



## Cadre Harmonize for Identification of Risk Areas and Vulnerable Populations In 21 States and Federal Capital Territory (FCT) of Nigeria

### NIGERIA

### Results of the Analysis of Current Period (March to May, 2022) and Projected Period (June to August 2022)

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Main results for zones affected by food and nutrition insecurity in the 21 states of Abia, Adamawa, Bauchi, Benue, Borno, Cross-River, Edo, Enugu, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Niger, Plateau, Taraba, Sokoto, Yobe, Zamfara and the FCT. During the current period, Borno, Sokoto, Katsina and Yobe have some of the areas largely classified in crisis with Gubio LGA in Borno State having some populations in emergency. During the projected period, several areas in Borno Kaduna, Sokoto, Zamfara, Yobe and Peri-Urban FCT will likely fall under the crisis phase of FNI with some populations under the emergency phase in Abadam, Mobbar and more populations in Gubio LGAs of Borno State.

The Cadre Harmonisé (CH) is the unified tool for consensual analysis of acute food and nutrition insecurity in the Sahel and West African Region. At the regional level, the CH process is coordinated by the Permanent Inter-State Committee for Drought Control in the Sahel (CILSS), jointly managed by the Economic Community of West African States (ECOWAS) and Union Economic Monétaire of West Africa (UEMOA). The March 2022 CH analysis covered twenty-one (21) states of Nigeria and the Federal Capital Territory (FCT) using the CH Version 2.0 protocols. The analysis considered food and nutrition security outcomes (Food consumption, livelihood evolution, nutritional status and mortality); complemented with inferences drawn from the impact of relevant contributing factors (hazards and vulnerability, food availability, food access, food utilization and stability). The result of the analysis indicates that 14.5 million people (9.1%) of the analyzed population require urgent assistance in the current period (March to May, 2022). During the projected period (June to August 2022), the number of vulnerable population may rise to 19.5 million (12.3%) of the overall population analyzed, unless conscious efforts are made to provide strategic resilience-focused interventions and humanitarian assistance in areas where necessary.



#### Food Consumption:

In the current period (March to May, 2022), food consumption across several states was under stress ; except in inaccessible LGAs and states with high incidences of insecurity namely Adamawa, Borno, Yobe, Kaduna, Sokoto and Niger where it is under crisis. During the projected period (June to August, 2022); food consumption is expected to deteriorate slightly due to reduced markets stocks and its resultant hike in staple food prices which often limits HHs capacity to acquire stocks and sustain access to quality and nutritious foods.

#### Hazards and Vulnerability:

In Zamfara, Kaduna, Katsina, Sokoto and Niger States including the FCT, high cases of banditry and kidnapping were witnessed. Similarly, in the north central states of Benue and Plateau incessant cases of farmers and herders conflict has remained a concern. These situations have resulted to high levels of displacement, disrupted livelihood and unavailability of stable Income Generating Activities (IGAs) in affected areas. In the BAY States (Borno, Adamawa and Yobe), the continued operations of Non-State Armed Groups (NSAGs) remains a concern resulting in high rates of displacements, unstable livelihoods and use of irreversible coping strategies among several households to meet their food and basic none-food needs. Generally, the over 50% hike in staple food prices witnessed across the states, has implications on HHs access stocks, quantitative and diversified nutritious foods both in the current and projected periods.



#### Livelihood Change:

Livelihood evolution is either under pressure or crisis across all the states. However, in conflict affected states of Zamfara, Katsina, Kaduna, Niger, Sokoto, Adamawa, Yobe and Borno ; several households experienced seriously disrupted livelihood as well as critical to non-access of income generating activities (IGAs) and income sources. During the projected period, these areas may likely experience further instability in livelihoods, with more households' resorting to irreversible and crisis livelihood coping strategies to meet their food and basic non-food needs, in the absence of sustained on-going humanitarian action.

#### Food Availability:

Marginal increases in staple and cash crops output was witnessed in 2021 compared to five-year averages in several states except in Abia, Lagos, Katsina, Benue, Kaduna, Niger and Taraba where below-average increases was reported. The reduction in output was attributed to insecurity which restricted households' access to production inputs (land, labor and agrochemicals). Generally, significant proportions of households' in accessible LGAs from the BAY States [76.9% (Borno), 86.8% (Adamawa) and 90.8% (Yobe)] were involved in the 2021 cropping activities. Nonetheless, results from earth observation products (EOPs) suggest a slight increase in cropped land area in 2021 across most of the inaccessible areas in the BAY States when compared to 2020 cropping season. Despite the rise in banditry and insecurity in the north west states of Kaduna, Katsina, Sokoto and Zamfara, at least 70% of HHs were able to access production inputs across the zones. Significant reduction in household's stocks was reported in the current period among a significant proportion of households with about 35% having no stocks. Going into the lean season (June to August, 2022) more households' may experience depleted or non availability food stocks. Although, harvests from the early maturing crops from the 2022 wet cropping season may help cushion the deficits in food availability and ameliorate possible deterioration in food shortages; there are still concerns that displaced households in several insecurity burdened areas may face severe food consumption gaps.



