



KEY TAKEAWAYS

- *The findings from the HSM showed concerning food consumption deficits and limited diversity of diets in the inaccessible areas surveyed. About 42 percent of the surveyed households struggled to have sufficient food intake and nearly 62.6 percent experienced a crisis or higher levels (CH Phase 3 and above) of food deprivation and hunger, further evidenced in the pervasive use of food-based coping strategies;*
- *40.7 percent of the households relied on crisis coping strategies to meet their food needs, which heightens economic vulnerability due to the negative impact on the future productivity of the most affected households;*
- *The levels of acute malnutrition among new arrivals from the inaccessible areas are serious (Phase 4 IPC Acute Malnutrition Classification) with the overall Global Acute Malnutrition (GAM) rates of 18.6 percent and Severe Acute Malnutrition (SAM) at 5.2 percent. The high levels of acute malnutrition indicate an extremely stressed population in relation to food insecurity, poor water, and sanitation access, and poor health conditions as the key underlying causes of acute malnutrition.*
- *Detailed analysis among new arrival population with good quality and adequate sample size showed extremely critical (Phase 5) in two of the areas analyzed and Critical (Phase 4) in three of the areas analysed. According to the HSM results, a sizeable proportion of the children (6-59 months) are suffering from stunting and underweight. This is characteristic of a chronically stressed situation of poor nutrition and persistent infection.*
- *Overall, both crude and under five mortality rates (CMR and U5MR) were above the emergency threshold of 1 deaths/10,000 population/day and 2 death/10,000 children <5yr/day, respectively; with values of 1.41 deaths/10,000 persons/day for CMR and 3.21 deaths /10,000 under-fives/day. Magumeri, Marte and Abadam LGAs had the highest U5MR of 7.60, 5.21 and 4.92 deaths/10,000 children under 5years/day, respectively; while Marte LGAs had the highest CMR of 2.05, deaths/10,000 persons/day.*
- *The elevated levels of consumption gaps, malnutrition, mortality, and unsustainable usage of emergency coping strategies, is largely driven by the limited availability of food stocks, restricted access to functional markets and poor water, health and sanitation services, which might heighten morbidity risk, and, impact more negatively on households' ability to engage in labour for food or resource gathering.*

To address information gaps facing humanitarian response in Northeast Nigeria and, inform humanitarian actors on the demographics of the population in inaccessible areas, identify their needs, access to services and movement intentions, there have been joint efforts by various stakeholders' to proffer solutions and fill the information gaps.

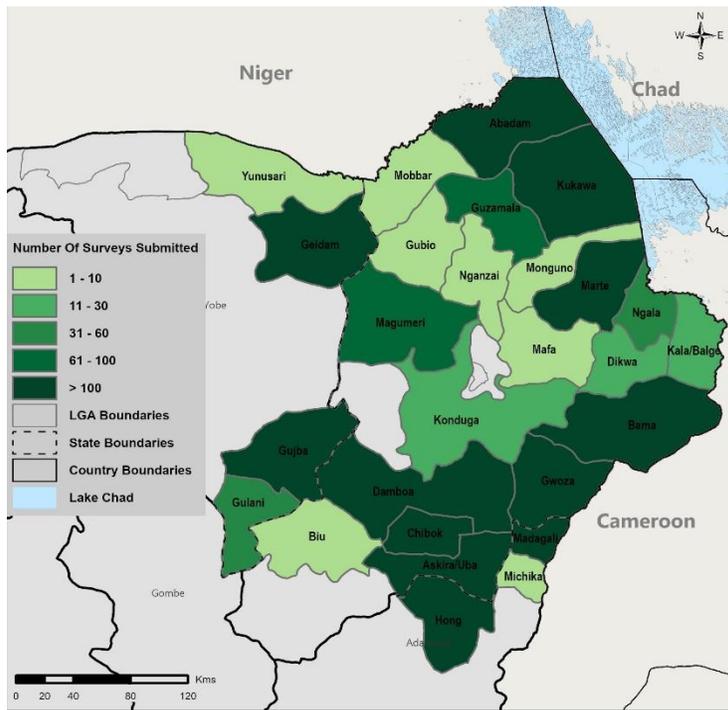
Several cycles of the Cadre Harmonisé (CH) analysis unveiled the problem situation of populations in some inaccessible areas. From the results of October 2022 CH analysis in which 2,610,605 and 3,794,197 persons for the (Oct – Dec) and (June – August 2023) periods, respectively, were classified in phase 3 – 5 of acute food and nutrition insecurity across the three states of Borno, Adamawa and Yobe, large proportion of this populations are located in both the totally and partially inaccessible areas of these BAY states. The final results from the Oct, 2022 CH round further reveal presence of 780,252 people in CH Emergency phase in Oct to Dec, 2022, with high risk of further deterioration to almost 2 million in Emergency at the peak of the lean season next year (June to August, 2023).

