





NORTH EAST NIGERIA OVER ONE MILLION CHILDREN ACUTELY MALNOURISHED IN NORTH EAST NIGERIA

Overview

How Severe, How Many and When – Of the 61 Local Government Areas (LGAs) in Adamawa, Borno and Yobe states included in the IPC Acute Malnutrition current analysis (September – December 2020), seven LGAs were classified in IPC AMN Phase 4 (Critical), 19 LGAs were in IPC AMN Phase 3 (Serious), 21 LGAs were in IPC AMN Phase 2 (Alert) and 14 LGAs were in IPC AMN Phase 1 (Acceptable). The situation is expected to remain stable during the projection period of January - April 2021 (post-harvest) with only one LGA deteriorating from IPC Phase 2 to Phase 3.

KEY FIGURES	SEPTEMBER 2020 - AU	IGUST 2021
• 1 148 906	Severe Acute Malnutrition (SAM)	605,263
the number of 6-59 months children acutely malnourished	Moderate Acute Malnutrition (MAM)	543,643
	123,468 Pregnant or lactati acutely malnourish	ing women ned

However, the situation is expected to significantly deteriorate during the projection period of May - August 2021 (lean season) with 11 LGAs expected to be in IPC AMN Phase 4 (Critical) and 34 LGAs in IPC AMN Phase 3 (Serious). Around 1.15 million children aged 6-59 months are expected to suffer from acute malnutrition during the course of 2021, with more than half of them (605,000) expected to be severely malnourished. Over 123,000 pregnant or lactating women are also expected to suffer from acute malnutrition.

Where – Acute malnutrition is a major public health problem in several LGAs. According to the IPC AMN current analysis, Karasuwa, Machina, Nguru, Yunusari, Yusufari, Geidam LGAs in Yobe state and Nganzai LGA in Borno state are in IPC AMN Phase 4 (Critical). Damboa, Gubio, Kaga, Konduga, Mafa, Magumeri, Monguno, Mobbar, Askira/Uba, Bayo and Shani LGAs in Borno state and Bade, Bursari, Jakusko, Damaturu, Fika, Gujba, Gulani and Nangere LGAs in Yobe are in IPC AMN Phase 3 (Serious). LGAs classified under IPC AMN Phase 2 (Alert) include those in Northern Adamawa, Eastern Borno, Biu, Chibok, Kwaya Kusar, MMC, Jere and Fune, Potiskum and Tarmua in Southern Yobe. According to the projection period of May – August 2021, the acute malnutrition levels are expected to worsen in 36 LGAs to reach IPC AMN Phase 3 or 4.

Why – The major contributing factors of acute malnutrition in all the analysed LGAs include very poor food consumption patterns (both quantity and nutritional quality) and high morbidity rates (diarrhoea and fever) among the analysed populations. Another factor is insecurity, which has displaced many people and prevented the delivery of and access to humanitarian aid. The major contributing factor in the projection periods is the expected further deteriorating security situation leading to decreased food accessibility, possible outbreaks of acute watery diarrhoea, measles, and malaria. The nutrition situation may also be negatively affected by the COVID-19 pandemic and its impact on socio-economic factors.

Current Situation Sept – Dec 2020

Projected Situation Jan – April 2021

Projected Situation May - Aug 2021



Key for the Map IPC Acute Malnutrition Phase Classification
 1 - Acceptable
 5 - Extremely critical

 2 - Alert
 Phase classification based on MUAC

 3 - Serious
 Areas with inadequate evidence

 4 - Critical
 Areas not analysed

IPC ACUTE MALNUTRITION ANALYSIS SEPTEMBER 2020 – AUGUST 2021

IN NEED OF TREATMENT

Issued March 2021

ACUTE MALNUTRITION MAPS

Current Acute Malnutrition September - December 2020





Projected Acute Malnutrition January - April 2021



According to the IPC AMN classification, five Local Government Areas (LGAs) in Northern Yobe, Nganzai LGA in Borno and Geidam LGA in Yobe were in IPC AMN Phase 4 (Critical) during the current analysis period of September - December 2020.