#### Nutrition:

Generally, malnutrition prevalence for children (6 to 59 months) is above the critical threshold in some states. GAM rate ranged from 6.1% to 6.3% in Adamawa State, 12.4% to 16.0% in Sokoto State and 7.5% to 10.1% in Zamfara States respectively. However, in Northern Borno, MMC and Jere the GAM rate is under stress (8.8 %). The critical nutrition situation may be linked to poor WASH and sanitation practices including poor food dietary diversity which exposes children to diseases and hinders their overall growth and development.

#### Food Access:

Access to food among several households was limited by the soaring food prices which was heightened by the fuel and gas scarcity and its resultant hike in cost of food haulage and distribution systems from several production baskets to the markets. The state of insecurity across several areas/zones negatively impacted on households' capacity to access stable income sources which significantly reduced their purchasing power to sustain a minimal acceptable food consumption status. Of particular concern are IDP populations and populations in inaccessible areas who are facing high food deficits gaps and non-access to income sources. During the projected period (June to August, 2022) access to food may deteriorate slightly across the states but most severe among IDPs population whose sources of income and livelihood are currently under crisis to emergency phases.



#### Mortality:

Current data on mortality rate in Adamawa, Borno and Yobe is in the minimal phase. However, in the inaccessible areas of Borno State, the mortality rate indicates critical situation (Phase 5). Consequently, there are no data for mortality in the other eighteen (18) analyzed states and the FCT.

#### Food Utilization including Water:

Across the states, at least 80% of households had access to safe and potable water for drinking and cooking. Improved administration of food supplements (vitamin A and Iron foliate) to children aged 6 to 59 months and pregnant mothers were reported in several states' primary health care services and community management for acute malnutrition (CMAM) centers. However, in the insecurity burdened states, there are concerns that several displaced populations and people trapped in the inaccessible areas, are experiencing difficulty accessing safe potable water and stable access to health care services. During the projected period, access to water may continue to undermine households' food utilization status in some states (Lagos, Borno and Adamawa) where only about 30% to 45% of households still source their water from unsafe points (unprotected well, streams and surface water).

#### Stability:

During the current period, non availability of household stocks was reported in several states due to reduced food output indices from the 2021 production season among producers. Nonetheless, the hike in staple food prices played a major role in undermining households' food access and utilization. Although, the terms of trade were favorable among cash crop producers when compared to the past 5-year average, the recent high in prices of haulage and transportation posed a challenge to their benefiting optimally from the sale of their produce. During the projected period, food prices are expected to increase further following the seasonal hike in prices. However early harvest from the 2022/23 cropping season may help ameliorate the situation. Expectantly, households in partially and inaccessible areas may resort to more difficult livelihood coping measures to meet their food and essential non-food needs during the projected period putting them in dire food and nutrition security situation.

