Konduga Food Security/Market and IYCF Rapid Assessment – August 2016

Female FGD Session at Yandadari community and Men FGD Session at Yandadari Community

IRC Food Security and Livelihoods Team
Konduga LGA

Sectors: Food Security and Nutrition
Contact: Sarah Ndikumana (Sarah.Ndikumana@rescue.org)
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Contents:

1. Introduction ................................................................................................................................................................................. 3
2. Executive Summary ........................................................................................................................................................................ 3
3. Methodology .................................................................................................................................................................................. 5
4. Detailed Findings ............................................................................................................................................................................ 5
5. Conclusions ....................................................................................................................................................................................... 9
1. Introduction

In recent months, advances by the Nigerian Army have led to improved access to some LGAs in Borno State revealing significant humanitarian needs, especially related to food security and nutrition. South of Maiduguri, LGAs surrounding the Sambisa forest, including parts of Konduga, and Gwoza remain areas of particular concern. While access to the entire LGA remains limited, in July, UNICEF reported 9.8% SAM prevalence in Konduga Town. On the outskirts of Maiduguri which border Konduga, a Mobile Vulnerability Analysis and Mapping (mVAM) conducted by NEMA and WFP in April estimated that 180,000 people are severely food insecure with more than 30% of households experiencing inadequate food consumption. Among these households, negative coping mechanisms were reported, with higher reduced coping strategy index (rCSI) scores observed for extremely poor and displaced households, as well as female headed households. With IRC’s intention to extent its operational areas in Borno State, the need for a better understanding of needs that answers to IRC core competence necessitated a rapid food security/market and Infant and Young Child feeding (IYCF) assessment in Konduga LGA. This assessment was conducted from August 3rd to 15th, 2016 by IRC food security and nutrition teams.

2. Executive Summary

Konduga LGA in Borno State has been affected by the ongoing insurgency since 2012 with regular attacks and isolated bombings. In recent months, the military has increasingly regained control of areas of Konduga, and established military checkpoints and bases at various points in the LGA, including a military base that occupies all of Konduga Town, displacing residents of Konduga Town to a cluster of four communities (Mandarari 1, Mandarari 2, Yandarari Kuna, Yandarari Gana) and one camp (Mandarari School) located along the Bama road, a few kilometers before Konduga Town. Security for the residents of these communities, as well as for communities throughout Konduga, remains a challenge. As a result, in some communities military-instituted policies restrict movement of both IDPs and host community members preventing them from going more than 3 km by foot from their villages. This restriction has significantly impacted access to food, to livelihood opportunities (limited and/or no farming activities for the past 3 years, lack of income sources) and to basic services health while prices of staple foods and non-food commodities continue to rise.

In conjunction with these factors, the continued devaluation of the Naira, ongoing security-related interruptions in crop planting and increasing price of staple foods has led to widespread food and nutrition crisis. The current situation in Konduga is critical, with a MUAC measured GAM of 9-23% estimated in July (ACF SMART survey and UNICEF Host community screening, respectively), and across Borno less than 40% of healthcare facilities are operational in conflict-affected areas. Below are the key findings of a rapid Food Security, Market and IYCF conducted by IRC to better understand the needs of this population and the feasibility of various intervention modalities.

a) General Information: For the past two years, the communities assessed have been receiving and hosting IDPs and their presence, putting significant pressure on already limited resources in the host communities. Presently, there are approximately 37,000 individuals (4,625 households) in the assessed villages of which around 11,500 are IDPs (31%). The assessment pointed out that while IDPs are among the most vulnerable, both IDPs and the host population share common food security and livelihoods constraints as the available limited resources tend to be equally shared among all residents. Insecurity still prevails in assessed areas. In addition to limiting the ability of people to resume farming activities and denying other livelihood activities, this poses challenges for food security and nutrition programming making any distribution a challenge.

b) Socio-economic Livelihoods Groups: Socio-economic grouping exercise showed that the majority of the population, both IDPs and host, fall under the poor (70% of population) or medium (20%) category and are in need of support. The “poor” have limited and/or no sources of income and rely on firewood collection, casual labor, irregular daily wage labor (300 to 400 Naira per day) and begging. The meager income from these limited activities is spent mostly, if not exclusively, on food. The main coping strategies reported were to rely on less preferred food and reduce the number of meals.

http://reliefweb.int/sites/reliefweb.int/files/resources/wfp284225.pdf
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4 Taking the average household size of 8 members per household according to the DTM of IOM 2016
c) **Food Security and Livelihoods Situation:** In Konduga, residents are predominantly farmers (agriculture and livestock rearing). Due to insecurity, the majority of both host communities and IDPs, have not farmed since 2012 making them highly dependent on market purchases – only 20% of the households in the assessed communities were able to farm this year. Low food intake is reported with an average of one to two meals per day per household and with under diversified diet (eating 2 to 3 food groups per meal compared to six to nine before the crisis). The priority need reported by all communities was access to food. Both IDPs and hosts attested relying on less preferred food as the main coping strategy when there is not enough money to get food for the household also citing restricting food consumption to feed the most vulnerable members of the household, begging, child labor, migration (mostly among IDPs) or for the better-off sale of household assets and dropping children out of school.

d) **Market and Trade Links**

**Market dynamic:** There are functional daily markets in Konduga and its nearby communities, however, they have been negatively affected by the crisis by a lack of purchasing power resulting in an overall decrease in volume of sales, increases in transportation costs, reduced diversity of goods and stocks, reduced number of weekly markets. Despite this, the number of local traders has remained stable, the most consumed goods (both food and non-food items) are available, and traders can increase their supply from Maiduguri as demand increases. It is worth noting that in most of the markets visited during the assessment, the number of traders selling food and other basic necessities has increased, mainly due to the influx of IDPs and to the fact that running a small business is one of the last economic opportunity available for those households who have little capital to invest.

**Prices:** A number of factors contribute to rising prices for food and non-food items. Among these are the depreciation of the Naira, ongoing insecurity preventing farmers from planting, the high costs of transportation, and a lack of storage capacity, lack of capital, and fear of attack all of which prevent traders from purchasing in bulk. However, with the exception of one community, prices tend to be similar to what is seen in Maiduguri (main supply market). Due to the sharp increase in transportation costs between Maiduguri main market and Konduga local markets, it is likely that the difference in prices with the main market may deepen in the coming months if overall security situation does not improve, particularly in communities located far away from Maiduguri.

**Transport sector:** The transport sector has been hit hard by the current situation with the number of commercial vehicles connecting assessed villages to Maiduguri has dropped by approximately 30-40%. In addition, the average cost of transportation to Maiduguri has increased from 100 to 250 Naira.

e) **Infant Young Child Feeding (IYCF):** The assessment found that IYCF practices have been negatively impacted by the crisis. 53% of the mothers assessed reported that they exclusively breastfed for 6 months before the crisis, while this has dropped to 17% now. Mothers who feed children with breast milk and other liquids has also increased from 38% before the crisis to 63% now, while there has been an increase of 12% in mothers who do not breastfeed at all. Reasons for these changes in feeding habits are linked to mothers not having time to care for their babies as they have to provide for the household’s basic needs, an issue of special concern for single mothers and female headed households. Mothers also reported that they experience having less milk during breast feeding due to poor food intake. For children between 6 and 24 months, cups, spoons and plates were used for their feeding before the crisis, but most mothers have now resorted to using their hands due to lack of basic household utensils.

f) **Other humanitarian stakeholders** As of August 2016, WFP and UNICEF are the only humanitarian agencies currently intervening in assessed locations with supplementary feeding distributions and a PHC clinic program.
3. Methodology:

The assessment has been conducted from the 3rd to the 15th of August, in three locations of Konduga LGA: Yandarari Kuna, Jakana, and Auno; these locations were selected based on their accessibility (security and road). The assessment team, supervised by the Food Security and Livelihoods coordinator, consisted of twelve national staff (men and women) with previous assessment experiences and relevant background (8 from food security, and 4 from nutrition). See map below for locations assessed.

The assessment used a combination of focus group discussions (FGD) (mixed for food security, and women - caregivers/pregnant and lactating women – for nutrition), key informant interviews (community leaders, traders, transporters) and market price monitoring. In total, IRC conducted 23 key informant interviews and FGDs including FGDs with
community leaders, food security and livelihoods FGDs disaggregated per gender (one with men and one with women, per community), traders’ interviews and nutrition and IYCF FGD with women (caretakers, pregnant and lactating women - PLW). The assessment team interacted with over 119 conflict-affected IDPs and host community members.

4. Detailed Findings

a) **General information:** All the communities in Konduga are receiving IDPs (who have fled from other unsafe neighboring communities) and their presence has put a strain on the limited available resources in the host communities. Presently, there are approximately 37,000 individuals (4,625 households)\(^5\) in the targeted villages of which around 11,500 (31%) are IDPs.

b) **Socio-economic Livelihoods groups:** Socio-economic grouping exercise showed that 70% of the population fall under the poor category, 20% under the medium category, and 10% under the better-off. The vast majority of the IDPs fall under the poor category while a minority of IDPs are in the “medium category”. All female-headed households are also included in this category. All the better-off are found among the host community members.

**Poor category:** The “poor” have limited and/or no sources of income and rely on firewood collection, casual labor and irregular daily wage labor (300 to 400 Naira per day). The labor includes splitting wood, carrying loads, and weeding on farms. The income gained from these activities is mainly spent on purchasing of food, followed by medical services through purchase of drug from peddlers. The main coping strategy noted when food is not available in the household is to rely on less preferred food, followed by limiting the amount of meals per day and reducing meal size.

**Medium category:** The 20% that constitutes the medium category rely on some form of petty trading, fishing and sale of livestock. Like the poor category, most of the money is spent on food followed by health services, farming inputs and education.

**Better-off:** Of the 10% considered to be better-off households, all are host community members. Most of their income comes from sale of farm crops and livestock and is primarily spent on education, health services and purchasing farm inputs. The main source of food for this category is their own production (crop cultivation and livestock).

Across the different socio-economic categories, the main coping strategies used to cover income gaps are casual/daily wage labor, or alarmingly, begging, child labor and dropping children from school. The assessment revealed that the crisis has highly affected the assessed communities, mainly through loss of family members, protracted displacement and loss of livelihoods all leading to increased vulnerability.

**Food Security and livelihoods Situation:** In the three villages assessed, residents are predominantly farmers (agriculture and livestock rearing). For both IDPs and host population, farming land is available but access to those lands is limited due to restriction of movements. Accordingly, most of the people have not farmed since 2012 and will not be able to farm the 2016/2017 cropping season. In most of the communities, it is understood that no resident is allowed to move 3km beyond his or her village by foot when most of the farm plots are located beyond this limit. Only 20% of farming activities are taking place this year of which the following crops are grown in small quantities - rice, beans, millet, and sesame. Crops such as maize, sorghum and other tall crops are not allowed to be planted due to obstruction of sight for security reasons – under the assumption that insurgents might use those areas to hide themselves. Given the absence of farming activities, both IDPs and host community members are very much dependent on market for food purchases. The meager income gained from limited income activities (mainly sale of firewood and daily wage labor) is thus mostly spent, if not exclusively, on food.

While rice was one of the main staple before the crisis, most of the households can no longer afford to buy it - it is less available in the local markets and more expensive compared to other staples. Traders reported that the low demand for rice is limiting them from bringing it to the communities for sale. The assessed communities indicated that they are eating

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\(^5\)Taking the average household size of 8 members according to the DTM of IOM 2016
between one and two meals per day and that they primarily consume less expensive food (millet, maize, sorghum over rice for instance). The diet diversity is also very low with between two and three food groups are eaten on a daily basis: cereal (Maize flour and/or Gari made of cassava), vegetables and, for the better-off, some oil and meat whenever they can afford it. The communities reported eating six to nine food groups before the crisis. This indicates a significant deterioration in dietary intake.

Both IDPs and host community members attested relying on less preferred food as the main coping strategy when there is not enough money to get food for the household. Women cited “reducing the number of meals” and “limiting the portion of meals” as frequently used strategies. A significant proportion of men have also reported restricting their food consumption to only one meal per day in order to be able to feed the most vulnerable households of the family i.e. children, pregnant and lactating women.

c) Market and Trade links:

**Market dynamic:** There are functional daily markets in all the three villages assessed, where residents buy and sell basic food and non-food items, with many makeshift shops. No wholesalers were observed (except in Jakana), but retailers with permanent and semi-permanent shops selling mostly food items are available. Men manage most of the permanent shops in concrete buildings, while women sell quarts of beans, groundnut, and few vegetables on floor mats. All items sold in these markets come from Maiduguri main market (which is a very vibrant market), between 20 to 50 minutes’ drive from the communities. There used to be a weekly market, with higher variety and availability of goods in all the communities but currently, weekly markets are only happening in Jakana community. Other communities have not restarted the weekly markets due to insecurity and overall negative trend of trade.

Through trader and other market actor interviews, the following problems have been identified in the way local markets are currently operating:

- **Insecurity:** There is a fear that attack can happen at any time; as a result, traders do not have the confidence to stockpile goods;
- **Lack of capital to purchase large stock of goods:** Traders restock their goods two times per week due to limited capital (when one time would be preferred);
- **Lack of storage facilities:** Most of the shops/stores are 95% makeshift built with plastic sheet and bush sticks. The permanent ones are made up of corrugated zinc sheets with wooden doors;
- **High transportation costs to bring items from Maiduguri market to the communities (mainly due to an increase of fuel price, and numerous checkpoints along the way).**

Despite these constraints, all basic food and non-food items are readily available in local markets. It is worth noting that in most of the markets visited during the assessment, the number of traders selling food and other basic necessities has overall increased; this is mainly due to the influx of IDPs and to the fact that running a small business is one of the last economic opportunity available for those households who have little capital to invest. In addition, the fact that traders can travel to Maiduguri to supply the market as demand increases indicates that local markets can absorb additional customers without creating any disruption.

**Price monitoring:** Prices for food and non-food items are on the rise due to the depreciation of the Naira and the prevailing insecurity which is affecting the market systems. However, except in one community (Yandarari), prices tend to be similar to what is seen in Maiduguri (main supply market). The table below shows similar prices for millet, sorghum and maize across communities and markets. A difference is however seen with rice which is found more expensive in Konduga local markets. This may explain why the local population has stated they were eating less rice since the conflict has started.
Due to the sharp increase in transportation costs between Maiduguri main market and Konduga local markets (see below), it is likely that the difference in prices with the main market may deepen in the coming months if overall security situation does not improve, particularly in communities located far away from Maiduguri.

**Transport value chain:** The number of commercial vehicles (mostly cars, mini buses and old open pick-up vans) plying the routes of the assessed villages to Maiduguri has drastically reduced by 30-40% compared to before the insurgency (with the exception of Jankana). This is due to a combination of factors: insecurity, restriction of movements, lack of purchasing power, and increase in the price of transportation for passengers (from 100 to 250 Naira one way to Maiduguri). The villages are not allowed to sell fuel since in most cases it is used by the insurgency to burn down villages; fuel can only be purchased from Maiduguri. Other problems cited are a poor road network and numerous checkpoints where transporters have to pay 50 Naira.

d) **Infant Young Child Feeding (IYCF)**

*Feeding methods of <6 month children and >6 - 24 month:* There has been a deterioration in proper feeding methods for children < 6 months from what it used to be before the crisis; 53% of the mothers exclusively breastfed their children before the crisis, while this number has dropped to 17% now. Mothers who feed children with both breast milk and other liquids have also increased by 25% (38% pre-conflict, 63% now). In addition, the proportion of caretakers’ not giving breast milk to their children has significantly increased (9% pre-conflict compared to 20% now). The porridge given to children now is made up of ground millet, mixed with sugar, water and potassium. The main reasons cited by the caretakers for these changes of feeding practices are “babies having lost their mothers” and “mothers not having time to care for their babies due to fending for the households” – this is especially true for single mothers and female headed households. Children are left with caregivers with some porridge made from cereal powder, mixed with either salt or sugar. Mothers also reported that they experience less milk during breast feeding due to less food and poor dietary intake. For children >6 to 24 months, cups, spoons and plates were used for their feeding before the crisis; now, most mothers have resorted to using hands due to lack of basic household utensils.

**Presence of Health facilities:** There is no health facility in Yandadari Kuna; the one available in Jakana is presently used by the military, and the health center in Auno has no health care staff and is poorly equipped. Most people rely on Traditional Birth Attendants (TBAs) for both pre and post-natal advises, while better-off households use health centers 20 to 35km away from the community. In each community, around 20 to 30 TBAs are found. Access to TBAs is reported to be quiet expensive; most of the clients rely on the barter system by giving assets or animals to TBAs in exchange of their services.

**Major problems expressed by mothers/caregivers and PLW:**

- Lack of food that would enable them to give sufficient milk to their children
- Lack of income to do small business
• Limited job opportunities available in the community
• Lack of health facilities and lack of money to pay TBAs
• Children becoming ill and weak due to limited food and poor access to health services
• Mothers from Yandadari community commented that, they do not believe breast milk alone will be enough to feed the baby, as such they complement it with other liquids.

e) Other Humanitarian stakeholders
As of August 2016, WFP is the only humanitarian agency currently intervening in assessed locations with supplementary feeding distributions. The assessed communities indicated that both the Nigerian Red Cross and Oxfam distributed food back in 2012.

5. Conclusions
General information:
• The advent of IDPs has created a competition for the limited available resources in all the communities assessed. This pointed out that both IDPs and the host population share common food security and livelihoods issues.

Socio-economic Livelihoods groups:
• Majority of the population (70%) - both IDPs and host community members fall under the poor category; this means that many are in need of support.
• The 20% of the population in the medium category are only marginally better off and require assistance to prevent further deterioration.
• Livelihood opportunities are limited and most people rely on harmful strategies to cover food and income gaps such as restriction of adult food consumption, begging or child labor.

Food Security Situation:
• Insecurity and restriction of movement has led to limited and/or no farming activities since 2012 cropping season.
• Most people do not have regular access to sufficient quality, and quantity of food.

Market and Trade links:
• Local markets have been affected by the crisis at different levels: no stockpiling for fear of attacks, increased transportation costs, sharp decrease in customers (mostly for non-essential items), etc.
• Basic food and non-food items are available and traders can increase the supply as demand increases. The local markets depend on Maiduguri for their supply which is a very vibrant market.
• Prices of basic food and non-food items are increasing mainly due to the depreciation of the Naira as well as the prevailing insecurity. Prices in Konduga are similar to what is seen in Maiduguri even though it is possible the gap may deepen in the coming months due to the increase in transportation costs between Maiduguri and Konduga markets.
• The transport market has been severely affected by the conflict with a drastic drop in number of cars operating across Konduga. Nevertheless, there are still daily movement of cars from the assessed communities to Maiduguri main market.

Infant Young Child Feeding (IYCF) - Major problems expressed by mothers/caregivers and PLW
• The assessment overall found out that proper feeding practices for children <6 months and children between 6 and 24 months have been disrupted with a sharp decrease in exclusive breastfeeding and increase in use of supplementary liquids.