LGAs in IPC AMN Phase 3 (Serious) during this period included all the seven LGAs in Central Borno, Askira/Uba, Bayo and Shani LGAs in Southern Borno, Bade, Bursari and Jakusko LGAs in Central Yobe; and Damaturu, Fika, Gujba, Gulani, and Nangere LGAs in Southern Yobe.

LGAs in IPC AMN Phase 2 (Alert) during this period included all five LGAs in Eastern Borno and a total of 15 LGAs in Northern Adamawa and MMC/Jere. Additionally, Biu, Chibo, and Kwaya Kusar LGAs in Southern Borno and Fune, Potiskum and Tarmuwa LGAs in Southern Yobe were also in IPC AMN Phase 2.

All 13 LGAs in Southern Adamawa and Hawul LGA in Southern Borno were in IPC AMN Phase 1 (Acceptable) during this period. Four LGAs in Borno State (Abadam, Guzamala, Kukawa and Marte) were completely inaccessible; therefore no data was available for analysis.

According to the IPC AMN classification, Phase 4 (Critical) and Phase 3 (Serious) indicate that urgent action is required to reduce acute malnutrition levels by significantly scaling up and intensifying treatment and protection activities to reach additional populations affected. IPC AMN Phase 2 (Alert) indicates the situation is progressively deteriorating with increased levels of acute malnutrition and requires strengthening the existing response.

According to the IPC AMN projection analysis for January – April 2021 (post-harvest season), the acute malnutrition situation in all domains/LGAs is likely to remain the same with the current situation analysis. The only exception is Tarmua LGA in Central Yobe, which is likely to deteriorate to IPC AMN Phase 3 (Serious) from IPC AMN Phase 2 (Alert) during this projection period.

ACUTE MALNUTRITION MAP AND POPULATION TABLE



Projected Acute Malnutrition May - August 2021

Acute Malnutrition: January - December 2021

According to the second projection for the period of May - August 2021 (lean season / rainy season), the acute malnutrition situation is projected to deteriorate compared to the first projection period of January - April 2021. All the 13 LGAs in Southern Adamawa are projected to deteriorate from IPC AMN Phase 1 (Acceptable) to IPC AMN Phase 2 (Alert). Hawul LGA in Southern Borno is projected to remain the same at IPC AMN Phase 1 (Acceptable).

All LGAs, which are in IPC AMN Phase 2 (Alert) during the projection period 1, i.e. the five LGAs in Eastern Borno, the 15 LGAs Northern Adamawa and MMC/Jere and Chibok LGA in Southern Borno, are projected to deteriorate to IPC AMN Phase 3 (Serious), except Kwaya Kusar and Biu LGAs, which will remain the same in IPC AMN Phase 2. Fune and Potiskum LGAs in Southern Yobe are also projected to deteriorate from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious) during the projection period of May – August 2021.

All seven LGAs in Central Borno; Askira/Uba, Bayo and Shani LGAs in Southern Borno; Fika, Gujba, Gulani, Tarmua and Nangere in Southern Yobe are likely to remain the same in IPC AMN Phase 3 (Serious) during the projection period of May – August 2021. Bade, Bursari and Jakusko LGAs in Central Yobe and Mobbar LGA in Northern Borno are projected to deteriorate to IPC AMN Phase 4 (Critical) during the projection period of May – August 2021.