## Main Results and Problems

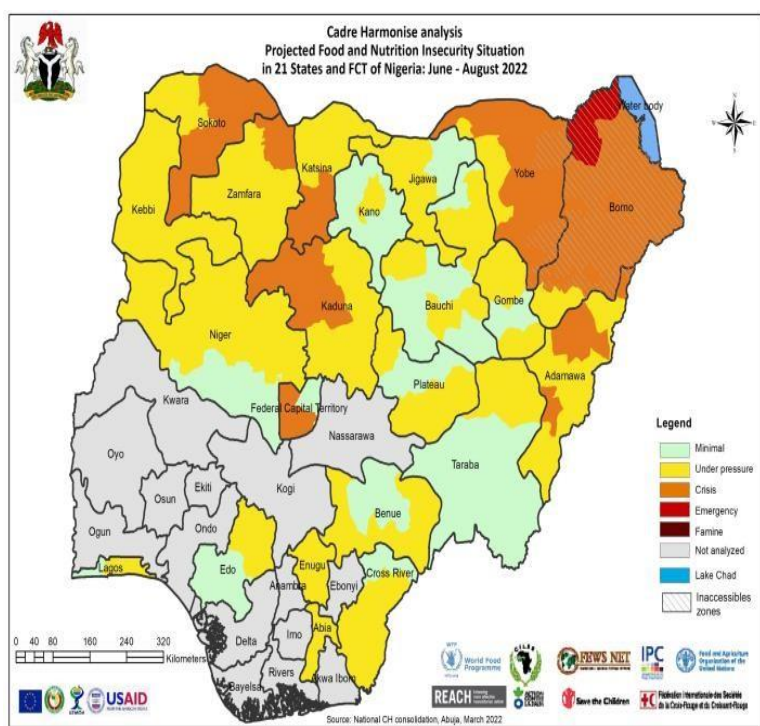
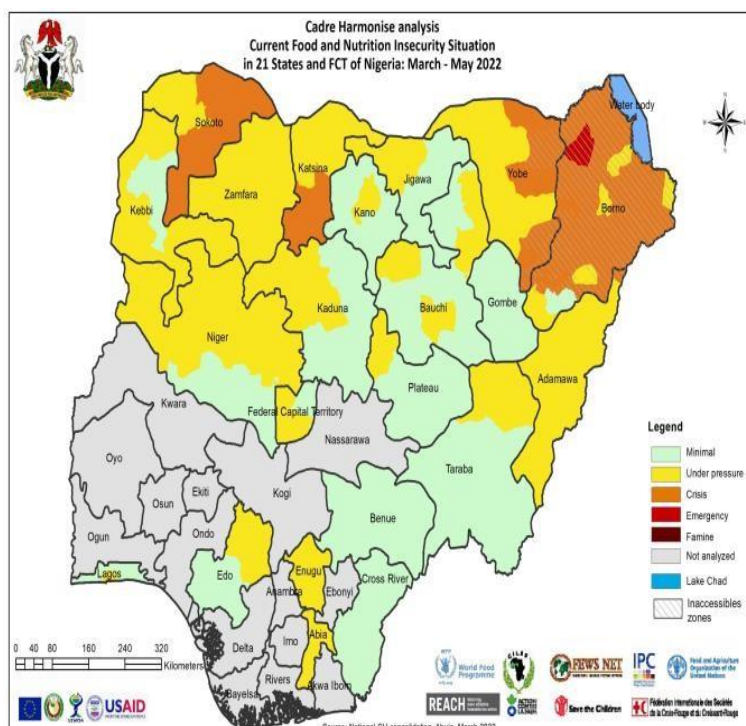
**Table 1: Zones, LGAs and States Analysed March, 2022**

The result for the current period shows that 459 areas (comprising of zones and LGAs) were analyzed across the 21 states; of which 188 were classified in the minimal phase, 221 under pressure, 49 in crisis phase while 1 LGA ( Gubio) in Borno State is under the emergency phase of food and nutrition insecurity. During the projected period (June to August, 2022), Seventy- Nine (79) LGAs /Zones will be in crisis while three (3) LGAs (Abadam, Gubio and Mobbar) in Borno State will be in the emergency phase of food and nutrition insecurity.

States	Current: March – May, 2021						Projected: June – August 2022					
	Number of analyzed areas	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Number of analyzed areas	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Abia	17	0	17	0	0	0	17	0	17	0	0	0
Adamawa	21	0	20	1	0	0	21	0	15	6	0	0
Bauchi	20	14	6	0	0	0	20	9	11	0	0	0
Benue	23	23	0	0	0	0	23	14	9	0	0	0
Borno	27	1	8	17	1	0	27	0	4	20	3	0
Cross-River	18	18	0	0	0	0	18	5	13	0	0	0
Edo	18	7	11	0	0	0	18	7	11	0	0	0
Enugu	17	0	17	0	0	0	17	0	17	0	0	0
FCT	6	2	4	0	0	0	6	2	0	4	0	0
Gombe	11	11	0	0	0	0	11	2	9	0	0	0
Jigawa	27	15	12	0	0	0	27	8	19	0	0	0
Kaduna	23	16	7	0	0	0	23	0	16	7	0	0
Kano	44	29	15	0	0	0	44	29	15	0	0	0
Katsina	34	0	23	11	0	0	34	0	23	11	0	0
Kebbi	21	8	13	0	0	0	21	0	21	0	0	0
Lagos	20	15	5	0	0	0	20	10	10	0	0	0
Niger	25	8	17	0	0	0	25	8	17	0	0	0
Plateau	17	11	6	0	0	0	17	5	12	0	0	0
Sokoto	23	0	8	15	0	0	23	0	8	15	0	0
Taraba	16	10	6	0	0	0	16	10	6	0	0	0
Yobe	17	0	12	5	0	0	17	0	5	12	0	0
Zamfara	14	0	14	0	0	0	14	0	10	4	0	0
<b>Total</b>	<b>459</b>	<b>188</b>	<b>221</b>	<b>49</b>	<b>1</b>	<b>0</b>	<b>459</b>	<b>109</b>	<b>268</b>	<b>79</b>	<b>3</b>	<b>0</b>