Majority of the people in Emergency and those projected to experience Catastrophe-like conditions are from the inaccessible areas. Moreover, the findings suggest a famine-like food consumption pattern among minority of the inaccessible population (≤ 10 percent), which was reflective in severe food consumption deficits, extremely limited diversity of diets and pervasive use of food-based ration control with wild food foraging remaining a major food source in these areas. However, higher-level indicators (acute malnutrition and mortality) were insufficient to confirm famine conditions in these areas. Therefore, it is necessary to sustain close monitoring of the food and nutrition security situation of the vulnerable population in these areas for emergency preparedness against possible further deterioration into famine, especially during the lean season (June-August, 2023). Thus, the Task Force on Inaccessible Areas, working in liaison with the various partners, developed a real time monitoring system, including monthly data collection, for tracking the evolution of emergency needs during CH projection periods.

The result is an evidence-based approach improving the capacity for analysis of emergency needs through identifying areas requiring scale up of data collection prior to CH analyses workshops and using real time analysis for flagging areas with increased risk of severe outcomes during the CH projected period. Therefore, the Humanitarian Situation Monitoring System attempts to provide data needed to support analysis for the risk of catastrophic or famine-like conditions in hard-to-reach locations, either increasing the amount of data provided to the CH analysis process or improving the frequency of reliable data to support real time analysis of proxy outcomes of food and nutrition security when unexpected events develop outside the CH analysis cycle.

INTRODUCTION

The insurgency in the North East States of Borno, Adamawa and Yobe continues to render some areas totally or partially inaccessible to humanitarian response agencies/partners. The protracted nature of this conflict has made the humanitarian crisis in the North East much more complicated, and, rendering parts of Borno, Adamawa and Yobe State inaccessible.



Map 1: Inaccessible Areas Covered from June to November, 2022

RESULTS

Outcomes – Food Security

Food Consumption (FCS, rCSI and HHS)

The food consumption for the HSM is measured in three dimensions in line with the provision of the CH version 2.0 – food consumption score (FCS), reduced coping strategy index (rCSI) and Household Hunger Scale (HHS).

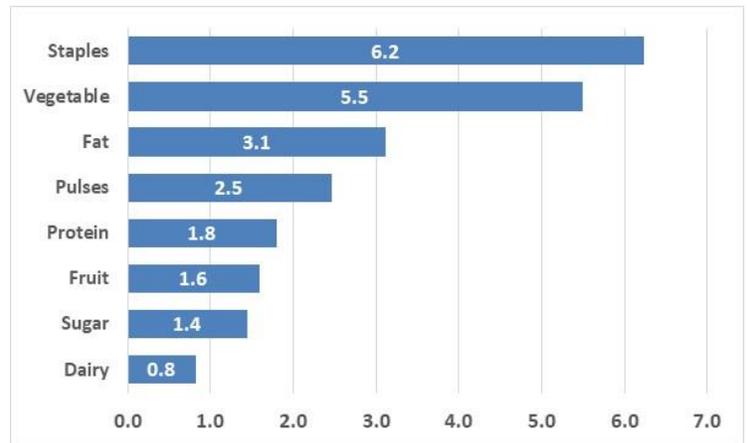
Following the harvest of crops from the past growing season, some households in hard-to-reach areas would likely have some stocks of staple food items while others continue to face food consumption gaps and less diverse diets, owing to several factors including poor access to markets, limited access to own produced stocks due to constrained access to agricultural inputs, coupled with the fragile security environment. The findings from the HSM shows concerning food consumption deficit in several LGAs and limited diversity of diets in several of the inaccessible areas surveyed. Overall, 42 percent of households faced inadequate food intake (poor and borderline food consumption score) during the last 30 days spent in their inaccessible places of origin of which 8.1 percent of such households were reportedly affected by poor food consumption while 33.8 percent were affected by borderline food consumption. This implies that the FCS is at the stressed level (CH Phase 2) with most households having minimally adequate food consumption but cannot afford some basic non-food expenditures without engaging in irreversible coping strategies. The food security situation remains generally unchanged as compared to December 2022 when the FCS was classified as Critical.

While the global findings on the proportion of households with inadequate food consumption is lower than some of the areas at indicative levels, Askira/Uba, Chibok, Damboa, Guzamala, Marte and Geidam LGAs, which have a relatively higher level of confidence interval given their sample size, showed quite concerning findings as 58, 68, 90, 57, 49, and 87 percent respectively of

most surveyed households had inadequate diets (poor + borderline food consumption) in their places of origin.

Regarding the diversity of diets, overall, households consumed cereals for 6 out of 7 days and vegetable for 5 out of 7 days on average, fat for 3 out of 7 days while pulses were consumed more than 2 out of 7 days. All other food groups (proteins, sugar and fruits) were consumed for two days or less in every typical seven-day period with dairy being the least consumed food item. In Damboa, Guzamala, Marte and Geidam where most households had poor food consumption, on average households consumed cereals for 6 to 7 days on average. The concentration on the consumption of one major food item in these inaccessible areas is indicative of significant macro and micronutrients deficiency, which has implications for the health, wellbeing, and economic productivity of the people trapped in these areas.

Chart 1: Average Number of Consumption Days for Groups



Reduced Coping Strategy Index (rCSI)

The reduced coping strategy index which is an indicator of household food access calculates the frequency and severity of five standard food consumption behaviors into a score to determine the magnitude of food access challenges. A high score in the reduced coping strategy index reflects severe use of food-based coping strategies and the prevalence of considerable food access challenges in the household. Some 40.7 percent of households reported reduced coping strategy index (rCSI) scores equal or greater than 19, which is the most severe categorization according to the CH guidelines (CH Phase 3). In general, households in Damboa, Guzamala, Marte, Geidam, Gujba and Gulani LGAs contributed significantly to the global average as 77.2, 67.4, 58.8, 85.9, 74.5 and 68.2 percent of households respectively were in CH Phase 3, with an rCSI score equal or greater than 19, considering the relative a relatively higher level of confidence interval given their sample size. In this given context of the rCSI, households in inaccessible areas adopted multiple alimentary based coping strategies such as reliance on less preferred or less expensive food, reduction in the number of meals or portion size for an average of three days out of a typical seven-day period.

The frequency of adoption of these strategies was relatively higher in Guzamala and Magumeri where households utilized all the five standard food consumption behaviors for at least 3 of seven days which suggests widespread vulnerability in these locations. The pervasive use of food-based coping strategies such as reduction in the number of meals and portion size has implication on nutrition, if protracted and unabated.

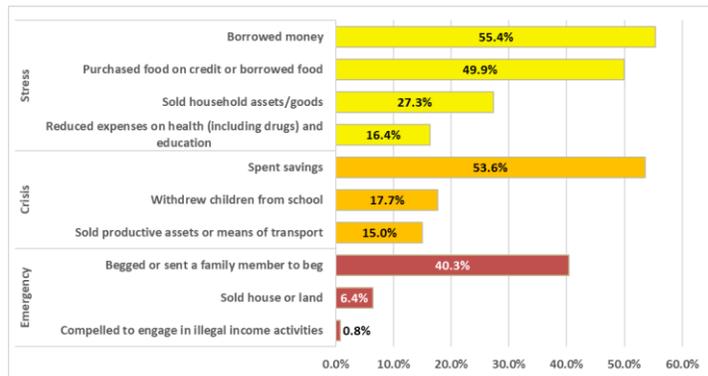
Household Hunger Scale (HHS):

Findings from the HHS, which is a perception-based measure of food deprivation and experience of hunger in the surveyed households showed that most households (61.6 percent) experienced crisis or higher levels (CH Phase 3 and above) of food deprivation and hunger according to the CH analysis guidelines. Specifically, 5.6 and 5.0 percent of households were affected by emergency and catastrophe/famine levels of HHS respectively while 52.2 percent report crisis level of HHS. Based on the metrics presented, HHS for inaccessible areas of BAY States was classified as CH Phase 3 (crisis). This suggests worrisome HHS trends and significant food deprivation as well as incidence of hunger especially in most LGAs which are in Crisis CH phase classification.

Evolution of Livelihoods

Livelihood-based coping strategies depicts the status of households' livelihood stress and the consequential longer-term impact on future coping capability and productivity. Livelihood coping strategies are classified into the following three severity categories 'stress', 'crisis' and 'emergency', with emergency being the most severe category and is classified as CH Phase 4 (Emergency) based on the CH guidelines. Overall, the livelihood coping indicator was classified in CH Phase 4 with 58 percent of the interviewed households using emergency livelihood-based copy strategies while 10 percent used crisis coping strategies to meet their food needs during the last 30 days spent in their inaccessible areas of origin. In terms of individual strategies specifically for emergency, 40.3 percent sent family members to beg, whereas in the crisis category, 53.6 percent spent their savings and 17.7 percent withdrew their children from school. While reliance on these severe livelihood coping strategies (crisis and/or emergency) might alleviate the brunt of food insecurity in the short-term, their pervasive usage is particularly worrisome on the longer-term given their negative impact on future productivity of the affected households..

Chart 2: Livelihood Coping Strategies



Outcomes – Nutrition

Malnutrition

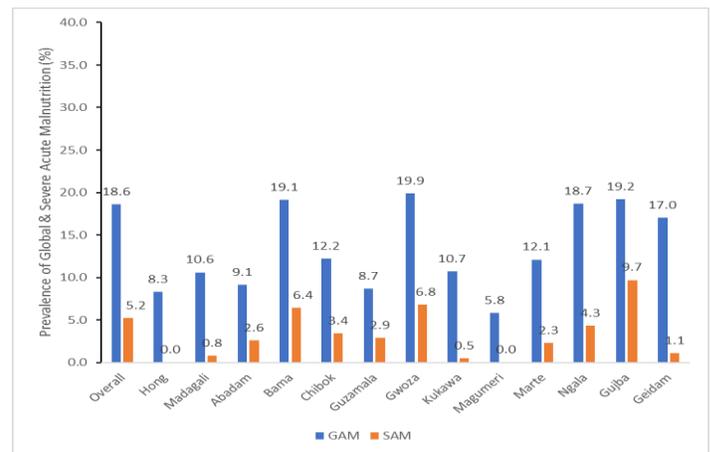
Global Acute Malnutrition (GAM) Acute malnutrition is determined by taking the weight, height and MUAC measurements for children aged 6-59 months. Acute malnutrition is most responsive to changes in diet and disease and the most dangerous form of malnutrition in terms of mortality risk. The overall prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in the inaccessible areas across BAY states were 18.6 percent and 5.2 percent respectively. This indicates a slight decrease in acute malnutrition compared to December 2022 prevalence, in which prevalence

were GAM (19.2%) and SAM (6.1%) respectively. GAM prevalence was higher among boys (18.7%) compared to girls (17.9%).

According to the HSM findings, the overall levels of acute malnutrition among new arrivals from inaccessible areas for the month of January 2023 is critical (IPC Acute Malnutrition Phase 4), which is similar compared to the previous reporting period. This is likely attributed to high stress levels among displaced households to meet food needs, high retail prices for staple foods, high food consumption gaps and morbidity, and the lack of access to improved sanitation facilities. This trend of high acute malnutrition levels is expected to continue through the post-harvest season as the results in January don't indicate any seasonal variability.

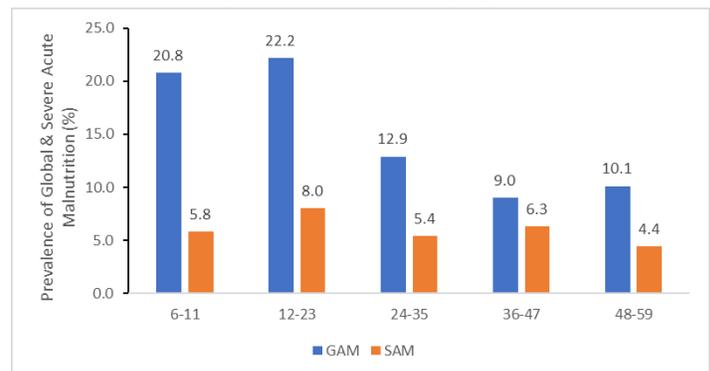
Further analysis among new arrivals from LGAs with adequate representativeness for the analysis (data from ≥3 clusters) shows no LGA with extremely critical GAM rates (IPC AMN Phase 5), however, Bama, Gwoza, Ngala, Geidam and Gujba are classified as critical (IPC AMN Phase 4).

Chart 3: Global Acute Malnutrition (GAM%) Rates per Location



The prevalence of acute malnutrition was generally higher among young children (6-23months) compared to older age groups (24-59months) (Chart 4). Younger children are the most vulnerable and therefore bear the brunt of displacements, poor feeding practices, and morbidity.

Chart 4: Prevalence of Acute Malnutrition by Age



Chronic Malnutrition

Chronic malnutrition (stunting) is determined by comparing the height and age of the children measured. Stunting is a measure of chronic malnutrition that occurs because of inadequate nutrition over a longer period. Underweight refers to the proportion of children with low weight-for-age.

Stunting and Underweight: HSM data reveals that 44.8 percent of the children aged 6-59 months among new arrivals in BAY states were stunted while 32.0 percent were underweight. This shows a marginal decrease of about 3.4%-point and 3.1%-point for Stunting and Underweight when compared to the previous result in December 2022 where stunting was 48.2% and underweight was 35.1%. The consistently high prevalence of stunting and underweight are an indication of a protracted crisis and other synergistic drivers exacerbating hunger, disease, and malnutrition.

Mortality

Crude Mortality Rate (CMR) and Under-Five Mortality Rate (U5MR) are measures of all-cause mortality occurring during the period. CMR is defined as the rate of death in the entire population, including both women and men and all ages. U5MR is the rate of death among children below five years of age in the population. Deaths both from conflict as well as natural causes contribute to all-cause mortality.

The overall crude and under-five mortality rates were 1.41/10,000 persons/day and 3.21/10,000 children under-5 years/day respectively. Both CMR and U5MR were above the emergency thresholds of 1 death/10,000 persons/day and 2 deaths/10,000 children under 5 years/day respectively. Marte LGA had the highest CMR of 2.05 deaths/10,000 persons/day, while Magumeri, Marte and Abadam LGAs had the highest U5MR of 7.60, 5.21 and 4.92 deaths/10,000 children under 5 years/day. Analysis of cause and location of death reveals that majority of the death (60.7%) were because of illness and only 18.3 percent were due to injury/trauma. Majority of the death (52.7%) reportedly occurred in the place of last residence (in-accessible area) while 19.5% of the deaths occurred during migration.

Note:

Data on malnutrition and mortality must be interpreted with caution, due to the overall small sample size (low arrival numbers) and data quality challenges. Only data that met the quality threshold (LGA sample size, standard deviation and confidence interval of collected data) was included in the analysis.

CONTRIBUTING FACTORS

Hazards and Vulnerabilities

The over decade long armed insurgency is the main driver of food and nutrition insecurity in northeastern Nigeria states of Borno, Adamawa, and Yobe. Insurgency-driven insecurity has displaced thousands of families, collapsing their basic livelihoods, significantly reducing their purchasing power and their coping capacity, consequently increasing their vulnerability to food and nutrition insecurity.

Despite their urgent need for assistance, some highly vulnerable populations reside in inaccessible locations, which limits the provision of the much-needed basic and humanitarian services. Despite recent 2022 main harvests, staple food prices have remained atypically high, continuously affecting food access. Sickness and loss of employment are major shocks affecting households in hard to reach areas. Due to the protracted violence and socioeconomic hardship in inaccessible localities, dozens of households continue to flee their homes to seek safety and support to rebuild their livelihoods, and better services in internally displaced camps and host communities.

In January, 31 percent of interviewed households reported to have witnessed some previously internally displaced persons (IDPs) returning to their communities of origin.

For those still fleeing, the most significant shocks in the localities of origin reported were conflict (85 percent), followed by high food prices (55 percent), temporary relocation/displacement of the household member as reported by

37 percent, loss of employment (35 percent) and sickness of household members (34 percent) as seen in chart 6.

Limited access to agricultural land is another major contributing factor to the prevailing food security and nutrition situation within the inaccessible localities as pointed out by newly arrived IDPs. Most (57 percent) of interviewed reported having access to land for cultivation while 43 percent did not. Majority (57 percent) were able to access just 1 hectare or less. About 18 percent reportedly accessed between 1 and 2 hectares of farmland; while only 9 percent reported to have access to more than 2 hectares.

The January 2023 results also indicate that 60 percent of the interviewed household did not have any food stocks available a few months before they fled their localities of origin. Only about 40 percent had food stocks. Majority (44 percent) of the respondents that had limited food stocks, said their food stock could only last for less than 3 months; while 33 percent indicated that their food stocks would last for 3 to 6 months and 16 percent reported having foods that will last for 7 to 9 months.

Note:

In the Northeast, notably in Borno state, the government continues the process of closing IDP camps and resettling IDPs. According to IOM, hundreds of thousands of IDPs have been relocated to various locations across Borno state from the closure of seven IDP camps, Bakassi, NYSC, MOGCOLIS, Teachers Village, Stadium Camp, Filin Ball Camp, and Farm Center. The resettled IDPs mainly reside among the host community in Jere, MMC, Gwoza, Monguno, and Kukawa LGAs. While other previously displaced IDPs relocated to various LGA headquarters to IDP camps as they were unable to resettle in their homesteads due to their unpredictable safety. Those who stay within camps are still accessing assistance, while those living among the host community are not receiving aid. Returnees living among the host community only received a resettlement package to help rebuild their livelihoods.

Many of these returnees are residing where humanitarians can't reach, which renders them more vulnerable to, hunger, starvation and acute malnutrition. These populations are left vulnerable to repeated attacks by Non State actors and armed opposition groups. The result is the vulnerability of returnees continues to worsen than those still in the IDPs camps.

Chart 5: Stock Availability and Farming (Percentage of Households)

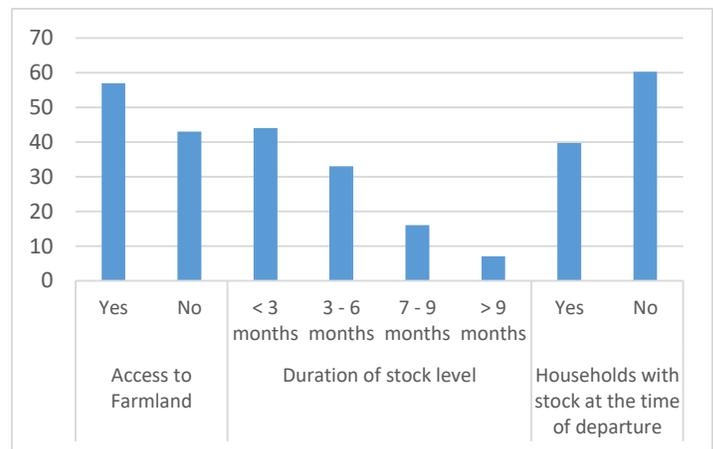
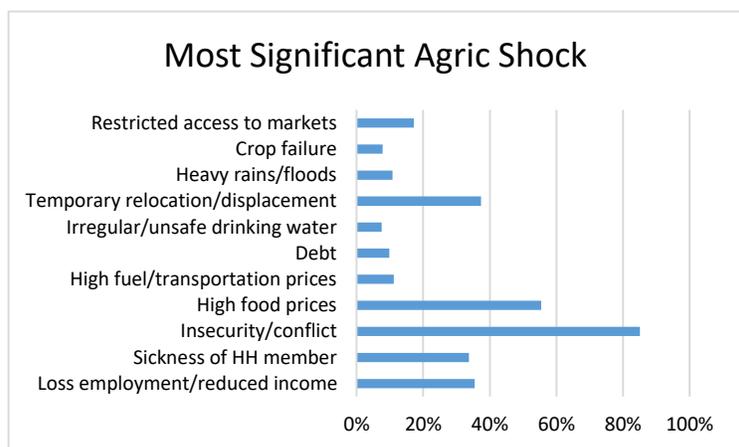


Chart 6: Most Significant Shocks before Arrival



Food Availability

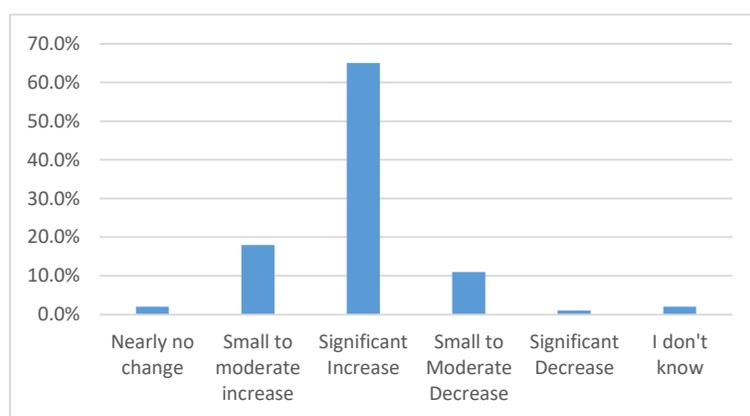
Among the assessed households, about 60.3 percent in most of the inaccessible LGAs reported not having a stock of foods from last season's harvest. It was pronounced in places such as Geidam (97 percent), Guzamala (88.8 percent), Kala Balge (87.5 percent), and Magumeri (86.2 percent). Others who reported not having stock include Konduga, Mobbar, Nganzai, and Yunusari, (100 percent) has the highest proportion of households that fell within this category. For about a third of all surveyed households that had food stock left, about (44 percent) indicated that it would have lasted for less than 3 months, thus suggesting a severe food deficit in inaccessible areas, despite the just concluded harvest in October and the ongoing dry season cultivation. Overall, land access was relatively high with about 57 percent of households reporting such access. However, of the (57 percent) of households with land access across most of the areas, the amount of land cultivated remains minimal with most households reporting only about 1 hectare or less cultivated. 57 percent of households reported access to about 0.5 to 1 hectare of land being available for cultivation while 27 percent of households only had access to less than 0.5 hectares of farmland and 18 percent have access to 1 to 2 hectares of land. While only 9 percent of households have access to more than 2 hectares of land in these previously agrarian-dominated areas. Despite these challenges highlighted, farming continues to remain the mainstay for food availability in households with arable land access as about 18 percent of such households were engaged in farming during the month that preceded their departure from places of origin.

Food Access

Markets were either completely non-functional or functioning at sub-optimal levels in some of the inaccessible areas as confirmed by 82 percent of the surveyed newly arrived households. Areas with a high preponderance of households reporting non-functionality of the market are Biu (100 percent), Dikwa (100 percent), Gubio (100 percent), Kala Balge (100 percent), Konduga (100 percent), Magumeri (100 percent), Monguno (100 percent), Nganzai (100 percent), and Yunusari (100 percent), reported a complete lack of functioning markets or sub-optimal functional markets in their places of origin, others include Marte (99 percent), Abadam (95 percent), Guzama (92 percent) and Geidam (92 percent). Although, 80 percent of the households from inaccessible areas said they had access to the market in the last three months. However, insecurity (10 percent), and lack of money (3 percent), remained the main impediment to market access. Households from inaccessible areas

acknowledged a significant increase (65 percent) and a small to moderate increase (18 percent), a significant decrease (1 percent), and a small to moderate decrease (11 percent) in the prices of food commodities, which would potentially further weaken the already frail purchasing power of the inaccessible populace and consequently, deepen food insecurity vulnerability. This is particularly pertinent to note as market purchases were reported as the main source for staples in (29 percent) of interviewed households and this is high among Yunusari LGA reported 100 percent dependence on the market, Others include Askira Uba (78 percent), Bama (59 percent), Chibok (56 percent), and Hong (51 percent). Other notable sources for cereals recorded were own harvest (23 percent), and labour exchange for food (17 percent). Moreover, wild food gathering (21 percent) and begging (3 percent) account for cereal sources in almost one in every five households in inaccessible areas, which is quite worrisome given their characteristics as extreme coping measures. The prevalence of gathering was most pronounced in Magumeri (67 percent), and Guzama (54 percent), While begging for food is most pronounced in Damboa (24 percent), and Askira Uba (9 percent).

Chart 7: Changes in price

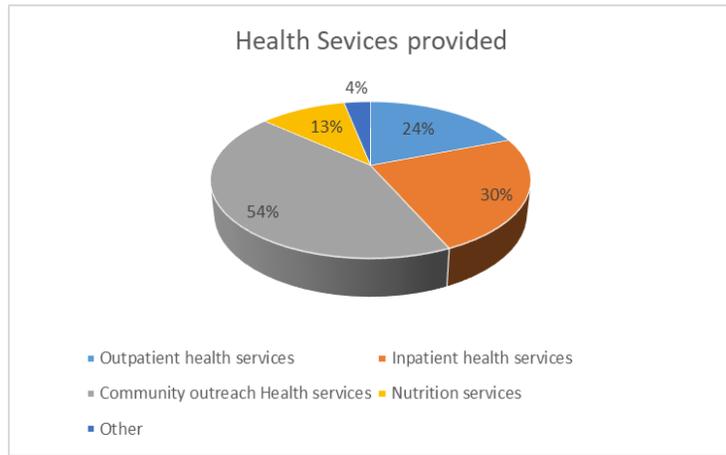


Health and WASH

Unprotected well is the most reported source of water by 44% of respondents, especially in Yunusari, Chibok, Askira Uba and Damboa LGAs where at least 80% of respondents use unprotected wells as their main source of water. Protected Well/Spring is the second most reported source of water with 36% of respondents. Majority of respondents in Gubio, Magumeri, Marte Nganzai and Gulani LGAs rely on protected well/springs as source of water with at least 80%. The third source of water is borehole/hand pump, reported mainly by respondents in Mobbar and Konduga in Borno state. In January 2023, only 54% of the respondent using protected source. The majority of respondent (50%) spend 30 to 60 minutes to collect water with majority in Abadan (60%), Gwoza (63%), Madagali (60%) and Ngala (60%). Only 13% collect water within 30 minute and 8% spend almost half day. In Dikwa LGA, 10% of the respondent spend whole day when collecting water.

The majority of respondents (69%) has access to ordinary pit latrine (with or without slab). In Nganzai, Mobbar, Magumeri, Konduga and Gubio LGA is 100% ordinary pit latrine used as toilet facility. The remaining go to the nearest bush or open field (18% of respondents), dig and bury (11%) or use a bucket or a hanging toilet (1%). Open defecation is mostly reported by respondents from Yunusari and Geidam LGAs in Yobe (100% and 97% of respondents respectively), Kala/Balge LGA (75%), Monguno LGA (50%), and Dikwa LGA (50%).

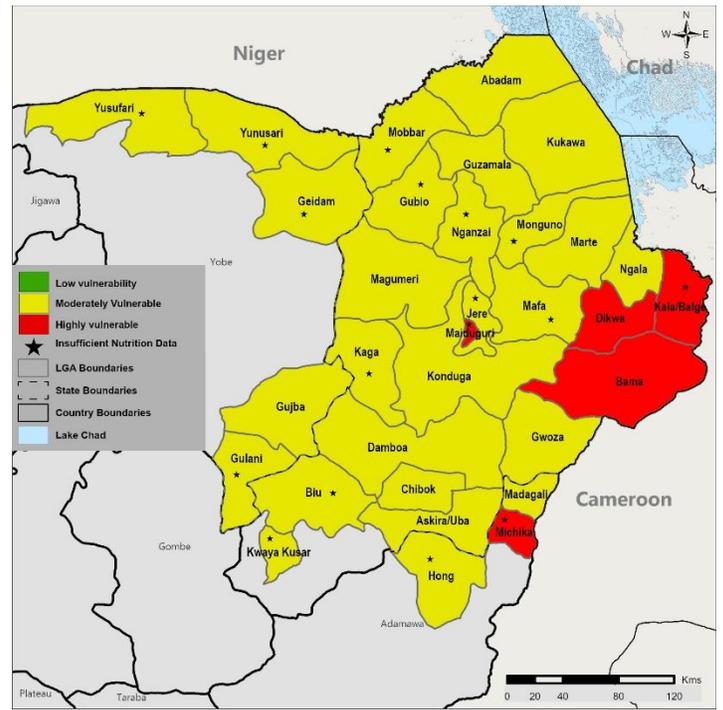
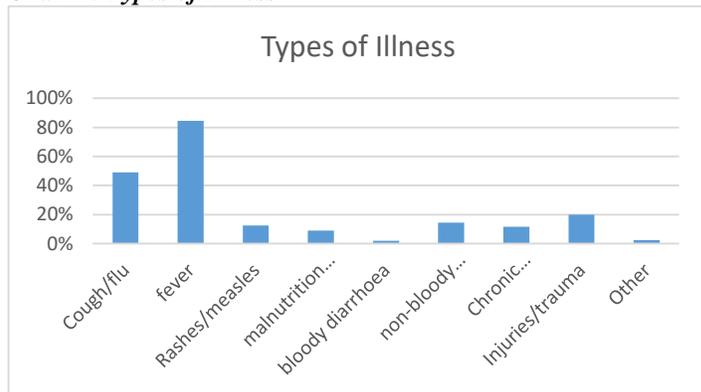
Chart 8: Toilet facilities



The large majority of respondents (83%) said they do not have access to a health facility. This problem seems to be most serious Chibok, Gubio, Kala/balge, Konduga, Monguno, Nganzai and Yunusari who reported 100% each while in Mobbar LGA there is 100% access. Where health facility exist and fully functional is 15%. Among only 7%, respondents' services are free of charges and 7% paid. Majority of respondents from Dikwa (100%), Guzamala (100%), Geidam (94%) and Hong (65%) LGAs reported that there is a clinic building in their area but it lacks both personnel and supplies to operate. To reach the health facility, 17% of respondents travel less than 30 minutes, 61% between 30 minutes and one hour whereas the remaining travel between 1 and 3 hours or even more. Fever, cough/flu and injuries/trauma were the most reported illnesses by respondents.

Community outreach and in-patient health services dominate the health services offered by the existing health facilities as reported by 54 percent and 30 percent of the respondents, respectively, while outpatient and nutrition services are offered skeletally as indicated by 25 percent and 13 percent of the respondents, respectively.

Chart 9: Types of Illness



Map 2: Vulnerability risk level June to November, 2022

Key Risk Factors to Monitor

Potential famine risk areas – Madagali, Askira-Uba, Bama, Chibok, Dikwa, Mobbar and Damboa – should be monitored closely on a continuous basis considering elevated levels of food consumption gaps, malnutrition and extensive/unsustainable usage of emergency coping strategies, largely underscored by limited availability of food stocks, restricted access to functional markets and health services;

- Rising health risk within a highly food insecure, vulnerable, and inaccessible population;
- High morbidity rates and illnesses affecting all age strata including the productive household members. The impact of morbidity on the household expenditure, food consumption and productivity require in-depth exploration and close monitoring;
- Majority of the households have no access to or have difficulty accessing health facility. Hence, the need to devise alternative options for managing illnesses within the communities (i.e. ‘coping strategies’ for limited formal health services);
- The poor access to clean water and dignified sanitation, coupled with low hygiene awareness may likely result in increased AWD diseases, impacting under 5 children, thereby aggravating malnutrition and other negative outcomes of food and nutrition insecurity; and
- The combined effect of the factors highlighted above, would raise the morbidity level and, likely impact households' ability to engage in labor-for-food or resource gathering— thereby deepening the vulnerability of the already fragile households.

Limitations of the HSM

- Progressive reduction in sample size arising from limited number of new arrivals from the inaccessible localities;
- Data quality issues, especially relating to nutrition and mortality;
- Some inaccessible /Hard-to-reach localities are yet to be covered due to

lack of partners' operations in such areas.

Note:

Vulnerability risk level defined based on convergence of: a) severity of food security and nutrition outcomes plus contributing factors; and b) sample size. Mortality was not considered in the convergence due to LGA level low sample sizes and quality issues. For areas adjudged "Moderate Risk", sample size was relatively small in most of them, and so, the reason for the classification. This, however, does not completely eschew the possibility of higher levels of famine risk in such areas. Thus, these results should be interpreted and utilized with some caution.

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About the Humanitarian Situation Update for (HSU) for Inaccessible Areas

The Humanitarian Situation Monitoring (HSM) system is an approach put in place by the Food Security Sector and Nutrition Sector (both having their operational bases in the North East) under the leadership of the Nigerian Government, for tracking the trend of acute food and nutrition security situation in such areas that had been analyzed to be in the emergency (phase 4) so as to be able to develop and issue alerts in case famine emerges. The HSM uses a methodology that combines both food and nutrition security monitoring strategies to assess the situation and then raise necessary alert, as the case may be. The HSM is basically conceptualized to support the Cadre Harmonisé analysis of the inaccessible areas in the BAY States.

The general objective of the HSM is to provide comprehensive information about the food security and nutritional situation of the population in inaccessible areas of Northeast BAY States. The HSM also informs the Cadre Harmonisé analyses and classification in different phases of food security and malnutrition of the inaccessible areas. The specific objectives of the HSM entails data collection through monthly monitoring in support of better classification of inaccessible areas between rounds of CH analysis with focus on:

- understanding the risk of a population to face severe, acute catastrophic or famine- like conditions;
- understanding the degree of livelihood change, including capacity to engage in traditional and emergency livelihoods, etc.;
- understanding food consumption outcomes through the use of proxy information on Household Hunger Scale (HHS) and Food Consumption Score (FCS);
- understanding availability of health and nutrition services, including household and individual access to services by collecting information on functionality of nutrition/health services;
- understanding how households cope (including the severity of coping measures) during periods of hunger, thirst, morbidity or malnutrition in such areas of interest;
- understanding the malnutrition situation in such areas of interest through the collection of information on GAM prevalence (for children 6-59 months) in reception centres and other new arrival terminals; and
- understanding changes in crude and U5 mortality rates and indicative causes in such areas of interest.

Primary data was jointly collected by partners in many accessible towns of Borno, Adamawa and Yobe States where there are new arrivals coming from the inaccessible areas with the support of the DTM from SEMA and IOM. Well-structured questionnaire was employed by trained enumerators in collecting the information in the form of key informant interview and focused group discussions (FGD). The data collection focused more on six elements- causal factors of emergency needs, food consumption outcomes, livelihood change and coping strategies, access to life-saving services and assistance, detection of malnutrition through nutrition screenings (WHZ and MUAC), and mortality indicators as recommended by the CH analysis framework.

Consideration was also given to journey duration and patterns for the new arrivals interviewed. A combination of purposive and convenient sampling techniques was employed in selecting the recent new arrivals (within the last 30 days) who were the primary target. Total number of respondents covered for this reporting period of July was **3,111** households (from 26 LGAs) who were interviewed at the reception points. The period of data collection for this edition of the bulletin lasted from 1st August 2022 to 31st January, 2023.

