REACH 3 - REGISTRATION AND ASSESSMENT IN DAMBOA

A synthesized report from the Food and Nutrition Security Assessment

APRIL-MAY 2019

Background

Mercy Corps commissioned a re-targeting exercise of all households across the eight communities of Damboa LGA including; Abatchari, Aburi, Alkaleri, Damboa central, Kachalaburarri Gana, Kachalaburarri Kura, Shuwari, and Wuyaram. The house-to-house registration exercise was conducted from 15th April to 26th May 2019 using a team of 37 trained enumerators. The initial data collection was conducted by protection master trainers, hygiene promoters and nutrition promoters. For all the days of registration, Mercy Corps set up a complaint reporting desk to respond to immediate concerns and any issues that need to be escalated arising from the registration process. Bulamas and Community Relief Committees (CRCs) for each respective community coordinated and engaged in identifying the most vulnerable households throughout the process. The registration collection information about:

- General demographic household information including head of household, children under 5 years, next of kin and individual members of the household
- Household Food consumption score
- Mid-Upper Arm Circumference (MUAC) for Last child under 5 years
- Knowledge of infant and young feeding practices
- Awareness and Use of clean energy products (e.g. cook stoves and solar)

Descriptive Summary

A total of 17,892 households (comprising of 99,314 individual members) was registered in all eight communities in Damboa LGA. When subjected to the project participant selection criteria on the overall 75.5% (13,513 households) registered meet the criteria. However, the program hopes to provide assistance to 8,500 which leaves still a huge unmet needs of an additional 37.1% (5,013 Households) who would need food related assistance. These

Selection criteria

Households;
With predicted low FCS (e.g. < 35)
With children less than 2 years of age
Female-headed
With lactating women
With pregnant women
With physically disabled
When caring for chronically ill member

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Figure 1 Number of individual members of the household

Figure 2 Number of households registered
statistics could exponentially grow in part due to the continued influx of the over 2,100 households (approx. 10,000 individuals) new arrivals in Damboa from Sabon Gari between 21st-24th, May 2019. In addition, the closure of trade routes in and out of Damboa, disrupted market days as a result of the security force operations in the area which is less likely to be uplifted sooner may escalate the food, shelter and water needs in Damboa LGA.

**Process**

The registration was done on community-by-community basis. Each community were mapped into cluster. Each cluster was led by Mercy Corps staff to ensure quality and restrict double registration. A house-to-house data collection method was adopted for the exercise; with coordination and support from traditional leaders, Community Relief Community members (CRC), Protection master trainers, enumerators and hygiene promoters. On entering the community, the Lawans/Bulamas/CRC were assigned to one MC staffs and its team to register one cluster. The Lawans/Bulamas and the CRCs helped identify the vulnerable people in their various communities while the MC staff verified the household and instruct the enumerators to register that household.

Marking of the household in strategic point or visible spot for tracking of household that have been registered.

Help/complain desk were set up in each community to collect all complains. This complaint were documented and acted upon by the M&E/Program Manager.

Crowd Control Process: Mercy Corps ensured that communities which do not conduct themselves properly, keep following the registration team, requesting registration team to come to their houses for any reason, the team leader may decide to cancel or postpone registration in that community and move to another community.

**Analysis**

Total of 17,892 households were registered over a period of nearly 30 days. About 35% of these are female headed households. In addition, 50% of those are IDP population residing within the host communities, 40% are returnee occupants, 10% are typical host communities. This registration and assessment exclude the IDP camp population. The registration was conducted on a two pronged intent, one was to profile all households to select those who meet the required criteria to benefit from the project assistance and second was to assess.

**Food Consumption Scores:** Primary indicators of household food security including household food consumption score (FCS of 0-21 (Poor), 21.5-35 (Borderline) and >35 (Acceptable), and child nutritional status was used.

Overall results from the analysis indicate that 56.3% of the households registered fall below the lower threshold of the FCS indicating poor food consumption status with only 21.1% falling on the acceptable score. The 22.6% of those on the borderline are at high risk of descending into the poor category if the current crisis in Damboa...
continues unabated. The overall FCS (weighted) is 25.8 which falls on the borderlines but given the current trajectory in Damboa, a significant number of households may easily slip to the red zone (poor).

- Majority of those who fall in the poor food consumption category are from female headed households (58.9%) compared to female headed households (54.9%).
- There is no significant difference between food consumption scores for households in host (59.9%), IDP (57.2%) and returnee (54.3%) households.
- Percent of poor food consumption based on the weighted score is relatively higher in Damboa central (26.9%) and Shuwari (21.8%) communities compared to the others.

Mid-Upper Arm Circumference: Approximately 28% of the total households registered (5,011 households) were screened for MUAC. Of which 4,989 had a child under 5 years. About 66.8% of the children under 5 years screened are on the yellow mark and 9.6% are on the red mark. The MUAC measurement RED COLOUR means the measurement is less than 11.5 (115cm) which indicate that the child should be immediately refer for treatment, (between 11.5cm (115mm) and 13.5 cm (135mm), YELLOW COLOUR, indicates that the child is at risk for acute malnutrition and should be counselled and followed-up for Growth promotion and monitoring (GPM). MUAC over 13.5cm (135mm), GREEN COLOUR, indicates that the child is well nourished.

The average MUAC measurement is 12.9cm for all 19,926 children under 5 years. Female respondents were asked on their breast feeding knowledge about what should a mother do with the “first milk” or colostrum? About close to half (49.6%) either didn’t know or said they would throw it away which indicates a huge gap in nutritional knowledge and practices among pregnant and lactating mothers on the importance of a nutrient rich pre-milk few days after birth.

- Majority of children with low MUAC measurement come from female headed households (11%) compared to 9% from male headed households
- Red scores is more than double among 0-6months children (14.4%) compared to 6-23months (7.6%) and 23-59months old children (3.9%). No significant difference between those in yellow and green marks across the age group and sex of the child.
- Children living in returnee households (12.8%) fell more on the lower "red" mark MUAC measurement than those in host and IDP households.

Household Lighting and Access to efficient Cook Stoves: Results in the chart above shows that nearly three quarter of household registered use torch (74.5%) and candles as the primary source of lighting. More than half (55.6%) of the household’s report that they are aware of efficient cook stove technology, for which about half of those (52.3%) are willing or interested to purchase this technology. About 72.7% of the households report they are aware of solar lighting and power products and 60.9% of those are
willing or interested to purchase the solar products. The question that remains unanswered is how do humanitarian interventions catalyst the supply and demand for such products while addressing perceptions relating to cost, efficiency local skills and materials to produce and environmental added value that comes with the increased use of these products.

**Knowledge of Breastfeeding Practices:**
Overall results with regards to nutritional knowledge and practices for infant and young children is still a significant gap. Particularly knowledge of exclusive breastfeeding, age at first start to feed infants, and more general breastfeeding behaviours and practices.

<table>
<thead>
<tr>
<th>KNOWLEDGE OF INFANT &amp; YOUNG CHILD FEEDING PRACTICES</th>
<th>How long after birth should a baby start breastfeeding?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately</td>
<td>78.2%</td>
</tr>
<tr>
<td>Less than 1 hour after delivery</td>
<td>15.4%</td>
</tr>
<tr>
<td>Some hours later but less than 24hrs</td>
<td>2.8%</td>
</tr>
<tr>
<td>On day later</td>
<td>0.7%</td>
</tr>
<tr>
<td>More than One day later</td>
<td>1.6%</td>
</tr>
<tr>
<td>Do not think baby should be breastfed</td>
<td>0.1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

**What should a mother do with the “first milk” or colostrum?**

- Throw it away and start breastfeeding when the real milk comes in 47.1%
- Give it to her baby by breastfeeding soon after birth 50.4%
- Other 0.1%
- Don’t know 2.4%

**How Often should a baby breastfeed?**

- Whenever baby wants 48.3%
- When you see the baby is hungry 29.8%
- When the baby cries 19.0%
- Other 0.1%
- Don’t know 2.8%

**When I say “exclusive breastfeeding”, what does that mean to you?**

- Giving baby breast milk and water 45.2%
- Giving baby breast milk and some other liquids 16.8%
- Giving baby only breast milk and no other liquids or solids, not even water up to 6 months 35.0%
- Others (specify) 0.0%
- Don’t know 3.1%

- Average age a baby should first start to receive liquids (including water) other than breast milk? 6.9
- Average age a baby should first start to receive foods (semi-solid and solid) in addition to breast milk? 8.7
- Average a baby should start to receive animal source foods (pork, beef, chicken, duck, egg, fish) 13.2

**Key Reflections from Analysis**

- The current extent of humanitarian assistance being provided do not fully meet the caseload of food needs in Damboa specifically outside the IDP camps
- With the growing military operations, it is expected that a new wave of food, shelter and WaSH needs would need to be urgently considered both for new arrivals and previous inhabitants

- Need for a more intentional but targeted provision of supplementary feeding components particularly targeting pregnant and lactating women and their children under age of two—with nutritional and breastfeeding education simultaneously
- Need to increase nutritional awareness particularly targeting pregnant and lactating women.
- High market potential (demand) with limited supplies for clean energy savings products including cook stoves and solar.

**CONTACT**

Ram Kishan  
Deputy Country Director | Nigeria  
rkishan@mercycorps.org

Clara Orji  
Program Manager | REACH 3  
corji@mercycorps.org