### How Many People are in Food and Nutrition Insecurity and Where are they?

The result indicates that 14 455 049 (9.1%) persons from the analysed population are in critical acute food insecurity state (Phase 3 and 4), and require urgent attention in the current period of March to May, 2022 (Table 2). During the projected period of June to August 2022, these figures may rise to 19 453 305 (12.3%) of the overall population, including 415 950 IDP populations in Benue, Sokoto and Zamfara States unless conscious resilience-strengthening interventions and on-going humanitarian assistance are intensified in these affected areas. Among the vulnerable population needing urgent assistance, the inaccessible population in sixteen (16) LGAs [Adamawa (1 LGA), Borno (14 LGAs) and Yobe (1 LGA) States] analysed using the special protocol constitutes 423 886 and 504 234 in the current and projected period each respectively. Generally, reports from these inaccessible areas suggest that households are faced with very high food consumption deficit, poor dietary diversity and crisis to emergency reduced coping strategies during the current period. Similarly, internally displaced persons (IDPs) in formal camps from Sokoto, Benue and Zamfara States constitutes 23 769; 307 427 and 54 218 respectively of the overall vulnerable populations estimated to be in phases 3 to 4 during the current period.



**Table 2: Estimation of Population Per Phase of Food and Nutrition Insecurity in the Current Situation (March to May, 2022)**

State	Total Population	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Phase 3-5
Abia	4 945 534	2 807 281	1 552 752	585 500	-	-	585 500
Adamawa	5 125 061	2 482 969	1 852 318	787 598	2 177	-	789 774
Bauchi	7 683 291	6 192 256	1 204 045	286 991	-	-	286 991
Benue	6 516 727	5 365 863	781 064	369 800	-	-	369 800
Borno	6 309 889	2 958 984	1 920 917	1 262 216	167 772	-	1 429 988
Cross River	4 774 819	3 949 936	579 044	245 839	-	-	245 839
Edo	4 800 000	3 478 697	1 042 828	278 475	-	-	278 475
Enugu	5 213 985	3 262 890	1 659 524	291 571	-	-	291 571
FCT	4 563 988	3 359 674	855 828	348 486	-	-	348 486
Gombe	3 545 032	2 920 810	436 187	188 035	-	-	188 035
Jigawa	6 943 384	5 539 312	955 730	448 342	-	-	448 342
Kaduna	9 667 996	6 873 462	1 880 113	914 421	-	-	914 421
Katsina	9 094 681	6 113 254	1 780 521	1 081 131	119 775	-	1 200 906
Kano	15 429 060	11 440 902	3 378 609	609 548	-	-	609 548
Kebbi	5 069 761	3 577 657	1 023 054	469 050	-	-	469 050
Lagos	28 154 342	22 249 931	4 124 217	1 780 194	-	-	1 780 194
Niger	6 533 450	4 063 122	1 881 265	589 063	-	-	589 063
Sokoto	5 910 614	3 271 479	1 611 489	1 004 206	23 440	-	1 027 646
Plateau	4 798 018	3 569 642	863 697	364 679	-	-	364 679
Taraba	3 570 308	2 750 680	574 135	245 493	-	-	245 493
Yobe	4 614 209	2 355 063	1 363 803	825 388	69 955	-	895 343
Zamfara	5 245 125	2 836 644	1 697 991	710 490	-	-	710 490
<b>Total General</b>	<b>158 509 275</b>	<b>111 420 507</b>	<b>33 019 133</b>	<b>13 686 516</b>	<b>383 119</b>	<b>-</b>	<b>14 069 635</b>
<b>IDPs-Sokoto</b>	56 593	13 016	19 808	18 110	5 659	-	23 769
<b>IDPs-Benue</b>	357 473	7 149	42 897	150 139	157 288	-	307 427
<b>IDPs-Zamfara</b>	142 680	45 658	42 804	39 950	14 268	-	54 218
<b>IDPs</b>	<b>556 746</b>	<b>65 823</b>	<b>105 508</b>	<b>208 199</b>	<b>177 215</b>	<b>-</b>	<b>385 414</b>
<b>Total-General + IDPs</b>	<b>159 066 021</b>	<b>111 486 331</b>	<b>33 124 641</b>	<b>13 894 715</b>	<b>560 334</b>	<b>-</b>	<b>14 455 049</b>

In the projected period (June – August, 2022) about 19 453 305 people were classified under the combined critical (crisis and emergency) phases of food and nutrition insecurity in the 21 states and the FCT (Table 3). This figure includes the IDPs populations of 27 165 in Sokoto, 321 726 in Benue and 67 060 in Zamfara States each respectively.