			No. of Children (6-59 Months) in Need of Treatment						
Domains	GAM (%)	No. of Children <5	GAM Treatment	MAM Treatment	SAM Treatment				
Southern Adamawa	8.3	397,199	151,810	58,865	92,945				
Northern Adamawa	12.7	256,522	137,239	63,361	73,878				
Northern Borno	16.8	20,487	17,005	7,551	9,454				
Southern Borno	9.6	316,389	98,015	55,370	42,645				
East Borno	15.3	82,583	96,739	38,880	57,859				
Central Borno	12.2	182,638	81,311	48,436	32,875				
MMC & Jere	14.9	301,622	184,412	89,401	95,011				
Central Yobe	22.2	110,016	105,771	41,262	64,509				
Southern Yobe	12.3	337,423	186,175	96,977	89,198				
Northern Yobe	17.7	124,046	90,429	43,540	46,889				
Total	N/A	2,128,925	1,148,906	543,643	605,263				

Areas not analysed

The table above shows the annual burden of Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM), and Global Acute Malnutrition (GAM) for each domain. The total number of children in all areas analysed is 2,128,925. The 2021 burden was determined by Round 9 NFSS (Nutrition and Food Security Surveillance) using combined Severe, Moderate, and Global Acute Malnutrition (cSAM, cMAM, and cGAM) prevalence. More than 1.1 million cases of acute malnutrition requiring urgent treatment are expected in 2021. The top five domains with the highest numbers of cases of acute malnutrition are namely, Southern Yobe, MMC & Jere, Southern Adamawa, Northern Adamawa, Central Yobe. Together, these five domains account for over two thirds of all cases in the region. In terms of severity based on the prevalence of global acute malnutrition, the following four zones are worst affected: Central Yobe, Northern Yobe, Northern Borno, East Borno. The combined acute malnutrition prevalence is at or above 15% in these four zones.

SITUATION OVERVIEW AND TREND ANALYSIS

Current situation overview

According to Nutrition and Food Security Surveillance data (Round 9) used for the current analysis, the acute malnutrition prevalence (GAM based on WHZ) was at IPC AMN Phase 4 (Critical) in Northern Yobe domain (15.8%), at IPC AMN Phase 3 (Serious) in Central Borno (10.7%), Northern Borno (14.0%), Southern Yobe (10.2%), and Central Yobe (14.7) domains, at IPC Phase 2 (Alert) in Northern Adamawa (7.5) Southern Borno (8.8%), Eastern Borno (9.6%) and MMC/Jere (9.9%) domains, and at IPC Phase 1 (Acceptable) in Southern Adamawa (4.7%). The overall acute malnutrition prevalence at state level was 6.2% in Adamawa (IPC AMN Phase 2), 10% in Borno (IPC AMN Phase 3) and 12.3% in Yobe (IPC AMN Phase 3).

Key drivers

The current period levels of malnutrition were aggravated by ongoing conflict in the region, food insecurity, poor water and sanitation (WASH) conditions, high morbidity, and poor Infant and Young Child Feeding (IYCF) practices. The poor IYCF practices were evidenced by the extremely low prevalence of children having Minimum Acceptable Diets (MAD), which were 1% in Adamawa, 0.9% in Borno and 0.4% in Yobe states and suboptimal breastfeeding practices including low levels of exclusive breastfeeding across all states (Adamawa – 56.3%, Borno – 64.3% and Yobe – 37.6%) and poor complementary feeding practices. Poor WASH conditions, including access to proper sanitation facilities, access to portable and handwashing practices, significantly contributed to acute malnutrition, especially in urban and IDP communities.

Other contributing factors included low measles vaccination coverage, poor vitamin A supplementation coverage, anaemia among children aged 6-59 months and high prevalence of diarrhoea and fever.

The current situation analysis period was characterized by the harvest season, in which farming communities and IDPs with access to small farms had at least some access to food compared to the lean season of the year. The period was also affected by the ongoing armed conflict, resulting in displacements and disruption of services.

First projection situation overview

The first projection period (January – April 2021) is characterized by a slight improvement in food availability, both from harvest and markets, although it is unlikely to bring significant improvement in the food consumption patterns among children and women, as food consumption has been poor throughout the year, indicating that it is related to knowledge and behaviour. The period is also characterized by reduced overall morbidity, including prevalence of acute watery diarrhoea, but with an increase in respiratory diseases. The period is likely to be significantly affected by escalation of armed conflict, resulting in mass displacements and reduced access for the government and humanitarian agencies. The IYCF practices and WASH conditions are expected to remain the same throughout the first projection period.

