures from the government in addition to law enforcement agencies to provide services to survivors of SGBV further impedes justice and reporting. Cases of forced marriages are also under-reported and not often even considered as sexual violence ([Women Under Siege](#) 28/05/2021).

In looking at the 2020 GBV trends, the Protection Sector Working Group (PSWG) reports physical assault as the most prevalent form of GBV reported that year (28% of reported cases), closely followed by denial of resources (26% of all reported cases), emotional abuse (19%) then sexual abuse (18%) ([PSWG](#) 04/05/2021).

LANDMINES AND UXO A CONSTANT RISK

Some of the assessed settlements in 8 (of 17) LGAs across Borno and Adamawa States reported at least one landmine-related accident/incident involving civilians or livestock in the last month. While this is a clear indication of the risks UXOs still pose, the general lack of data on the issue limits knowledge on how this might affect returnees. What is clear however, is that returnees to villages that are contaminated by UXOs are put at risk and limits the degree to which they can begin rebuilding homes and livelihoods. The presence of landmines and UXOs also limits the ability of humanitarian organizations to reach affected population due to the threat it poses to the safety and security of their workers.

The Mine Advisory Group (MAG) estimates that at least 1,052 people have been killed or injured by explosive ordnance since 2016 across the BAY states, with casualty figures averaging one person per day in the first fifteen weeks of 2020 suggesting that the number may be higher due

to under-reporting.

The recent report by the Mine Advisory Group averred that Mine clearance is not yet fully possible in the northeast due to the ongoing conflict, insecurity, the absence of a national mine action authority and limited explosive ordnance disposal teams in the army and police force ([REACH](#) 18/05/2021, [Mine Advisory Group](#) 14/12/2020).

INADEQUATE HOUSING REPORTED IN AREAS OF RETURN

Information reveals that there are insufficient houses in the areas of return in the on-going return process being embarked upon by the Borno State Government. The housing land and property rights sub-sector could not access locations due to security issues to verify the information at the relocation site particularly at Auno, in Konduga LGA of Borno State (where most of the complaints are coming from). However, those of whom have returned back to Maiduguri after the closure of some of the formal camps reported this to be the case. There is a move by the Norwegian Refugee Council to set up a call centre to enable locals in more remote/hard to access locations to provide information from locals (ICLA NRC 24/6/2021).

Education

OVERVIEW AND SOURCES

The main analysis in this section is based on the report from the Federal Ministry of Education supported by the National Center for Disease Control (NCDC) and the Education in Emergencies Working Group (EiEWG) details how schools around the country have been faring since they were directed to resume on January 18, 2021.

The [National Survey on School Resumption During COVID-19 Pandemic](#) sampled the opinions of 10,282 respondents who included parents/guardians, learners, teachers/facilitators and education managers. Of these telephone interviews made up 7880 while 2402 were in-person interviews and the interviews were conducted between 4th-11th March 2021.

The study aimed to determine if there is a change in perception, attitude, or practices overtime (pre and post second wave school resumption). It also measures compliance with the implementation of the [NCDC Guidelines for Safe School Reopening](#) and how it affects the teaching and learning experience. The study covered public, private, formal, and non-formal education and in

many cases, made comparisons and contrasts among the various schools.

It should be noted that the methodology does not provide any reference to corroboration of answers provided and there is an obvious danger of bias. For example, head teachers, when asked whether students comply with COVID-19 protocols may not feel able to answer negatively even if that were the case. Therefore, without any triangulation of the results they should not be regarded as conclusive.

In addition to the school resumption survey, the most recent [CCCCM bi-weekly tracker report \(01 - 15 May 2021\)](#) and the [IOM DTM Report round 36](#) (collected February 2021) give some specific data on education access and school attendance for IDPs in the BAY states and are used to compare displaced children's school attendance to the same period in 2020 using [DTM round 31](#). Generally, overall attendance levels for IDPs are roughly similar to the previous period last year, but a little lower for IDP children in camps.