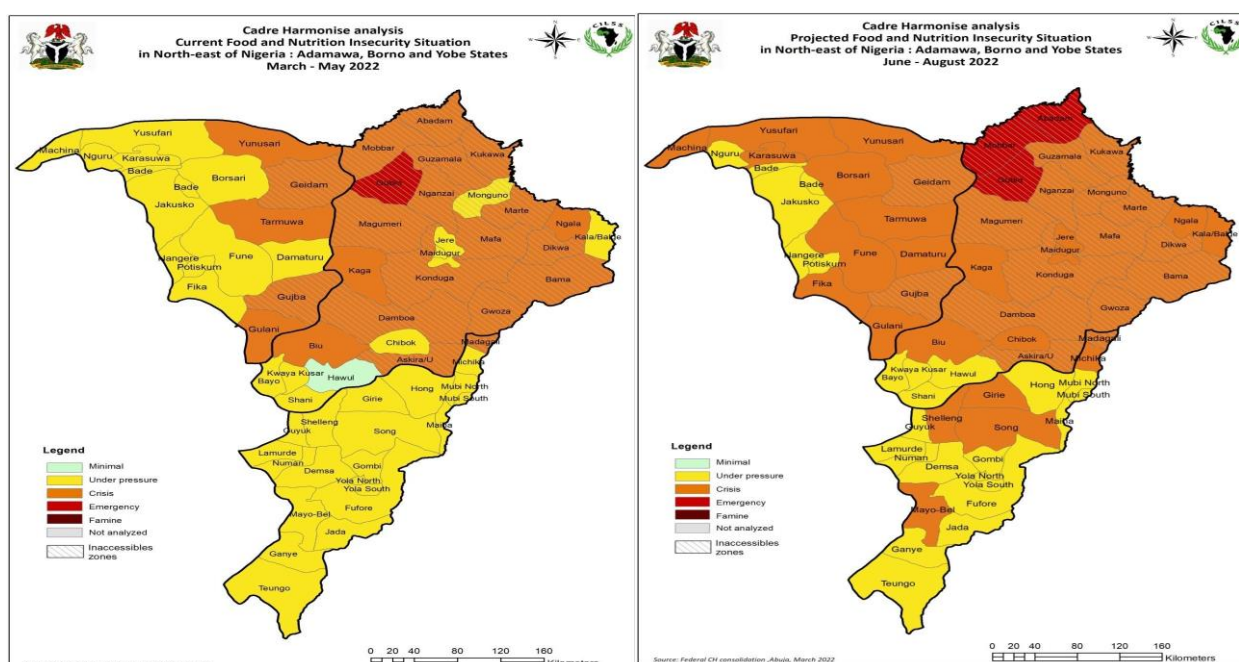
**Table 3: Estimation of Population Per Phase of Food and Nutrition Insecurity in the Projected Situation (June to August, 2022)**

State	Total Population	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Phase 3-5
Abia	4 945 534	2 338 756	1 874 021	732 757	-	-	732 757
Adamawa	5 125 061	1 910 973	2 205 512	1 002 047	6 530	-	1 008 576
Bauchi	7 683 291	5 693 060	1 537 090	453 141	-	-	453 141
Benue	6 516 727	4 498 083	1 472 047	546 597	-	-	546 597
Borno	6 309 889	2 230 474	2 144 339	1 569 348	365 728	-	1 935 076
Cross River	4 774 819	3 433 587	1 012 435	328 797	-	-	328 797
Edo	4 800 000	3 340 101	1 138 828	321 071	-	-	321 071
Enugu	5 213 985	3 778 539	1 251 356	184 090	-	-	184 090
FCT	4 563 988	3 031 356	925 172	607 461	-	-	607 461
Gombe	3 545 032	2 482 726	759 266	303 039	-	-	303 039
Jigawa	6 943 384	5 237 736	1 161 589	544 060	-	-	544 060
Kaduna	9 667 996	5 165 321	3 072 756	1 429 919	-	-	1 429 919
Katsina	9 094 681	5 274 537	2 169 940	1 440 125	210 079	-	1 650 204
Kano	15 429 060	10 903 393	3 740 289	785 378	-	-	785 378
Kebbi	5 069 761	3 241 120	1 173 804	654 837	-	-	654 837
Lagos	28 154 342	19 704 947	5 840 539	2 608 856	-	-	2 608 856
Niger	6 533 450	3 710 711	2 124 330	677 928	20 482	-	698 409
Sokoto	5 910 614	2 770 782	1 870 554	1 122 418	146 860	-	1 269 278
Plateau	4 798 018	3 236 208	1 026 810	535 000	-	-	535 000
Taraba	3 570 308	2 634 622	643 327	292 359	-	-	292 359
Yobe	4 614 209	1 932 616	1 481 877	984 018	215 698	-	1 199 716
Zamfara	5 245 125	2 249 645	2 046 746	934 422	14 312	-	948 733
<b>Total- General</b>	<b>158 509 275</b>	<b>98 799 293</b>	<b>40 672 628</b>	<b>18 057 667</b>	<b>979 687</b>	<b>-</b>	<b>19 037 355</b>
<b>IDPs- Sokoto</b>	56 593	6 791	22 637	19 808	7 357	-	27 165
<b>IDPs- Benue</b>	357 473	-	35 747	153 713	168 012	-	321 726
<b>IDPs- Zamfara</b>	142 680	21 402	54 218	45 658	21 402	-	67 060
<b>IDPs</b>	<b>556 746</b>	<b>28 193</b>	<b>112 603</b>	<b>219 179</b>	<b>196 771</b>	<b>-</b>	<b>415 950</b>
<b>Total-General +IDPs</b>	<b>158 784 429</b>	<b>98 827 486</b>	<b>40 785 231</b>	<b>18 276 846</b>	<b>1 176 459</b>	<b>-</b>	<b>19 453 305</b>