As a result, the levels of acute malnutrition in general are expected to largely remain unchanged across the three states under analysis, compared to the current situation analysis. Only Tarmua LGA in Southern Yobe nutrition situation is expected to deteriorate from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious), because of the instability in the area. All other LGAs' IPC phase classification is expected to remain the same. (Note: even if there is a slight increase in acute malnutrition levels in these areas, they are unlikely to move to a different IPC AMN Phase).

Second projection situation overview

The second projection period (May – August 2021) is characterized by a significant reduction in food availability, increased insecurity, heavy rains, and increased household workload. The food stores' depletion and reduced market activity due to roads damaged by the heavy rains will result in increased food prices, reduced delivery of food aid and other humanitarian services, especially in hard to reach areas. Nutrition and health programme activities will also be hampered as a result of access constraints. The period is also characterized by a high prevalence of diarrhoea and malaria, a significant cause of acute malnutrition among children under-five. The overall care practices are also affected by the increased farm workload (planting) among women in farming communities.

As a result, the levels of acute malnutrition are expected to significantly increase across many LGAs in the three states of analysis compared to the projection period of January – April 2021. All 13 LGAs in Southern Adamawa are likely to deteriorate from IPC AMN Phase 1 (Acceptable) to IPC AMN Phase 2 (Alert). All LGAs in Eastern Borno, Northern Adamawa and MMC/Jere and Fune and Potiskum LGAs in Southern Yobe and Chibok LGA in Southern Borno are likely to deteriorate from IPC AMN Phase 2 (Alert) to IPC AMN Phase 3 (Serious).

Mobbar LGA in Northern Borno and Bade, Bursari and Jakusko LGAs in Central Yobe are likely to deteriorate from IPC AMN Phase 3 (Critical) to IPC AMN Phase 4 (Serious). All LGAs in IPC AMN Phase 4 (Critical) are likely to remain the same. This includes Karasuwa, Machina, Nguru, Yunusari, Yusufari and Geidam LGAs in Yobe and Nganzai LGA in Borno state. (Note: even if there may be an increase in acute malnutrition levels in these areas, they are unlikely to move to IPC AMN Phase 5). LGAs which are in IPC AMN Phase 3 (Serious) during the first projection period will likely remain in the same IPC AMN Phase, namely Askira/Uba, Bayo, Shani in Southern Borno; Damaturu, Fika, Gujba, Gulani, Nangere and Tarmua in Southern Yobe and all LGAs in Central Borno. LGAs which are classified in IPC AMN Phase 2 (Alert) during the first projection period and are likely to remain in the same IPC AMN Phase 1 (Acceptable) throughout the first and the second projections.

Trend analysis

Since the establishment of surveillance in 2016, and the scale-up of the nutrition response in North-East Nigeria, data from assessments and programmes show acute malnutrition levels have remained persistently high in Yobe (above 10%), while in Borno the acute malnutrition prevalence tends to vary according to seasonality (i.e. high during both the rainy and lean seasons) and the scale of response (influenced by number of partners and access). The acute malnutrition prevalence in Adamawa state has remained relatively stable, with little variation over the seasons.

Similar trends are expected in the projection period in all areas, compared to historical data used for analysis using the same time period, factoring in the possible impact of the COVID-19 pandemic and the escalation of armed conflict.

Risk Factors to Monitor

- It is critical to monitor the humanitarian situation and factors that contribute to acute malnutrition in order to effectively reevaluate and plan the nutrition response accordingly. Thus, indicators to be monitored include disease outbreaks (acute watery diarrhea - AWD, measles and Acute Respiratory Infections - ARIs), water availability and access, displacement of people due to insecurity, humanitarian agencies' access to affected population, food availability and market prices, loss of employment/ livelihoods and the overall impact of the COVID-19 pandemic on socio-economic factors.
- It is important to address the changes of key drivers of acute malnutrition in a timely manner and plan/adjust nutrition interventions to meet new emerging needs e.g. COVID- 19 pandemic.
- The high likelihood of outbreak of measles and AWD, paired with increased food insecurity, are expected during the projection periods for the analysed areas and it is important that the Nutrition, Health, Food Security and WASH sectors plan accordingly to mitigate the effects on the affected populations.

