



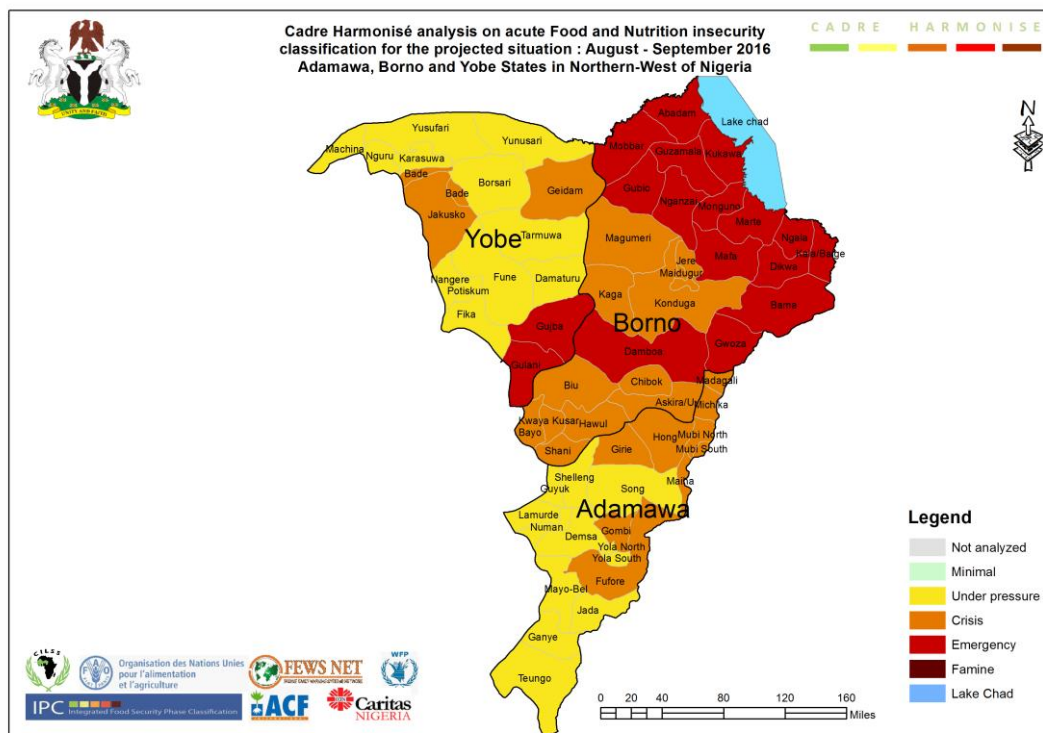




Cadre Harmonisé Update Analysis to Identify Risk Areas and Populations in Acute Food and Nutrition Insecurity in Adamawa, Borno and Yobe States of Nigeria

Nigeria	Current (August- September 2016) Acute Food and Nutrition Security situation	Created on: 18/08/2016
<p>Main Food and Nutrition Security outcomes in Adamawa, Borno and Yobe States</p> <p> Food Consumption: Food consumption level across the three states is below the acceptable threshold for a majority of the population with Borno and Yobe recording the worst situation</p> <p> Evolution of livelihoods: Livelihoods in the three states are stressed and disrupted especially for IDPs who have lost all assets and have limited income opportunities.</p> <p> Nutrition: Malnutrition prevalence in many areas is above the critical threshold. However, in some of the worst affected areas (IDP camps and recently accessible areas), the nutrition situation is above the emergency level.</p> <p> Mortality: Although data on Under Five Mortality Rate (U5MR) and Crude Mortality Rate (CMR) remains limited, some extremely high rates have been recorded in Bama LGA (Borno). There is concern that these rates may also be occurring in non-accessible areas where there is limited information.</p>	<p>The Cadre Harmonise (CH) update analysis for Adamawa, Borno and Yobe States was conducted in August, 2016 in Abuja, Nigeria. The Boko Haram related insurgency in these states has caused population displacement, disruption in livelihoods, and acute food insecurity. According to the International Organization of Migration’s (IOM) June 2016 report, there are over 1.4 million, 159,445 and 111,671 internally displaced persons (IDPs) in Borno, Adamawa and Yobe states respectively.</p> <p>The food insecurity and low levels of food consumption can be attributed to depleted household stocks and poor access to markets, high prices of staple food, low income and extreme coping strategies.</p> <p>Hazard and vulnerability</p> <p>Despite improvement in civil security situation in these areas, there are still some attacks and suicide bombings which continue to cause fatalities, displacement, and livelihood restrictions. This has had a negative impact on food consumption and livelihood activities within both displaced and host community households. The situation is continuing, as new displacement occurs in areas where insurgents remain and as IDPs return home, mainly in Adamawa and Yobe States, and many returnees find their homes inhabitable and remain displaced in urban areas.</p> <p>Food availability</p> <p>Food availability is extremely limited. There has been no food production for the last three years and it is the lean season at the time of analysis. Consequently, household and market food stocks have been depleted and some areas have no access to markets.</p> <p>Food access</p> <p>Most households across the three states have experienced a decrease in food access due to the increase in food prices compared to previous years as a result of sky-rocketing inflation of the Naira. In most of the markets, prices have sharply increased since the beginning of 2016.</p> <p>Food Utilization including Water</p> <p>Information from surveys and assessments conducted by Government and International NGOs indicate that Severe Acute Malnutrition (SAM) and Global Acute Malnutrition (GAM) rates in children under five are above critical thresholds. There is some access to potable water depending on the sites, although access is limited in many formal and informal IDP camps in Borno State.</p>	



Main results

Phase Classification for Local Government Areas (LGAs)

In **Yobe State**, there are twelve LGAs in Phase 2, three in Phase 3 and two in Phase 4. There are no LGAs in Phases 1 or 5.

- **Phase 2 (Stressed):** Borsari, Damaturu, Fika, Fune, Karasuwa, Machina, Nangere, Nguru, Potiskum, Tarmurwa, Yunusari, Yusufari
- **Phase 3 (Crisis):** Bade, Geidam, Jakusko
- **Phase 4 (Emergency) :** Gulani and Gujba

In **Adamawa State**, there are twelve LGAs in Phase 2 and nine in Phase 3. There are no LGAs in Phases 1, 4 or 5.

- **Phase 2 (Stressed):** Demsa, Ganye, Guyuk, Jada, Lamurde, Mayo-Belwa, Numan, Shelleng, Song, Tenugo, Yola North, Yola South
- **Phase 3 (Crisis) :** Fufore, Girei, Gombi, Hong, Madagali, Maiha, Michika, Mubi North, Mubi South

In **Borno State**, there are twelve LGAs in Phase 3 and fifteen LGAs in Phase 4. There are no LGAs in Phase 1, 2 or 5.

- **Phase 3 (Crisis):** Hawul, Jere, Kaga, Konduga, Kwaya Kusar, Magumeri, Maiduguri, Askira Uba, Bayo, Biu, Chibok, Shani
- **Phase 4 (Emergency) :** Gwoza, Kala Balge, Kukawa, Mafa, Abadam, Bama, Damboa, Dikwa, Gubio, Guzamala, Marte, Mobbar, Monguno, Ngala, Nganzai

Estimated Population by Food and Nutrition Insecurity Phases

Borno, Adamawa and Yobe combined have a total population of roughly 13 million people according to the current projected population. Final results of the CH analysis shows 4,447,961 people in Phases 3 to 5 and in need of urgent humanitarian assistance:

Table 1: Population by Phase of Food and Nutrition Insecurity per State

State	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Total Phases 3 to 5
Adamawa	1 697 272	1 868 239	591 132	38 061	-	629, 192
Borno	675 726	1 672 388	2 218 959	886 179	58 506	3, 163, 644
Yobe	1 544 813	1 074 895	534 844	113 691	6 590	655, 125

Total	3 917 811	4 615 521	3 344 935	1 037 930	65 096	4, 447, 961
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As shown in Table 1, for the period of August-September, there are an estimated 4,615,500 people in Stressed acute food insecurity (Phase 2), 3,345,000 in Crisis (Phase 3), and 1,038, 000 in Emergency (Phase 4). These people are experiencing low food consumption and difficulties in accessing food. More than 65,000 people are estimated to be in Famine (Phase 5). These people are located in newly liberated and inaccessible LGAs in Borno and Yobe States. Data collected during the assessment show that these people are experiencing high malnutrition and mortality rates with extremely limited access to health facilities and humanitarian assistance.



Methodology

This analysis was conducted in response to alerts from humanitarian, non-governmental and UN agencies about the crisis in Northeast Nigeria. The analysis is meant to update the March 2016 Cadre Harmonize (CH) projected classifications for August and September 2016. To have the critical data necessary for the analysis, a rapid assessment was carried out during the week of August 8th in the three worst affected states: Adamawa, Borno, and Yobe. The assessment was conducted by three teams comprising of government officials, CILSS, FAO, and FEWS NET staff. In each State at least two LGAs were surveyed, collecting information on all contributing factors used by CH analysis. The assessment included key informant interviews, focus group discussions, and rapid MUAC screening within formal and informal IDP camps, host communities, and health centers. Interviews were also conducted with local leaders and humanitarian organizations.

Each state completed analysis on the LGAs included in the assessment as well as for the state level. However, It is important to note that non accessible and recently accessible areas were not assessed and Borno state analysis was further divided between accessible and non-accessible LGAs. The analysis covers the current timeframe for August and September and no projections were made. A full CH analysis covering these states is planned for October.

During the analysis, participants went through the five steps of CH analysis according to the guidelines in the updated manual: 1- Data inventory; 2- Data analysis considering level of administration and reliability scores; 3- Area classification; 4- Population estimation; and 5- Report and communication support.

The classification of areas is based on available data as well as the consideration of the impact of contributing factors on the outcome indicators. It is important to note that the classification of the inaccessible areas was made based on limited qualitative data as well as the situation in recently accessible areas. The proportions of population in each phase is based on available evidence including, but not limited to, food consumption scores, number of IDPs, child malnutrition and mortality rates.

The food and nutrition situation of the states was analyzed at the local government level with special emphasis on the areas affected by the insurgency by a group of state experts, and subsequently harmonized based on consensus in plenary by all partners with facilitation of the Cadre Harmonize technical team (CILSS, FEWS NET, and FAO). There was consensus building among the technical working group participants on the classification, phasing and estimation of population.

The main constraint to the analysis was the limited data availability due to both a short timeframe for data collection and inaccessibility of areas of concern due to civil security.



Recommendations.

To decision makers: Nigeria Government, Donors, and food security implementing partners:

Considering the critical malnutrition rates and high level of food insecurity across Northeastern Nigeria, the following actions are highly recommended:

1. **Undertake immediate humanitarian assistance including :**
 - a. Increased food distribution;
 - b. Nutrition emergency activities specifically for under 5 years and pregnant and lactating mothers;
 - c. Create stabilization centers and health facilities to affected populations including psychosocial support to affected population especially women and children;
 - d. Cash and voucher assistance in areas with functioning markets;

e. Livelihoods resilience and rebuilding support for returnee populations

2. **Improve coordination** through participative and inclusive working groups at the federal and state level in order to improve the quality of emergency response.
3. **Support data collection** through the Food Security and Livelihood Survey for next Cadre Harmonise analysis which is planned for October 2016.
4. **Develop a long term program** for resilience in the 3 states to improve quality of life

To CILSS and Partners:

- **Continue building the technical capacities** of State and Federal CH Unit, which will strengthen future analysis.

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Partners in the analysis					
Donors					