### Inaccessible Population in Completely Inaccessible or Partially Inaccessible LGAs of Borno, Adamawa and Yobe States

Of the 979 030 population in acute food insecurity situation, needing emergency assistance during the current period in Adamawa, Borno and Yobe States, 423 886 (43.3%) are situated in inaccessible communities of 16 LGAs (Abadam, Askira Uba, Bama, Damboa, Dikwa, Guzamala, Gubio, Gwoza, Konduga, Kukawa, Mafa, Magumeri, Marte and Nganzai) in Borno; Madagali LGA in Adamawa and Gujba LGA in Yobe States respectively where humanitarian agencies lack access. However, there are additional vulnerable populations in other inaccessible areas of Borno that were not analysed because of the inadequate sample size which did not meet the minimum threshold required for special protocol. Similarly, of the 789 774 and 895 343 people in critical food insecurity condition, in Adamawa and Yobe States, 10 224 (1.3%) and 33 649 (3.8%) are located in inaccessible areas. Figures 1 & 2 below presents the geographic distribution of these vulnerable inaccessible populations. Although, findings from the food security assessment in these areas showed a mild improvement in consumption, there are indications of deteriorations in access to basic essential needs like health services, WASH, education and shelter, all of which have implication for nutrition and the overall well-being and development of these inaccessible population. Gubio, Mobbar and Abadam LGAs were classified under the emergency phase in the projected current situation, Nonetheless there is strong indication that some population may be in catastrophe during period. While some inaccessible areas in Borno (Chibok, Jere, Kala/Balge, Mafa, Ngala, Mobbar and Magumeri); Adamawa (Michika and Hong) and Yobe (Geidam and Tarmua) States respectively were not analyzed due to insufficient sample size to meet to criteria for analysis. Data obtained from food and nutrition security monitoring systems across these areas indicates that there a significant populations facing food and nutrition security challenges and in emergency need of assistance.



Figures 1 & 2: Geographical representation of phases of FNS in inaccessible areas of BAY States in the current and Projected Periods

Table 4: Estimation of Inaccessible Populations Per Phase of Classification and LGA for the Current Period (March to May, 2022)

State	LGA	Total population	Total population in Phase 1	Total population in Phase 2	Total population in Phase 3-5
Borno	Abadam	44 977	6 747	17 991	20 240
	Askira Uba	55 520	9 438	16 656	29 425
	Bama	82 854	23 199	30 656	28 999
	Damboa	17 629	3 526	5 289	8 815
	Dikwa	23 731	3 560	8 306	11 866
	Gubio	152 277	16 750	38 069	97 457
	Guzamala	88 024	17 605	30 809	39 611
	Gwoza	62 944	15 736	25 178	22 030
	Konduga	14 974	4 492	5 241	5 241
	Kukawa	117 434	31 707	46 974	38 753
Borno	Mafa	18 753	4 313	6 564	7 876
Borno	Magumeri	121 604	18 241	60 802	42 562
Borno	Marte	25 785	6 704	11 603	7 478
Borno	Nganzai	61 439	14 131	27 648	19 660
<b>BORNO</b>	<b>TOTAL</b>				<b>380 013</b>
Adamawa	Madagali	17 936	2 332	5 381	10 224
Yobe	Gujba	73 149	19 750	19 750	33 649
<b>TOTAL - BAY States</b>		<b>979 030</b>	<b>198 231</b>	<b>356 917</b>	<b>423 886</b>

During the period of June to August 2022, out of the 1 935 076 people projected to be in critical need of emergency assistance in Borno State, 380 013 (19.6%) of them would be situated in inaccessible areas where access to critical life-saving support would be lacking except conscious effort is put in place to extend humanitarian services to these localities. Similarly, out of the 1 008 576 and 1 199 716 persons projected to be in critical need of food assistance, in Adamawa and Yobe States, 12 914 (1.3%) and 33 649 (2.8%) of them would come from the inaccessible area (Madagali and Gujba LGAs) respectively (Table 5).

**Table 5: Estimation of Inaccessible Populations Per Phase of Classification and LGA for the Projected Period (June to August 2022)**

State	LGA	Total population	Total population in Phase 1	Total population in Phase 2	Total population in Phase 3 -5
Borno	Abadam	44 977	5 847	13 493	25 637
Borno	Askira Uba	55 520	4 442	17 221	33 867
Borno	Bama	82 854	12 428	33 142	37 284
Borno	Damboa	17 629	2 997	4 407	10 225
Borno	Dikwa	23 731	3 085	6 645	14 001
Borno	Gubio	152 277	7 614	38 069	106 594
Borno	Guzamala	88 024	10 563	30 809	46 653
Borno	Gwoza	62 944	9 442	26 437	27 006
Borno	Konduga	14 974	2 546	5 990	6 439
Borno	Kukawa	117 434	19 964	52 845	44 625
Borno	Mafa	18 753	2 813	6 564	9 337
Borno	Magumeri	121 604	6 080	60 802	54 722
Borno	Marte	25 785	5 673	11 603	8 509
Borno	Nganzai	61 439	6 144	30 720	24 576
<b>BORNO</b>	<b>TOTAL</b>				<b>443 042</b>
Adamawa	Madagali	17 936	-	5 022	12 914
Yobe	Gujba	73 149	12 435	12 435	48 278
<b>TOTAL - BAY States</b>		<b>979030</b>	<b>112,073</b>	<b>338 747</b>	<b>504 234</b>



## Methodology

The Cadre Harmonize analytical framework is a regional system for food crisis prevention and management that considers various outcome indicators of food and nutrition insecurity and the impact of contributing (key drivers and limiting) factors. The March, 2022 CH analysis was conducted at the zonal (senatorial) level in 17 out of the 21 States and the FCT, and at the LGA level in Adamawa, Bauchi, Borno, and Yobe States. The population of Internally Displaced Persons was specifically analyzed for Benue, Sokoto and Zamfara States, and was also carefully factored in for all other states that have related challenges. Inaccessible population were analyzed in totally or partially accessible LGAs of Borno (14 LGAs), and Adamawa (1 LGA). The methodology and process adopted for the analysis entails the collation of available data and information generated by partners and government Ministries, Departments and Agencies (MDAs) by the analysis team. The national and state analysis taskforces then harmonize these data and information following the principles and standards of Cadre Harmonize through the convergence of evidences and technical consensus reached in a very objective manner. Four centres namely, Bauchi (North East States), Katsina (North West States), Jos (North Central States) and Benin (Southern States) were used for the state level analysis which lasted from 1<sup>st</sup> to 5<sup>th</sup> March, 2022. Results generated at the state level analysis were validated in Abuja by various stakeholders including Food Security Sector partners, Nutrition Sector partners, the humanitarian community, government institutions, non-governmental organizations, and so on from 7<sup>th</sup> to 10<sup>th</sup> March, 2022; while the final results of the Cadre Harmonize analysis was presented to top government officials, policy makers and a spectrum of stakeholders at Federal and State levels on 11<sup>th</sup> March, 2022, for adoption and use in programming for intervention for the vulnerable population.

### Analysis of Inaccessible Populations in Partially and Totally Inaccessible Areas of Borno, Adamawa and Yobe States

The overall results of this March, 2022 CH analysis include those of 26 totally and partially inaccessible LGAs in Borno (21), Adamawa (3) and Yobe (2). Specifically, a total of sixteen (16) LGAs comprising 14 in Borno (Abadam, Askir/Uba, Bama, Damboa, Dikwa, Gubio, Gwoza, Kukawa, Nganzai, Konduga, Magumeri, Mafa, Marte, Monguno), 1 in Adamawa (Madagali) and 1 in Yobe (Gujba) were comprehensively analyzed as either totally or partially inaccessible, using the special protocol prescribed in the Version 2.0 of the CH Manual. These LGAs were specially analyzed because they met the threshold of sample size requirement from new arrivals and the availability of relevant outcomes and contributing factors generated on the areas by the Task Force on Humanitarian Situation Monitoring System (HSMS) for Inaccessible Areas, comprising of the Government Authorities, Food Sector Cluster, Nutrition Sector, NGOs, CH Members and Humanitarian actors. The data used for the analysis of totally and partially inaccessible areas were basically for food consumption, livelihoods and nutrition outcomes, and several contributing factors which were collected from new arrivals who had left the inaccessible/partially accessible areas within the past 30 days as at the date of interview. These outcomes were complemented with other evidences (contributing factors) such as high-resolution satellite images (from EU/JRC, Nigeria Space Research and Development Agency, AGRHYMET/CILSS, FEWS NET and WFP), population displacement, food commodities prices, and additional information on food security, livelihoods, weight for height and MUAC screening of new arrivals from inaccessible areas. Other inaccessible LGAs that were monitored by the HSM Task Force but were not specially analyzed for unrepresentative sample size include Chibok, Kaga, Kala-Balge, Jere, Mobbar, Monguno and Ngala (Borno), Michika and Hong (Adamawa) and Geidam and Tarmua (Yobe). In all the LGAs of Borno, Yobe, and Adamawa, with inaccessible population but unrepresentative sample size with limited outcome level information, the inaccessible populations were factored into the global analysis of these areas.

The Cadre Harmonisé meta-analysis procedure, based on the CH V2.0 of the manual, is categorized into the following five steps:

- **Step 1 - Data inventory:** This entails the compilation of relevant data sets required as evidence in conducting the CH analysis.
- **Step 2 - Data analysis:** This involves evaluation of the compiled evidence, their reliability scores and analysis of evidence following technical consensus.
- **Step 3 – Synthesis and Phases Classification:** Classifying the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> administrative levels into the various phases of food and nutrition insecurity according to the CH reference table, depending on the interface of the indicators of outcome and contributing factors of food and nutrition security.
- **Step 4 - Estimation of Populations:** The affected populations are estimated for the current and projected periods based on the evidence available on the levels of the outcome indicators.
- **Step 5 - Validation and communication of results** - The findings of the analysis are validated and communicated to stakeholders and decision makers.

The CH analysis process was jointly led and facilitated technically by the Federal Ministry of Agriculture and Rural Development, FAO, CILSS, WFP, FEWSNET, IPC/GSU, SCI, REACH, the FSS and other partners. Other participants are drawn from various Ministries, Departments and Agencies (MDAs), namely, the Federal Ministry of Agriculture and Rural Development, Federal Ministry of Health, Federal Ministry of Budget and National Planning, Project Coordinating Unit, National Program for Food Security, National Agricultural Extension and Research Liaison Services, Bayero University Kano, National Bureau of Statistics, National Emergency Management Agency and related agencies across the 20 states and FCT. Also, in attendance were UN agencies namely, FAO, WFP and UNICEF; Food Security and Nutrition Sectors for Northeast Nigeria, Development Partners/INGOs including FEWSNET, AAH, Save the Children, Mercy Corp, REACH Initiative, CRS and some national NGOs.



## RECOMMENDATIONS

### For Action by Policy Makers:

#### For Action by Policy Maker:

1. Government and humanitarian agencies should sustain the implementation of life-saving food assistance interventions and unconditional cash transfers (social welfare packages) to the vulnerable populations in the affected areas.
2. Sustain the facilitation of humanitarian access to inaccessible/hard-to-reach areas so as to provide assistance to those in critical need.
3. Government, NGOs, Civil Society Organizations and private actors should sustain /promote various empowerment programmes geared towards building the resilience of households through the revitalization of the MSMEs. However, priority should be given to the vulnerable populations in these analyzed states to enable them to have a fresh start-up for their livelihood activities.
4. Adoption of the CH analysis result as a response tool for planning and policy formulation by Governments, humanitarian agencies and NGOs will help address food and nutrition challenges of insecure populations and zones. Thus, states should consistently strengthen and expand the scope and frontiers of the State Analysis Task Force (SATF) to ensure the plurality of its composition.
5. Governments should consciously make budgetary provisions to support the implementation of CH activities at both the national and state levels. In this regard, adequate provision should be made for the conduct of food and nutrition security assessments in all the states to strengthen the credibility of the CH results.

#### Technical and Financial Partners:

1. Partners should sustain the joint support for timely conduct of Food and Nutrition Security assessments to ensure the provision of both quantitative and qualitative data for the CH analysis, particularly in the states that are worst affected by insurgency, banditry and other forms of shocks and hazards where population displacement remains pronounced.
2. Continue to complement the efforts of the government in implementing the recommendations following the outcome of CH analysis, especially, among populations and areas identified to be at risk of food and nutrition crisis.
3. Scale up support to the NPFS/FMARD for the implementation of CH activities, especially now that the tool is being extended to the remaining states that are yet to be mainstreamed into the CH exercise. Thus, the involvement of partners in advocacy visit and sensitization of new states to be mainstreamed into the CH process is pertinent.
4. Increase support in strengthening the technical capacity of the national and state CH analysis task force members in the analysis of food and nutrition security assessment (FNSA), essential needs assessment (ENA), and household economic analysis (HEA) for the sustainability of the CH process.
5. Scale-up effort at exploring diverse technology-driven approaches for efficient and timely data generation and results sharing among partners and the CH national analysis task force (NATF) to support the conduct of the CH analysis.
6. Support and sustain the implementation of advocacy at various levels of government (especially Federal and State) to elicit actions based on the outcome and recommendations from CH analysis to address food and nutrition insecurity challenges across the states.
7. Sustain the synergy among Regional (ECOWAS, CILSS, WFP, FAO, FEWSNET, etc.) and national partners to boost the support needed for scaling up of the CH in Nigeria.



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## Donors



## Partners