RECOMMENDATIONS FOR ACTION

Response Priorities

Immediate/short term recommendations

- Ensure adequate treatment for all children affected by acute malnutrition in all areas.
- Scale up treatment of acute malnutrition (SAM and MAM) for children in hard to reach areas and areas with low coverage, especially in Yobe and Adamawa states.
- Strengthen the screening and referral pathways, including scaling up of the "mother MUAC' approach to promote early detection of acute malnutrition.
- Improve the quality programming for IYCF interventions focusing on exclusive breastfeeding, continued breastfeeding and optimal complementary feeding practices using locally available nutritious foods.
- Scale up programmes targeting maternal and young child diets through promotion of household food fortification and cash and voucher programming to improve the proportion of children having a Minimum Acceptable Diet (MAD).
- Improve immunization coverage for measles and polio antigens and Vitamin A and micronutrient powder supplementation.
- Strengthen the integration of WASH interventions in services including water provision, soap distribution and promotion of appropriate hygiene practices.

Medium to long-term recommendations

- Strengthen the integration of CMAM activities into the existing health system including technical capacity building of health workers.
- Scale up livelihood support activities for households by promoting income generating, home gardening and household food
 security interventions that aim to reduce poverty at household level.
- Adopt a multi-sectoral integrated approach to addres the deteriorating nutrition situation.
- Promote synergy and data collection by stakeholders to provide adequate information for evidence-based IPC AMN analysis.
- For the four inaccessible LGAs with no information for conducting IPC AMN analysis, consider collecting data using the IPC guidance for data collection in areas with limited or no humanitarian access.

TOTAL NUMBER OF CASES OF CHILDREN 6-59 MONTHS AND PREGNANT AND BREASTFEEDING WOMEN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT

The expected number of cases of acute malnutrition among children was calculated using the following formula: npk, where n is the number of children under the age of five, p is the combined prevalence of SAM or MAM, and k is the incident correction factor.

An incident factor of 9 was used in the formula to calculate the total number of SAM cases while an incident factor of 2.6 was used to calculate the total number of MAM cases.

For the combined prevalence of SAM and MAM in the formula, the following procedure was employed: (1) for LGAs with the same IPC AMN Phase classification between the current and the second projection period, point prevalence of combined SAM and MAM estimates were used in the formula; (2) for LGAs with a deterioration in IPC AMN Phase classification between the current and the second projection period, the Upper Confidence Level of the combined SAM and MAM prevalence estimates were used in the formula.

The total number of GAM cases was determined by adding the total number SAM cases and the total number of MAM cases.

Domain			Children <	5	Pregnant and Lactating Women				
	Total #	GAM %	Estimated no. of GAM cases	Estimated no. of MAM cases	Estimated no. of SAM cases	Total #	% Acute Malnutrition based on MUAC	# of cases acute malnutrition	
Southern Adamawa	397,199	8.3	151,810	58,865	92,945	176,533	10.5	18,536	
Northern Adamawa	256,522	12.7	137,239	63,361	73,878	114,010	11.9	13,567	
Northern Borno	20,487	16.8	17,005	7,551	9,454	9,105	15.5	1,230	
Southern Borno	316,389	9.6	98,015	55,370	42,645	115,207	14.2	13,198	
Eastern Borno	82,583	15.3	96,739	38,880	57,859	62,114	14.7	9,131	
Central Borno	182,638	12.2	81,311	48,436	32,875	81,172	12	9,741	
MMC/Jere	301,622	14.9	184,412	89,401	95,011	134,054	13.3	17,829	
Central Yobe	110,016	22.2	105,771	41,262	64,509	48,896	17.1	7,943	
Southern Yobe	337,423	12.3	186,175	96,977	89,198	149,966	17.2	23,416	
Northern Yobe	124,046	17.7	90,429	43,540	46,889	55,132	16.1	8,876	
Total	2,128,925	N/A	1,148,906	543,643	605,263	946,188	N/A	123,468	

FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS		Northern	South	Central Borno	Eastern Borno	MMC and Jere	Northern Borno	Southern Borno	Central Yobe	Northern Yobe	Southern Yobe	
-	Inadequate dietary intake	Minimum Dietary Diversity (MDD)	20.9%	18.0%	3.9%	6.8%	20.9%	9.2%	15.0%	12.8%	15.0%	5.4%
	Intake	Minimum Meal Frequency (MMF)	6.5%	7.9%	3.7%	5.7%	8.1%	3.0%	11.6%	5.3%	6.2%	7.0%
		Minimum Acceptable Diet (MAD)	1.1%	0.8%	0.0%	0.0%	0.5%	0.3%	2.6%	0.9%	0.9%	4.6%
		Minimum Dietary Diversity – Women (MDD-W)	69.5%	54.9%	28.1%	45.6%	55.8%	59.1%	49.7%	48.8%	48.9%	44.8%
T ₽	Diseases	Diarrhoea	10.9%	0.1%	15.9%	12.0%	16.5%	10.8%	8.3%	17.2%	11.8%	13.4%
		Dysentery										
		Malaria/fever	16.6%	13.0%	18.1%	15.0%	19.7%	12.2%	13.2%	19.9%	15.4%	16.4%
		Acute Respiratory Infection	0.8%	0.6%	1.4%	1.6%	0.9%	0.1%	0.8%	1.5%	1.6%	1.7%
		HIV/AIDS prevalence										
		Cholera or Acute Watery Diarrhoea (AWD)										
		Measles					20.9%					
Colored and the second	Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	Phase 2	Phase 2		Phase 2	Phase 2	Phase 3	Phase 2	Phase 3	Phase 3	Phase 2
îi	Inadequate care for children	Exclusive breastfeeding under 6 months	56.9%	55.6%	55.3%	68.5%	72.4%	77.4%	60.0%	47.4%	23.6%	37.7%
		Continued breastfeeding at 1 year	74.5%	64.9%	70.8%	78.6%	84.2%	91.4%	88.0%	73.1%	84.1%	66.7%
		Continued breastfeeding at 2 years	22.2%	38.5%	23.1%	11.8%	21.7%	13.8%	17,1%	22.2%	33.3%	47.4%
		Introduction of solid, semi-solid or soft foods	46.7%	50.0%	36.7%	59.1%	46.7%	30.5%	444%	43.5%	42.9%	63.3%
÷	Insufficient health	Measles vaccination	90.9%	85.6%	69.3%	85.6%	87.6%	83.9%	85.5%	72.6%	68.4%	79.6%
	services & unhealthy environment	Polio vaccination		67%								86.2%
		Vitamin A supplementation	3240.0%		2350.0%	53.6%	4650.0%	65.4%		40.7%	34.6%	31.4%
		Skilled birth attendance		40.8%				2950.0%		16.3%	16.3%	
	Legend	Major Contrib Factor	outing					No Contri Factor	buting		No data	