SCHOOL REOPENING

With the Federal Government's directive that all schools in the country be opened on 21 January 2021, following the second wave of the virus, many schools were quick to reopen. Others, particularly in the northeast, stalled as they struggled to meet the guidelines stipulated by the government.

To ensure schools are well informed about the safety protocols, the government conducted training programs on safe school reopening across all school levels in both the formal and non-formal education system. However, only 50 % of those who responded reported that they participated. Many schools conducted awareness and sensitization programs on COVID-19, with 70% of respondents in formal and 67% in non-formal reporting that they are aware of the programs conducted in their schools.

Non-formal (57%) schools appeared to have done more to encourage their students back to school and increase their enrollment numbers through back-to-school campaigns conducted within communities, as opposed to only 42% of formal schools ([NCDC](#) 04/05/2021).

On the evidence provided it appears that schools were, to a very large extent, adequately prepared to reopen. Private schools in both formal and non-formal system performed better than their public counterparts on various indicators including increase in enrollment, familiarity and compliance with the stipulated protocols and having a functional health team on ground. Perhaps unsurprisingly,

more private schools (both formal and non-formal) reported having the resources to provide psychosocial support (PSS) for students and teachers (55% private formal schools and just over 60% of private non-formal schools). Availability was lower in public schools running at around 40% for public formal schooling and 50% for public non-formal schools. This is a significant gap as research shows a broad range of psychological impact on people at various levels and the need for interventions to improve social capital, resilience and coping resources/strategies and good community and family relationships ([NCDC 04/05/2021](#), [Aluh and Onu 2020](#)).

However, there are efforts by both the education sector and child protection sub-sector to provide PSS in the BAY states. Improved availability of mental health and psychosocial support in schools will help reconnect children with family members, foster positive social interactions, restore a sense of normalcy in the aftermath of conflict, build resilience and restore a sense of control over their own lives. And finally, to identify, refer and provide interventions for children with severe psychological difficulties ([UNICEF 20/06/2020](#)). Therefore, it may be for once that the northeast will have more capacity in this area than across much of Nigeria.

MAKING UP FOR LOST TIME

With formal schools that complied with the Federal Government's directive preparing to round up the third term since resuming in January, schools must ensure that students are able to catch up with classes missed during the lockdown. Many schools organized catch up classes in the form of online programs and 2–4 weeks crash courses to help learners cover the lost academic year. Seventy per cent of respondents in formal schools and 73% in non-formal schools reported having such arrangements. It is not clear if such classes are still available and how effective they were for the purpose given that schools were closed over a period of 6 – 9 months.

Respondents indicated an interest in continuing education programs amidst the second wave. More than half expressed satisfaction with the timing of the school closure and resumption directives while pointing at the shift learning method as the best format for school continuity. There are however no plans currently available by the government to institute or introduce the shift system ([NCDC 04/05/2021](#)).

ADHERENCE TO GOVERNMENT'S COVID-19 PREVENTION GUIDELINE

Despite the low participation in the safe school reopening training program conducted, most respondents agreed that they were familiar with the NCDC protocols for safe school re-opening across various states and cities.

Many respondents report that their schools have been able to adhere to the stipulated protocols, with those in the formal system agree that their schools keep a social distance of at least one meter in the school office (76%), classroom (77%), playground (59%), hostel (61%), dining hall (62%) and assembly ground (74%). Also, 64% of formal schools reported that their schools monitor temperature regularly while 61% reported that there was a holding sick bay.

Compliance in the non-formal space also appears high, with stakeholders agree that their schools observe social distancing in the school office (79%), classroom (80%), playground (65%), hostel (67%), dining hall (69%) and assembly ground (74%). More non-formal (69%) than formal schools (64%) reported their schools and learning centers check temperatures and an equal number of non-formal and formal said they have sick bays for sick persons.

Other preventive measures put in place and reportedly followed include education personnel, learners and visitors always wear face masks in the classrooms, learners washing their hands with soap under running water before entering the classroom and the pasting of safety protocol posters in every classroom and learning centers. Compliance to these measures appear high for both the formal and non-formal systems, although the non-formal schools reportedly did better.

Many schools, both in the formal and non-formal systems also reported that they stopped activities that required gathering such as morning assemblies and some playground games. This approach appears to have been effective as only 31% of respondents in formal schools and 38% in informal schools reported that some persons still shake hands and hug in their school.

In both formal and non-formal schools, those, like the majority of schools in Yobe State, who reported being unable to comply with the guidelines mostly attributed it to the lack of facilities, overcrowding, misconception and ignorance about the virus and space to allow for distancing.

With the dwindling number of cases being reported around the country, many schools appear to have begun to relax their adherence to the guidelines. This is compounded by the absence of functional health teams to enforce and

monitor adherence as only 47% of formal schools and 53% of non-formal schools reported the presence of a functional enforcement team. Of those who said their schools did not have a monitoring team, only 51% of formal schools and 60% of non-formal schools had an alternative monitoring system in the form of a focal person. Schools also reported great difficulties continually enforcing the protocols, especially with younger children as most of their play and learning activities are in groups ([NCDC 04/05/2021](#)).

INFECTION RATE AND COVID-19 PREVALENCE IN SCHOOLS

Despite many schools relaxing their adherence to the protocols, the majority (68%) of formal school and non-formal (63%) say there has not been any report of COVID-19 cases in their school. None of the BAY states has so far recorded a positive case in their schools.

Despite the stigma associated with the virus and its mode of transmission, a high number of learners and education personnel (76% of formal schools and 73% for non-formal) asserted that persons who have recovered from COVID-19 should be welcomed back to the school ([NCDC 04/05/2021](#)).

AVAILABILITY AND ACCESSIBILITY OF VACCINES FOR SCHOOL GOING CHILDREN AND THEIR TEACHERS

Findings from the survey shows a reluctance of education stakeholders in both the formal, non-formal, private, and public sectors to receive the vaccine. With the majority of respondents reporting that schools/learning centers will be safer if the COVID-19 vaccine is made available, less than half of them in all four systems expressed a willingness to receive or consent to their wards receiving the vaccine. Reasons given for this included allergic conditions, medical morbidity concerns about the safety of the vaccines.

It is important to note that no special arrangement has been made for teachers and their students to be vaccinated. Individuals wanting the vaccine must find their way to the nearest vaccine facility ([NCDC 04/05/2021](#)).

HOW THE BAY STATES COMPARE TO THE REST OF THE COUNTRY, ACCORDING TO THE NATIONAL SURVEY ON SCHOOL RESUMPTION

Yobe was the worst state amongst those surveyed for familiarity with NCDC protocols, with over 50% of respondents answering “no” or “not sure” to questions around knowledge of the NCDC protocols. Borno and Adamawa were roughly in line with the national average where 86% of respondents indicated familiarity with the protocols, despite more respondents in Adamawa reporting not participating in any training on the subject. Yobe State also performed poorly in terms of adherence to the protocols, which is not surprising, due to the low level of knowledge and familiarity (e.g. adherence to the use of face masks, social distancing in classrooms and on playgrounds, physical contact in terms of hugging, conduct of sensitization campaigns, etc).

Majority of the parents/guardians interviewed by telephone in Yobe and Borno states had their children/wards in public schools, as against those in Adamawa State, majority of whom attended private schools. This helps give an important insight into the public/private school management of the virus.

Yobe was also the fourth worst state in terms of keeping social distancing in the classroom (approximately 45% of respondents answered no to this question). Adamawa appears to have outperformed the rest of the country in this regard (<5% reporting a failure to social distance), only surpassed by Abuja and Jigawa. Borno was at the lower end of the scale, with approximately 25% of respondents indicating social distancing was not observed in the classroom.

While a decrease in school enrollment was reported nationwide, the situation appears to have been worse in Adamawa with approximately 70% of respondents indicating a decrease in enrolment. For Yobe and Borno a little over 30% of respondents reported a decrease in enrolment. This may have been made worse by the fact that back to school campaigns were either not conducted or not widespread in the three states, as with 20 other states assessed by the survey. It is possible that the economic impact may have hit private school enrolment harder, but the data is not available to make any conclusive judgement.

Beyond the lack of provision for vaccination of teachers and students in schools, there are mixed feelings about the effectiveness of the COVID-19 vaccine, as many respondents in 16 states, including the BAY states, are not convinced that the schools/learning centers will be safer after vaccination. This calls for an effectiveness campaign across board and for provision to be made to have students and their teachers vaccinated ([NCDC 04/05/2021](#)).

EDUCATION ACCESS FOR IDPS IN THE BAY STATES

The current situation shows that for IDPs in most camps/camp-like settings many children in IDP camps are not attending school (Table 4). This took place after schools were mandated to open, but it is possible there were delays due to difficulties in the implementation of COVID-19 protocols. However economic issues have generally been cited as the biggest barrier to school attendance ([JENA 11/12/2019](#)) so economic impact of COVID-19 may also be a factor.

For host communities the situation is better (Table 5), where for Yobe 64% of sites report more than 50% of children attending school, and in Adamawa the proportion was exactly 50%. Borno still had many sites reporting less than 50% of children attending, but this was lower than for camp settings.

Table 4: Percentage of IDP children attending school in camp/camp like settings by site February 2021

	None	< 25%	25 – 50%	51 – 75%	>75%
Adamawa	4%	37%	26%	15%	18%
Borno	1%	22%	49%	27%	1%
Yobe	13%	39%	39%	5%	4%

Note covers 293 sites covering Borno (243), Adamawa (27) and Yobe (23) Source (IOM 19/05/2021)

Most camps are situated in Borno state, where 72% of sites reported 50% or less of the children attending school. The picture was similar in Adamawa (67%), but significantly worse in Yobe (91%)

Table 5: Percentage of IDP children attending school host community settings by site February 2021

	None	< 25%	25 – 50%	51 – 75%	>75%
Adamawa	2%	20%	28%	37%	13%
Borno	1%	13%	47%	35%	4%
Yobe	1%	8%	27%	58%	6%

Note covers 1,313 sites covering Borno (459), Adamawa (460) and Yobe (394) Source (IOM 19/05/2021)

IDPs in host communities are more evenly spread through the three states, although sites in Borno state tend to have larger populations (Borno houses approximately 735,000 IDPs in host communities compared to approximately 190,000 in Adamawa and 140,000 in Yobe). Attendance was lowest in Borno where 61% of sites reported 50% or less of the children attending school, in Adamawa the figure was 50% and for Yobe 36% (IOM 19/05/2021).

Comparisons to pre-COVID attendance

Similar data can be extracted from DTM round 31, where data was collected in February 2020. Comparison of attendance is provided in Table 6, which shows attendance was generally higher in 2020 for IDPs in camps, with Borno state (hosting by far the most camp based IDPs) showing a 6% drop in 2021. For IDPs in host communities the figures are roughly equal. These figures are a (very rough) indication that enrolment is not far below pre-covid levels, but certainly worse for IDPs in camps. Data from 2020 is shown in tables 7 and 8.

Table 6: Comparison between 2020 and 21 of the percentage of sites where 50% or less of IDP children were attending school

	IDPs in Camp/ Camplike settings		IDPs in Host Communities	
	2020	2021	2020	2021
Adamawa	56%	67%	52%	50%
Borno	66%	72%	61%	61%
Yobe	73%	91%	39%	36%

Table 7: Percentage of IDP children attending school in camp/camp like settings by site February 2020

	< 25%	25 – 50%	51 – 75%	>75%
Adamawa	44%	12%	16%	28%
Borno	14%	52%	32%	1%
Yobe	17%	56%	28%	0%

Note covers 271 sites covering Borno (228), Adamawa (25) and Yobe (18) Source (IOM 30/04/2020)

In 2020, most camps are situated in Borno state, where 66% of sites reported 50% or less of the children attending school. The picture was slightly better in Adamawa (56%), but worse in Yobe (73%)

Table 8: Percentage of IDP children attending school in host community settings by site February 2020

	None	< 25%	25 - 50%	51 - 75%	>75%
Adamawa	1%	20%	31%	37%	10%
Borno	0%	10%	51%	32%	7%
Yobe	0%	5%	34%	50%	10%

Note covers 1,301 sites covering Borno (447), Adamawa

(462) and Yobe (392) Source (IOM 30/04/2020)

IDPs in host communities are more evenly spread through the three states, although sites in Borno State tend to have larger populations (Borno houses approximately 700,000 IDPs in host communities compared to approximately 190,000 in Adamawa and 125,000 in Yobe). Attendance was lowest in Borno where 61% of sites reported 50% or less of the children attending school, in Adamawa the figure was 52% and for Yobe 39% (IOM 30/04/2020).

11. About this report

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

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

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

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

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

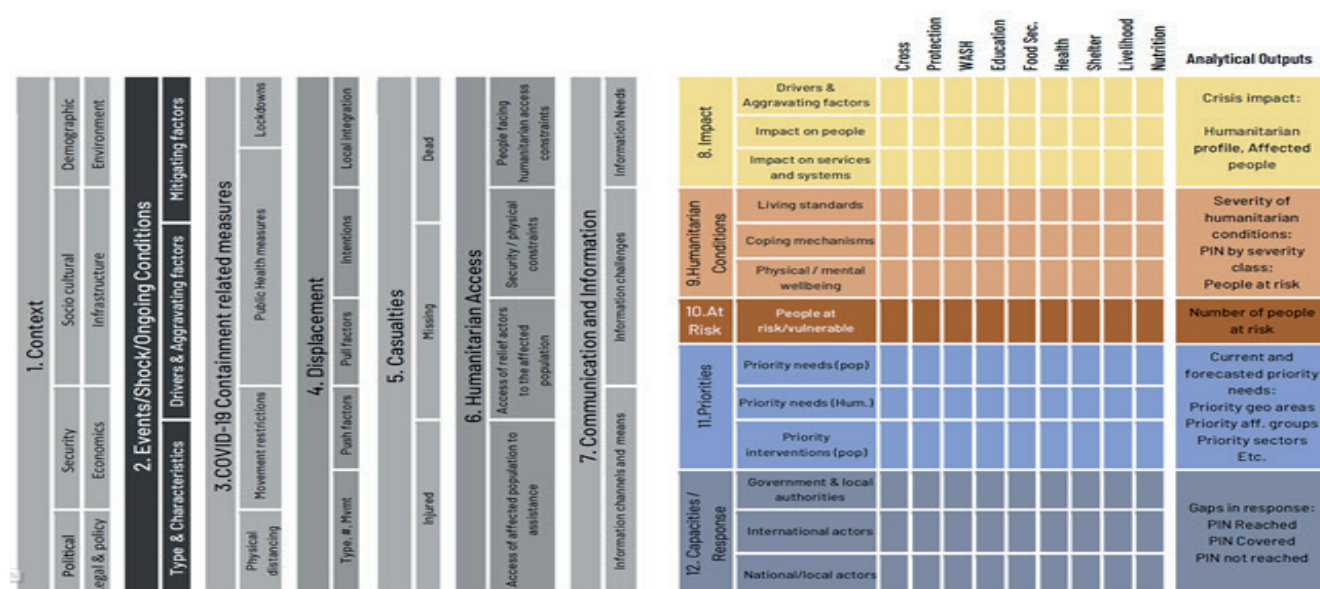
Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;

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

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

The Secondary Data Analysis Framework was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh, etc.) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 17.

Figure 17. 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 18. Documents by Location, Timeline and Primary Categories (Analytical Framework)

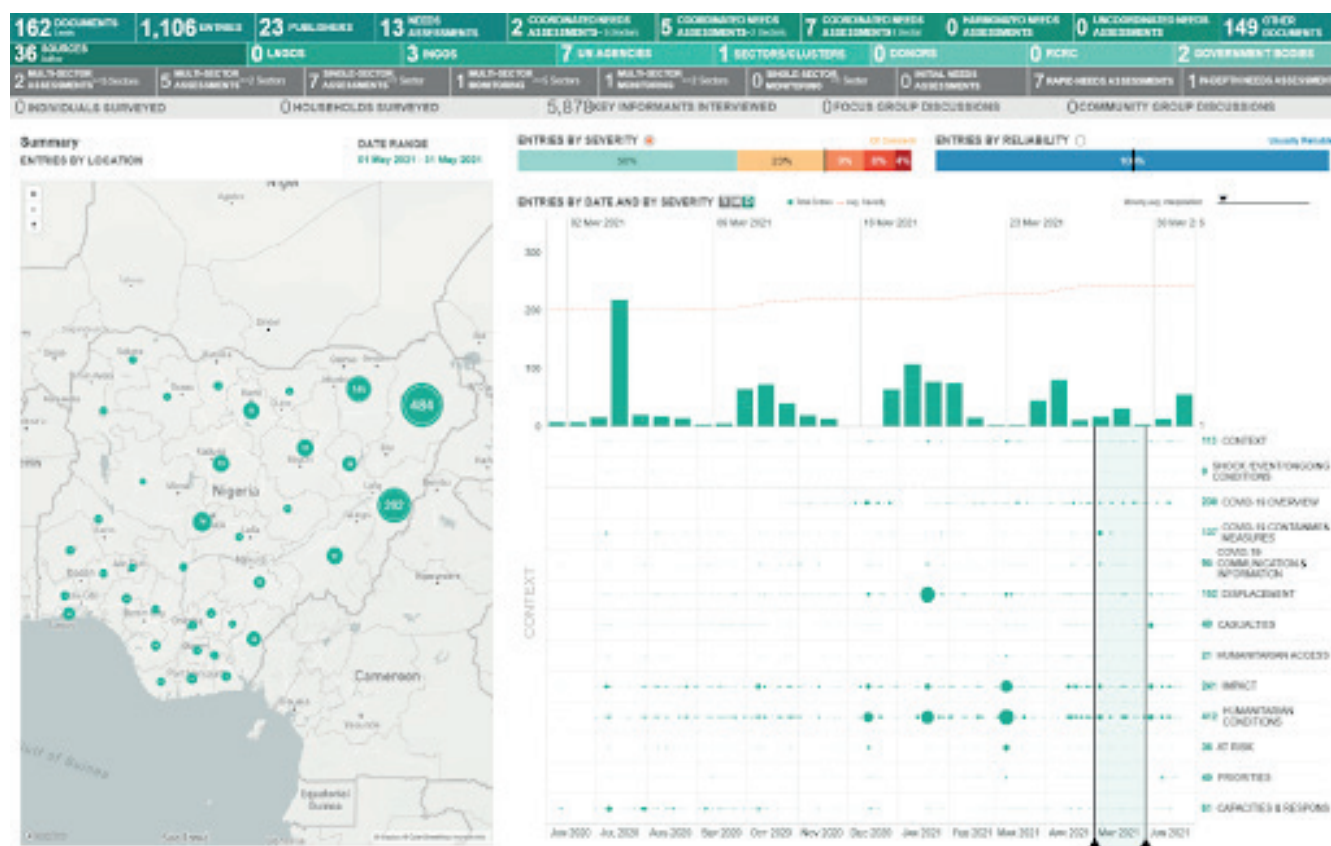


Figure 19. Documents and Entries by Sector and Affected Group

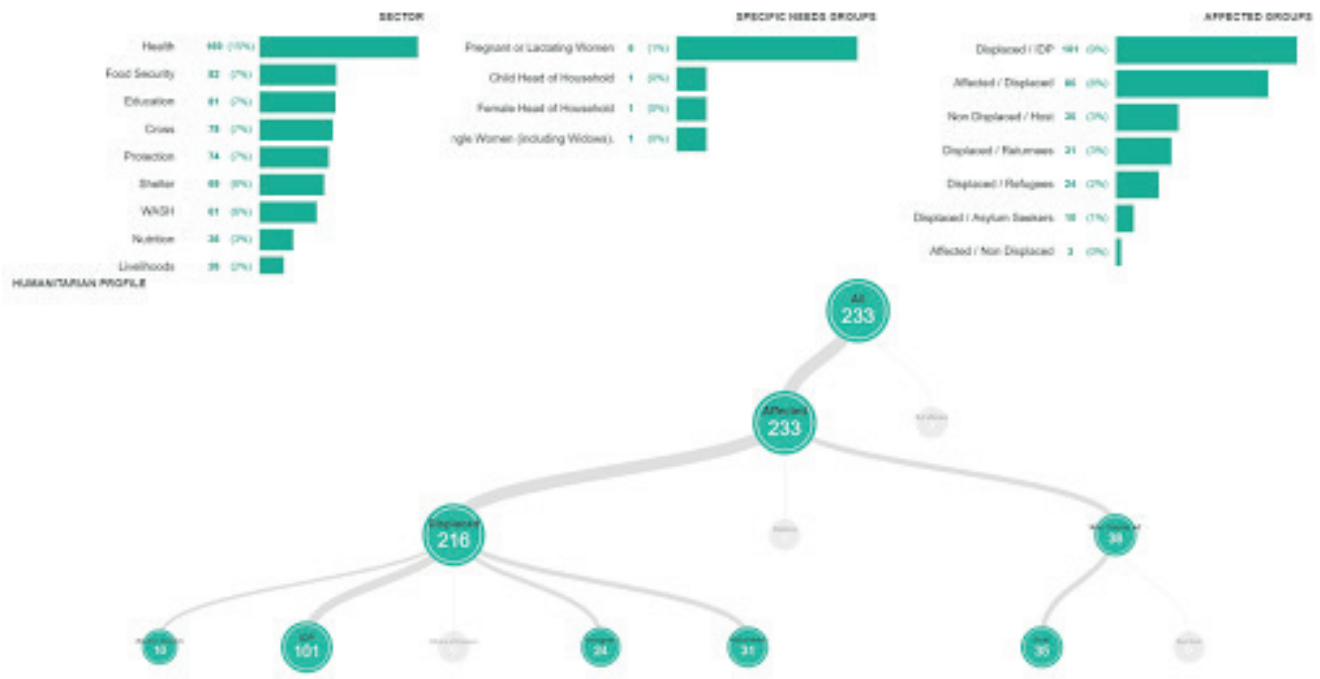


Figure 20. Entries by Sector and sub-Categories of the Analysis Framework

SECTORAL FRAMEWORK	# of Entries	<div><div></div>median severity</div>												
			CROSS	FOOD SECURITY	LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS	
		TOTAL	546	78	82	26	169	36	61	69	81	74	18	19
IMPACT189		Drivers/Aggravating Factors	98											
		Impact on People	65											
		Impact on System & Services	87											
		Number of People Affected	12											
HUMANITARIAN CONDITIONS7		Living Standards	202											
		Coping Mechanisms	31											
		Physical & mental wellbeing	153											
		Number of People in Need	14											
AT RISK22		People at risk / Vulnerable	22											
PRIORITIES38		Priority Needs (Pop)	24											
		Priority Needs (Staff)	10											
		Priority Interventions (Pop)	2											
		Priority Interventions (Staff)	3											
CAPACITIES & RESPONSE		Government & Local Authorities	5											
		National & Local Actors	8											
		International	27											
		Number of People Reached	27											

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 9).

Table 9: 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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