



Cadre Harmonize for Identification of Food and Nutrition Insecurity Risk Areas and Vulnerable Populations in 26 States and Federal Capital Territory (FCT) of Nigeria

NIGERIA

Results of the Analysis of Current Period (October to December, 2022) and Projected Period (June to August 2023)

Prepared on: 11th November, 2022

Main results for zones and populations affected by Food and Nutrition Insecurity (FNI) in 26 states of Nigeria (Abia, Adamawa, Bauchi, Benue, Borno, Cross-River, Edo, Enugu, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Plateau, Rivers, Taraba, Sokoto, Yobe, Zamfara and the FCT). In the current period, fifty seven (57) LGAs in Adamawa, Borno, Sokoto, Zamfara, Jigawa, Katsina and Yobe States were classified under crisis while Bama LGA in Borno State is in the emergency phase of food and nutrition insecurity. In the projected period, the number of areas classified under crisis may increase to one hundred and thirty five (135) unless targeted and coordinated life and livelihoods saving interventions are implemented to ameliorate the situation.

The Cadre Harmonisé (CH) is an evidence based early warning tool for the consensual analysis of acute food and nutrition insecurity (FNI). The Permanent Inter-State Committee for Drought Control in the Sahel (CILSS) coordinates the process, which is jointly managed by the Economic Community of West African States (ECOWAS) and Union Economic Monetaire of West Africa (UEMOA). The analysis results aids decision making for the implementation of actions to strengthen resilience and manage food crisis. The CH analysis for November 2022 CH used the CH-V2.0 protocols and covered twenty-six (26) states and the Federal Capital Territory (FCT) in Nigeria. The analysis took into account the standard outcome of food and nutrition security which includes; food consumption, livelihood evolution, nutritional status and mortality. The findings were augmented by inferences drawn from the impact of relevant contributing factors (Hazards and vulnerability, food availability, food access, food utilization and stability). According to the findings of the analysis, **17.01 million (8.8%)** of the analyzed population are in crisis to worst situation of FNI and require urgent food assistance in the current period (October to December, 2022). During the projected period (June to August 2023), the number of vulnerable populations may spike to **25.3 million (13.1%)** if conscious efforts are not put in place to provide and improve strategic resilience-focused interventions and humanitarian assistance in areas where these are necessary.



Food Consumption:

Across the analyzed states, food consumption (FC) was generally under stress. However, in some states (Adamawa, Borno, Yobe, Zamfara, Sokoto, Cross-River, Enugu (North), Kogi(East) and Kastina; food consumption was in crisis phase of FNI. During the projected period (June to August, 2023); food consumption is expected to deteriorate slightly which may plunge several states into the crisis phase of FNI. The FC crisis situation resulted from seasonal rise in staple food prices which limited HHs capacity to sustain an acceptable access to sufficient nutritious foods both in quantity and quality.

Hazards and Vulnerability:

Major shocks experienced during the period were insecurity, floods, high food and commodity prices including fuel. Generally, the insurgency experienced in the northern states of Borno, Adamawa and Yobe as well as armed criminality and banditry in states of Sokoto, Katsina, Zamfara, Kaduna, Benue, Plateau and Niger continue to pose serious challenge to food production. Incidence of flood destroyed hundreds of thousands of cropped hectares, livestock, stocked fishponds and food storage bans/silos at both household, community and market levels. This led to increases in the number of displaced persons across the states, with several households (HHs) totally losing their entire household and productive assets. The floods also disrupted food distribution systems, trade flows and physical access to markets in states of Kogi, Rivers, Jigawa, Cross-river, Adamawa and Benue. This put more pressure on prices of major food commodities and limited several producer HHs purchasing power to sufficiently meet their basic food needs.

Food Availability:

Marginal increases (5% to 20%) in staple and cash crops output was witnessed in October 2022 as against same period in 2021 across all the states, with limited or none access to agricultural inputs (land, fertilizers, seeds and agrochemicals) as the major driving determinants of food output during the period. Significant reduction in household's stock was reported amongst than 60% of HHs of which more than 35% have no stocks. The low levels of stocks resulted from the washed away several hectares of matured ready to harvest cropped fields. Although, several households' are experiencing depleted or non-availability of stocks; output from lately planted ready to harvest maize, sorghum, millet, cowpea, rice and groundnut fields from the 2023 wet cropping season may help cushion the deficits in food availability and ameliorate excessive deterioration in food shortages. Going into the lean season (June to August, 2023) food availability may remain favorable as output from 2022/23 dry season farming is expected to stabilize HHs and market stock supply levels.

Food Access:

A higher than average (50%) rise in major staples was witnessed across all the analyzed states. The high cost of food items may be linked to the impact of high cost of fuel on haulage and disruption in distribution system due to the total cut-off of bridges and road network from the floods which reduced movement of persons, goods and services. In addition, the monthly increase in consumer price index (CPI) from 0.3% to 0.5% on a monthly basis since September 2021 puts the inflation rate at 20.8% as at September 2022 remains a concern. This may explain the continual rise in food commodities including basic non-food items and services during the analysis period. The rise in food prices may continue to be witnessed during the projected period with its resultant negative impact on HHs capacity to access food. Of most particularly concern are vulnerable flood victims, IDPs and Refugees' HHs already affected by insecurity and disrupted livelihoods.

Food Utilization including Water:

At least 80% of HHs had access to safe and potable water for drinking and cooking, except in Gombe, Edo, Ogun and Kogi States where safe portable water access ranged from 60% to 70%. Access to administered supplements (vitamin A and iron foliate) to children (6 to 59 months) and pregnant mothers were acceptable in communities across the several states. However, in the states severely affected by floods, there are concerns that displaced populations trapped in the hither lands may be experiencing difficulty accessing safe potable water and stable access to health care delivery services. In the projected period, low access to safe drinking water in some states (Kogi, Lagos, Jigawa, Rivers, Enugu and Adamawa) may impact negatively on food utilization. There are also concerns of possible outbreak of water borne diseases which in the absence of good health care delivery services may undermine HHs' food utilization status

Stability:

Although the cropping seasonal calendar was stable and favorable for all crops, the hazard of floods which washed away farmlands resulted in low availability of stocks in several HHs. While market supply has



Livelihood Change:

Livelihoods are under pressure and crisis in all 26 analyzed states and the FCT. The crisis situation is linked to the unavailability and low-access to stable sources of income generating activities (IGAs) due to insecurity, flood hazards and lack of investment capital for over 60% of smallholder farmers, daily wage earners and petty traders. The negative impact of post COVID-19 on the economy as seen with the sluggish economic recovery, rising inflation rate, shrinking per capita income gains, labour market, local and foreign tradeflows, including low performance of manufacturing/production sectors when compared to the Pre-COVID period remains a concern. In the projected period, HHs across the states may likely experience further disrupted livelihoods, with more people resorting to use of stressful to worse livelihood coping strategies to sustain a minimal phase of FNI in the absence of on-going humanitarian action.



Nutrition:

The prevalence global acute malnutrition (GAM) for children (0 to 59 months) ranged from stress to crisis threshold in Yobe, Zamfara and Adamawa states at 6.1% to 12.5% respectively. The poor nutritional situation is linked to socioeconomic and environmental factors such as poor dietary knowledge of caregivers, high cost of food commodities, non- physical access to markets, limited access to cash and income sources due to disrupted livelihood from insecurity and climate change (floods) mishaps.



Mortality:

Under five crude death rate (CDR) is in the minimal phase in Adamawa, Sokoto, Yobe and Katsina states. In some LGAs (Yunusari, Nguru and Yusufari) of Yobe state mortality is in crisis phase. Paucity of data limited the analysis of mortality situation of the other analyzed seventeen

remained significantly stable, the soaring prices of farm inputs and fuel has continued to negatively drive food prices upwards. Although, 2022 earnings variation of terms of trade (TOT) as at October, 2022 was favorable for several cash crop producers when compared to the past 5-year average. However, the possibility of maintaining a positive TOT in the projected period may not be feasible due to the hike (above 85%) in prices of fuel and farm input which may reduce their capacity to fully optimize sales from farm produce at maximized profit to maintain a minimal FNI situation. During the projected period, an atypical increase in food prices is expected, however early harvest from the 2022/23 dry farming may help stabilize market supply and mitigate significant deterioration in food availability and access. Expectantly, households in states with a heightened burden of incidence of insecurity may face severe difficulty and at such may resort to difficult livelihood coping measures to meet their food and essential non-food needs.

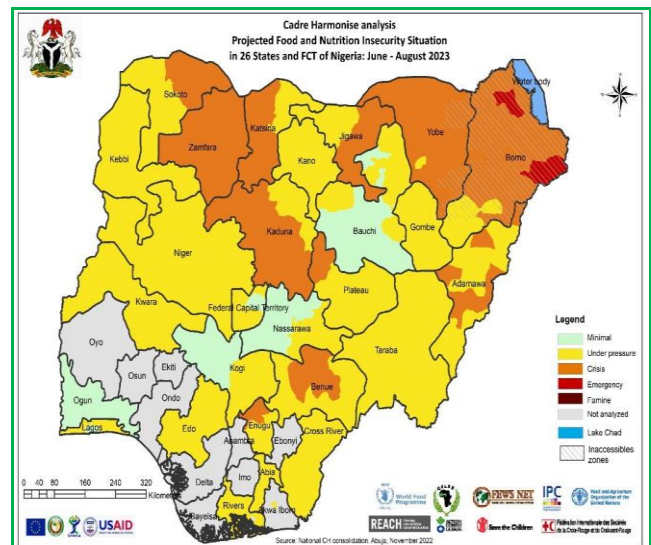
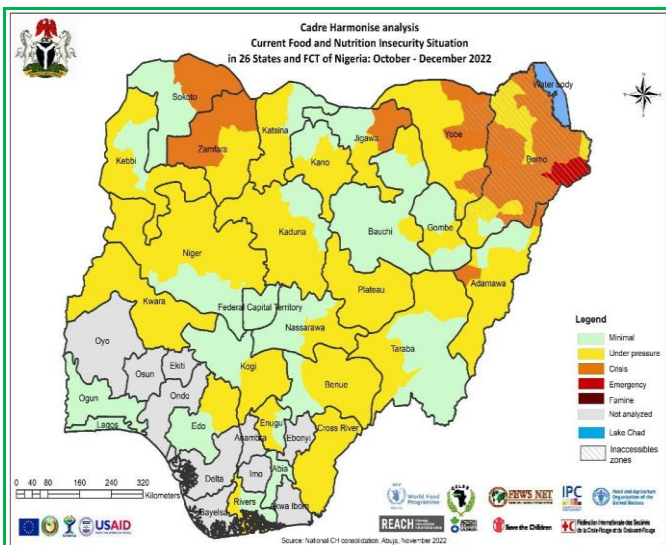


MAIN RESULTS AND PROBLEMS

About 38.4% (212) of the Zones/LGAs analyzed were classified under the minimal phase, while 51.1% (282) are under stress Phase, and 10.5% (57) are classified in crisis or worse phase in the current period. In the projected period however, 10.1% (56) LGAs are classified in the minimal phase; 65% (359) under stress; 24.5% (135) in crisis and 0.4% (2) under emergency.

Table 1: Number of States, LGAs and Zones Analysed in November, 2022

States	Current: March – November, 2022					Projected: June – August 2023						
	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	17	-	-	-	-	17	-	17	-	-	-
Adamawa	21	3	14	4	-	-	21	-	14	7	-	-
Bauchi	20	17	3	-	-	-	20	11	9	-	-	-
Benue	23	9	14	-	-	-	23	-	16	7	-	-
Borno	27	1	11	14	1	-	27	-	6	19	2	-
Cross-River	18	-	18	-	-	-	18	-	18	-	-	-
Edo	18	7	11	-	-	-	18	-	18	-	-	-
Enugu	17	6	11	-	-	-	17	-	11	6	-	-
FCT	6	6	-	-	-	-	6	1	5	-	-	-
Gombe	11	9	2	-	-	-	11	-	11	-	-	-
Jigawa	27	12	7	8	-	-	27	-	12	15	-	-
Kaduna	23	8	15	-	-	-	23	-	8	15	-	-
Kano	44	13	31	-	-	-	44	-	44	-	-	-
Katsina	34	13	12	9	-	-	34	-	12	22	-	-
Kebbi	21	8	13	-	-	-	21	-	21	-	-	-
Kogi	21	12	9	-	-	-	21	12	9	-	-	-
Kwara	16	-	16	-	-	-	16	-	16	-	-	-
Lagos	20	5	15	-	-	-	20	5	15	-	-	-
Nasarawa	13	8	5	-	-	-	13	8	5	-	-	-
Niger	25	8	17	-	-	-	25	-	25	-	-	-
Ogun	20	20	-	-	-	-	20	14	6	-	-	-
Plateau	17	-	17	-	-	-	17	-	11	6	-	-
Rivers	23	10	13	-	-	-	23	-	23	-	-	-
Sokoto	23	15	-	8	-	-	23	-	15	8	-	-
Taraba	16	5	11	-	-	-	16	5	11	-	-	-
Yobe	17	-	13	4	-	-	17	-	1	16	-	-
Zamfara	14	-	4	10	-	-	14	-	-	14	-	-
Total	552	212	282	57	1		552	56	359	135	2	-



How Many People are in Food and Nutrition Insecurity in the Current period and Where are they?

In the current period (October to December 2022) about **17, 005, 675** approximately 8.8% of the analyzed population across the 26 States and the FCT are in crisis or worse situation (Phase 3-5) of food and nutrition insecurity. Of these populations, **780,252 (0.4%)** are in the emergency phase of FNI with **40% (224,667)** of these population either being internally displaced persons or returnees in camps and settlements. Nonetheless, Bama LGA in Borno State has **2, 975** of the population classified under catastrophe (Phase 5) of FNI, and comprised of persons residing in inaccessible and hard to reach areas (**Table 2**)

Table 2 : Estimated Population Per Phase of Food and Nutrition Insecurity in the Current Situation (October to December, 2022)

State	Total Population	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Phase 3-5
Abia	5, 168,473	4, 307,820	655,741	204,913	-	-	204,913
Adamawa	5, 205,688	2, 702,791	1, 787,097	698,335	17,465	-	715,800
Bauchi	7, 984,472	6, 635,701	1, 039,692	309,079	-	-	309,079
Benue	6, 539,736	4, 146,420	1, 620,390	772,926	-	-	772,926
Borno	4, 975,851	2, 591,248	1, 428,702	868,358	84,568	2,975	955,901
Cross-River	4, 913,292	3, 172,018	1, 263,491	477,783	-	-	477,783
Edo	5, 571,715	3, 442,459	1, 659,231	470,026	-	-	470,026
Enugu	5, 370,404	3, 579,771	1, 274,963	434,980	80,690	-	515,670
FCT	4, 988,438	4, 105,985	649,230	233,223	-	-	233,223
Gombe	3, 658,473	2, 769,782	664,786	223,905	-	-	223,905
Jigawa	7, 502,660	4, 221,169	2, 156,245	961,994	163,252	-	1, 125,246
Kaduna	9, 958,036	6, 862,084	2, 110,145	985,807	-	-	985,807
Kano	15, 938,219	11, 970,741	3, 230,025	737,453	-	-	737,453
Katsina	9, 367,521	6, 002,648	2, 528,930	835,943	-	-	835,943
Kebbi	5, 226,923	3, 851,987	865,348	509,588	-	-	509,588
Kogi	4, 530,100	3, 933,490	453,010	143,600	-	-	143,600
Kwara	3, 621,999	2, 154,060	1, 133,669	334,270	-	-	334,270
Lagos	29, 985,052	25, 126,859	3, 452,335	1, 405,858	-	-	1, 405,858
Nasarawa	2, 399,096	1, 762,349	503,009	133,738	-	-	133,738
Niger	6, 755,584	4, 944,817	1, 424,327	386,440	-	-	386,440
Ogun	8, 269,382	7, 019,877	946,296	303,209	-	-	303,209
Plateau	4, 843,918	2, 788,242	1, 452,530	603,146	-	-	603,146
Rivers	8, 683,579	6, 590,397	1, 558,692	534,489	-	-	534,489
Sokoto	6, 087,938	4, 131,001	1, 164,310	744,341	48,287	-	792,628
Taraba	3, 673,846	2, 479,586	891,267	302,993	-	-	302,993
Yobe	4, 887,044	2, 162,505	1, 785,636	904,834	34,070	-	938,904
Zamfara	5, 413,022	2, 104,103	2, 036,220	1, 145,447	127,252	-	1, 272,699
Benue - IDPs	543,814	21,753	174,020	201,211	146,830	-	348,041
Borno -IDPs	1, 363,140	446,974	518,316	323,382	74,469	-	397,851
Borno - Returnees	185,435	85,625	65,265	31,177	3,368	-	34,545
Total	193, 612,851	136, 114,260	40, 492,916	16, 222,448	780,252	2,975	17, 005,675

During the Projected Period, How Many People Will be Affected by Food and Nutrition Insecurity?

In the projected period (June-August, 2023), the number of people in the critical phases (3 to 5) of FNI may increase by **39% (25, 310, 900)** representing **13.1%** of the overall analyzed population. These includes **780,437 people** in emergency (CH Phase 4) comprising Internally Displaced Persons (IDPs) and Returnees residing in camps and settlements across Borno, Benue, Taraba and Cross-River States. However, **1,844,123** persons will be in the emergency phase (across Adamawa, Benue, Borno, Enugu, Jigawa, Kaduna, Katsina, Kwara, Niger, Plateau, Sokoto, Yobe and Zamfara States). In Borno State, **3,967** people in Bama LGA may fall into catastrophe, unless coordinated and strategic life-saving intervention are implemented by government and humanitarians at all levels as well as the humanitarian communities to help assist households save lives and rebuild their livelihoods for improved food security including household resilience and welfare (**Table 3**)

Table 3: Estimated Population Per Phase of Food and Nutrition Insecurity in the Projected Situation (June to August, 2023)

State	Total Population	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Phase 3-5
Abia	5, 168,473	3, 566,697	1, 293,494	308, 282	-	-	308, 282
Adamawa	5, 205,688	1, 867,648	2, 323,821	974, 661	39,558	-	1, 014, 219
Bauchi	7, 984,472	5, 872,217	1, 605,544	506, 711	-	-	506, 711
Benue	6, 539,736	3, 311,395	2, 180,528	978, 234	69,579	-	1, 047, 814
Borno	4, 975,851	1, 796,782	1, 708,248	1, 195, 998	270,856	3,967	1, 470, 822
Cross-River	4, 913,292	2, 997,951	1, 389,177	526,164	-	-	526, 164
Edo	5, 571,715	2, 695,018	2, 249,721	626, 976	-	-	626, 976
Enugu	5, 370,404	2, 644,847	1, 790,097	814, 425	121,035	-	935, 460
FCT	4, 988,438	3, 435, 003	1, 086,651	466, 785	-	-	466, 785
Gombe	3, 658,473	2, 341,560	1, 019,839	297, 075	-	-	297,075

Jigawa	7,502,660	2,905,389	2,898,879	1,405,524	292,868	-	1,698,392
Kaduna	9,958,036	5,249,446	2,769,840	1,682,672	256,079	-	1,938,751
Kano	15,938,219	10,738,840	4,233,306	966,073	-	-	966,073
Katsina	9,367,521	4,165,770	3,583,793	1,555,281	62,678	-	1,617,959
Kebbi	5,226,923	3,711,164	937,224	578,535	-	-	578,535
Kogi	4,530,100	3,727,217	568,681	234,202	-	-	234,202
Kwara	3,621,999	1,890,992	1,313,489	406,710	10,808	-	417,518
Lagos	29,985,052	17,917,806	9,604,405	2,462,841	-	-	2,462,841
Nasarawa	2,399,096	1,667,151	564,043	167,901	-	-	167,901
Niger	6,755,584	4,101,467	2,088,470	565,647	-	-	565,647
Ogun	8,269,382	6,352,532	1,442,186	474,664	-	-	474,664
Plateau	4,843,918	2,217,884	1,779,272	826,604	20,158	-	846,762
Rivers	8,683,579	5,583,411	2,334,296	765,872	-	-	765,872
Sokoto	6,087,938	3,356,264	1,677,572	981,672	72,430	-	1,054,102
Taraba	3,673,846	2,349,870	961,869	362,108	-	-	362,108
Yobe	4,887,044	1,447,388	2,130,500	1,167,211	141,944	-	1,309,156
Zamfara	5,413,022	1,321,138	2,391,551	1,480,049	220,284	-	1,700,333
Benue-IDPs	543,814	-	152,268	228,402	163,144	-	391,546
Borno-IDPs	1,363,140	280,459	582,832	384,962	114,887	-	499,849
Borno-Returnees	185,435	51,493	75,557	47,453	10,932	-	58,385
Total	193,612,851	109,564,800	58,737,151	23,439,691	1,867,242	3,967	25,310,900

Estimated Refugees Population per phase of Food and Nutrition Insecurity Situation in Benue, Cross-River and Taraba States

In the current period (October to December 2022) about **34,830 (41.5%)** of the analyzed refugees population in Cross-River, Taraba and Benue states population are in crisis to worse phases (Phase 3-5) of food and nutrition insecurity. Findings from the Essential Needs Assessment (ENA) in the various camps (Ogoja, Boki, Akamkpa, Obanliku, Calabar Municipal, Kurni, Sarduana, Takum, Usa and Kwande) and settlements revealed high levels of food consumption gaps as well as deteriorations in livelihood evolutions. High debt rate to access food and basic non food items (NFI) was a challenge among the refugees. There were also constraints of access to health services delivery and access to portable water for drinking and cooking, all of which have implication for nutrition and the overall well-being of the population (Table 4).

Table 4: Estimated Refugee Population Per Phase of Food and Nutrition Insecurity in the Current Situation (October to December, 2022)

REFUGEES	Total population analyzed	Current Situation : October to December, 2022					
		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total in Phase 3-5
Benue	12,725	2,036	5,345	3,818	1,527	-	5,345
Taraba	19,340	4,858	7,383	5,246	1,943	-	7,189
Cross River	51,853	12,963	16,593	14,519	7,778	-	22,297
Total	83,918	19,857	29,320	23,582	11,248	-	34,830

In the projected period (June-August, 2023), the number of refugees in the critical phases of FNI may increase to **40,784 (48.6%)** of the overall analyzed refugees population. These persons would require livelihood resilience-building off-farm and on-farm agricultural interventions for households to enable them improve on the food availability and improve their household stocks particularly during the food growing season. Improved food aid intervention among government and the humanitarian communities at all levels will be needed to assist households reduced the use of irreversible negative coping strategies to sustain a minimal food and nutrition security situation (Table 5)

Table 5: Estimated Refugee Population Per Phase of Food and Nutrition Insecurity in the Projected Situation (June to August, 2023)

REFUGEES	Total population analyzed	Projected Situation : June to August, 2023					
		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total in Phase 3-5
Benue	12,725	1,145	5,726	4,199	1,654	-	5,854
Taraba	19,340	3,497	7,966	5,635	2,332	-	7,967
Cross River	51,853	7,259	17,630	15,556	11,408	-	26,964
Total	83,918	11,902	31,322	25,390	15,394	-	40,784



METHODS AND PROCESS

The Cadre Harmonisé 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 November 2022 CH analysis was conducted at the zonal (senatorial) level in 22 out of the 26 States and the FCT, and at the LGA level in Adamawa, Bauchi, Borno, and Yobe states. The population of Internally Displaced Persons (IDPs) was

specifically analyzed for Benue and Borno states; while refugees' population in camps and settlement were analyzed for Benue, Taraba and Cross-River states using the CH Version 2.0 special protocols. The analysis also included returnee population in Borno States. However, in other states with related challenges where these populations were not specially analyzed, these vulnerable populations were also carefully factored into the analysis. Inaccessible population in totally or partially accessible LGAs of Borno (Abadam, Askira/Uba, Bama, Chibok, Damboa, Dikwa, Gwoza, Kukawa, Magumeri, Marte, Guzamala), and Adamawa (Hong and Madagali) and Yobe (Geidam and Gujba) were analyzed and the populations included in the overall population of the affected state who are in crisis to worse (Phase 3-5) food and nutrition insecurity situation. 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 Harmonisé approach through the convergence of evidences and technical consensus reached in a very objective manner. Four centres namely, Borno (North East States), Jigawa (North West States), Taraba (North Central States) and Calabar (Southern States) were used for the state level analysis which lasted from 29th October to 5th November, 2022. Results generated at the state level analysis were validated in Abuja by various stakeholders including the CH permanent technical partners, Food Security Sector partners, Nutrition Sector partners, the humanitarian community, government institutions, non-governmental organizations, and other stakeholders, from 7st to 10th November, 2022; while the final results of the Cadre Harmonisé analysis was presented to top government officials, policy makers and a spectrum of stakeholders at Federal and State levels on 11th October, 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 November, 2022 CH analysis include those of thirty one (31) totally and partially inaccessible LGAs in Borno (24), Adamawa (3) and Yobe (4). Specifically, a total of sixteen (16) LGAs comprising eleven (11) in Borno (Abadam, Askira/Uba, Bama, Chibok, Damboa, Dikwa, Gwoza, Kukawa, Magumeri, Marte, Guzamala), 2 in Adamawa (Hong and Madagali) and 2 in Yobe (Geidam and 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 (60 households) from new arrivals and the availability of relevant outcome 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 (NEMA), AGRHYMET/CILSS, FEWS NET and WFP), population displacement, food commodities prices, flood disaster incidence by the National Emergency Management Agency 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 Humanitarian Situation Monitoring (HSM) Task Force but were not specially analysed due to the unrepresentative sample size include Biu, Gubio, Jere, Kaga, Konduga, Maiduguri, Marfa, Mobbar, Monguno, Ngala, Nganzai, and Mobbar (Borno), and Michika (Adamawa) and Gulani, Yusufari and Yunusari (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 local government 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 1st, 2nd or 3rd 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 (FMARD), 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, Nigeria Meteorological Agency, Project Coordinating Unit of FMARD, and 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 26 states and FCT. Also, in attendance were UN agencies namely, FAO, WFP, UNICEF and UNHCR; Food Security and Nutrition Sectors for Northeast Nigeria, Development Partners/INGOs including FEWSNET, Action Against Hunger, Save the Children, Mercy Corp, REACH Initiative, CRS and some national NGOs.



RECOMMENDATIONS

For Action

By Policy Makers :

1. Government and humanitarian community should sustain the implementation of life-saving interventions of food assistance and unconditional cash transfers (social welfare package) to vulnerable populations in the affected areas.
2. Government, Civil Society Organizations and Private Actors should sustain efforts in facilitating humanitarian access to the inaccessible/hard-to-reach areas so as to provide basic assistance to those in critical need.
3. Sustain/promote various resilience-building interventions for households through Small and medium Scale Enterprises (SMEs), prioritizing the vulnerable populations to enable them to get a fresh start-up for their livelihood, as well as dry-season agricultural production inputs.
4. Continue to adopt the CH analysis results as a tool for response planning, policy formulation and resource allocation by Governments, humanitarian agencies and NGOs to address the challenges of critical food and nutrition insecurity of populations and zones. Thus, states should consistently strengthen and expand the composition of the State Analysis Task Force (SATF) to ensure plurality.

- Government at all levels should consciously make annual budgetary provision to support the implementation of CH activities. Such provision should be adequate enough to also cover the conduct of food and nutrition security related assessments in all the states to strengthen the credibility of the CH results.

By Technical and Financial Partners:

- Partners should sustain the joint support for timely conduct of Food and Nutrition Security assessments to ensure the provision of relevant data and information 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 loss of livelihoods remain pronounced.
- Continue to complement the efforts of governments in implementing the recommendations arising from the outcome of CH analysis, towards assisting the populations and areas identified to be vulnerable to acute food and nutrition insecurity.
- Increase the support given to the NPFS/FMARD for the implementation of CH activities nationwide, but with special focus on the states yet to be mainstreamed into the CH process (advocacy visit to and sensitization of new states, decentralized training for new states and re-training of the CH analysis cells of the old states). This support is also needed in the exploration of diverse technology-driven approaches to communicating the CH outcomes and disseminating the CH analysis products.
- Support for technical capacity strengthening of the national and state CH task force members in the analysis of food and nutrition security situation, conduct of food and nutrition security assessment (FNSA), essential needs assessment (ENA), and household economic analysis (HEA) to deepen the CH process.
- Sustainably expand the level of synergy among Regional (ECOWAS, CILSS, WFP, FAO, FEWSNET, SCI, etc.) and national partners to boost the support for scaling up of CH activities in Nigeria.

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Financial Partners



Technical Partners in the Analysis