CONTRIBUTING FACTORS		Northern	South	Central Borno	Eastern Borno	MMC and Jere	Northern Borno	Southern Borno	Central Yobe	Northern Yobe	Southern Yobe	
Ð	Insufficient health services & unhealthy environment	Health seeking behaviour										
		Coverage of outreach programmes coverage (SAM, MAM, or both)	99.9%	30.6%	147.0%	82.1%	153.5%			108.6%	65.1%	35.2%
		Access to a sufficient quantity of water			70.0%	70.0%			27.5%			
		Access to sanitation facilities			47.0%	59.0%	100.0%		24.6%	21.2%	16.1%	
		Access to an improved source of drinking water	51.6%		7.4%	83.2%	95.3%	0.0%	5.8%	21.6%	21.9%	6.7%
		Proportion of HHS observed to be handwashing	14.2%	5.8%	14.8%	28.6%		12.7%		27.6%	28.0%	35.0%
		Proportion of HHs treating their drinking water	36.7%	29.6%		28.7%				3.2%	5.3%	
а.	Structural causes	Human capital										
		Physical capital										
		Financial capital										
		Natural capital										
		Social capital										
		Policies, Institutions and Processes										
		Usual/Normal Shocks	21.4%						67.3%			
		Recurrent Crises due to Unusual Shocks	9.4%		21.2%							
Ç	Other nutrition issues	Anaemia among children 6-59 months	56.0%				71.2%	71.2%	1.3%	69.2%	69.2%	69.2%
		Anaemia among pregnant women					3.5%		71.2%	67.8%		67.9%
		Anaemia among non-pregnant women						53.5%	53.9%			
		Vitamin A deficiency among children 6-59 months										
		Low birth weight										
		Fertility rate	2.5%						5.1%			
	Legend	Major Contribu Factor	iting		Minor Cor Factor	ntributing		No Contri Factor	buting		No data	

COMPARISON WITH THE ACUTE FOOD INSECURITY SITUATION (CADRE HARMONISÉ)

According to the Cadre Harmonisé Acute Food Insecurity analysis conducted in October 2020, the table below presents the classification of number of LGAs per state for the current analysis (October – December 2020) and projected (June – August 2021):

	Adan	nawa	Во	rno	Yobe		
	Current	Projection	Current	Projection	Current	Projection	
# of LGAs analysed	21	21	27	27	17	17	
Phase 1	4	0	2	0	0	0	
Phase 2	16	8	7	6	11	1	
Phase 3	1	13	13	13	6	16	
Phase 4	0	0	5	8	0	0	
Phase 5	0	0	0	0	0	0	

Current Acute Food Insecurity (Oct- Dec 2020)







PROCESS AND METHODOLOGY

A team consisting of nutrition, health, food security and livelihood, WASH and statistics experts carried out the analysis using the standard IPC Acute Malnutrition protocols in Adamawa, Borno and Yobe States. The team comprised of representatives from the government, international NGOs, national NGOs, UN organizations and other stakeholders in the nutrition sector from the 3 states and at national levels. The analysis was jointly organized and coordinated by UNICEF, the Food and Agriculture Organization of the United Nations (FAO) and Borno SPHCDA, and was facilitated by the IPC Global Support Unit (IPC GSU).

This analysis, conducted in Maiduguri, Borno state between 15-20 February 2021, was the second following the first conducted in January 2020. The analysis workshop included analysis of the current situation (September – December 2020) and two projections (January – April 2021 and May – August 2021). The two projections represented the post-harvest and lean period respectively. The IPC AMN Phase classification was conducted at the LGA level, with reanalysed acute malnutrition data from the domain level.

The workshop also included a brief refresher training on the IPC AMN classification for the benefits of the new participants.

Main sources of evidence used in the analysis

The data used in the analysis mainly came from Nutrition and Food Security Surveillance (NFSS) SMART surveys, Joint Approach to Nutrition and Food Security Assessment (JANFSA), Emergency Food Security Assessment (EFSA), the Cadre Harmonisé report and North-East Nigeria Nutrition Sector 5W and other national level data including the DHIS and DHS.

Limitations and learning

The analysis was limited by lack of historical data at LGA level. This lack of acute malnutrition data at the LGA level particularly hindered the trend analysis. In addition, only limited LGA data was available for many of the contributing factors, since previously sampling for surveys was conducted at the "domain level" by combining several LGAs. In many cases, contributing factors indicators for basic causes and other outcomes was not available and inference was made based on national level data and expert opinion.

The analysis is only valid for accessible areas. Current and historical data of inaccessible areas including four LGAs across two domains was not available.

What is the IPC and IPC Acute Malnutrition:

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

Analysis Partners:

