



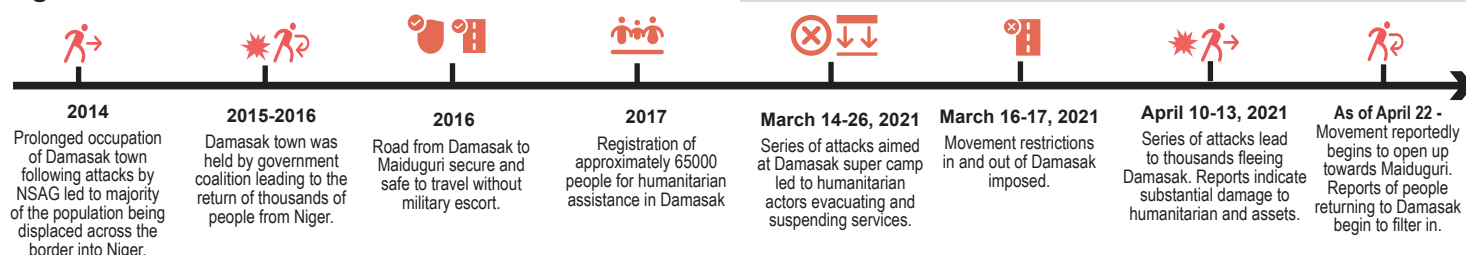
Damasak Displacement and Humanitarian Needs Brief

Damasak, Mobbar LGA, Borno State, Northeast Nigeria, April 2021

CONTEXT

A series of armed attacks by non-state armed groups (NSAGs) beginning in mid-March and intensifying in scale between April 10-14 triggered the evacuation of humanitarian staff and led to the displacement of thousands of residents. The most recent attacks led to the destruction and damage of life-saving humanitarian assets and infrastructure and the suspension of life-saving humanitarian assistance, particularly food, water and health services. Damasak town is a garrison town and the capital of Mobbar Local Government Area (LGA), populated by roughly 56,000 people including roughly 10,000 internally displaced people (IDPs) resident in camps and within the host community.¹ There are also roughly 122,000 people living in inaccessible areas of Mobbar LGA outside of Damasak town. It is reported that 100% of the host population are returnees who have been displaced at least once in the past as a result of multiple NSAG attacks between 2014 and 2017.² Damasak town is the only accessible area of Mobbar LGA to humanitarian actors, and as a result has served as a destination for people displaced from surrounding communities in the LGA.³

Fig 1: Timeline of events:



KEY FINDINGS

Information gathered by REACH indicates a rapidly deteriorating humanitarian situation, for mainly food and healthcare, non-food items (NFI), WASH and protection related issues. Given the high reliance on humanitarian support and trade to mitigate resource gaps for an already vulnerable population, the prolonged disruption to both humanitarian assistance and markets may cause a further deterioration in emergency needs.

- As a result of the April 10 attacks, **nearly all humanitarian services have been suspended in Damasak**. Widespread damage to life-saving infrastructure, including health and nutrition facilities, food and NFI warehouses, and other key humanitarian assets, as well as to civilian shelters was reported by KIs and triangulated through remote sensing (UNOSAT).
- KIs reported that an **estimated 25,000-40,000 individuals were displaced from Damasak, primarily travelling north towards Gamari and Diffa in Niger, west towards Geidam in Yobe state, and south towards Maiduguri in Borno state**. In the week following, some household members have reportedly started returning to Damasak to scout out the conditions and security situation.

METHODOLOGY OVERVIEW

From April 15-16, REACH conducted a rapid assessment through interviews and participatory displacement mapping with 9 key informants (KIs) in Gamari (in Niger), Geidam, Yobe State, and Maiduguri, Borno State, to gain a better grasp of the current and anticipated needs following the recent escalation in violence beginning on April 10. REACH received information through informal follow-ups with KIs and partners on Damasak and key displacement areas. Two interviews were conducted remotely with KIs displaced from Damasak in Gamari, Niger and in Geidam, while five were conducted in-person and two remotely with KIs in the Mocgolis IDP camp in Maiduguri. KIs were both displaced civilians as well as humanitarian staff formerly operating in Damasak. The data was triangulated using evidence obtained via satellite imaging⁴ and from security and incident reports. The methodology follows REACH's rapid assessment toolkit focused on gathering information on causal factors of severe needs, including displacement patterns, asset stripping, food access, livelihood coping strategies, nutrition, and health service access. **The situation in Damasak continues to evolve at the time of writing and findings adduced reported on information received up until April 22. All findings in this brief are indicative only and should be triangulated with data from other sources.**

- In March, prior to the attacks, the Cadre Harmonise (CH) classified **Mobbar LGA as facing Emergency (CH Phase 4) levels of Acute Food Insecurity (AFI)**, indicating very large food consumption gaps and deterioration in livelihoods.⁵ The disruption to aid and markets is reportedly leading to increasing use of severe coping strategies, such as begging and distress migration.
- IPC Acute Malnutrition for Mobbar LGA is classified as Serious (IPC Phase 3 AMN), and projected to worsen to Critical levels (IPC Phase 4 AMN) from May to July**. The non-functionality of nutritional facilities and health centres and evacuation of staff limits capacity to mitigate and treat critical levels of AMN.
- Prolonged **disruption to the maintenance or repair of boreholes and WASH facilities may lead to water shortages or reduced water quality and poor sanitation**, and the onset of the rainy season may exacerbate seasonal WASH conditions.
- KIs reported major protection concerns including the killing and injury of civilians in crossfire, as well as widespread household separation and cases of unaccompanied children during displacement.



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BACKGROUND

Damasak town, a garrison town in Mobbar LGA, in northern Borno State, is the only accessible area in Mobbar and positioned at the junction of the Yobe and Komadugu Gana Rivers, along the border with Niger.⁶ Damasak sits in the Northern Sahelian: Millet, Sesame, Cowpeas and Livestock Livelihood zone (FEWS Livelihood Zone); however given prolonged periods of insecurity in the area, limited access to farmland outside of the town has resulted in minimal opportunities to cultivate for subsistence or income in the last several years, causing a high reliance on market activity and humanitarian assistance to meet basic needs.

Mobbar has a population of roughly 56,000 individuals (including 10,000 IDPs) in accessible areas (Damasak town) and 122,000 in inaccessible areas. The vast majority of Mobbar is inaccessible due to high levels of insecurity from NSAGs in the area. Past periods of prolonged conflict between 2014-2016 displaced the majority of the population of Damasak north to Niger or southeast to Maiduguri, which reportedly allowed for some people to develop social networks and familiarity in the Niger region.⁷ Most people having lost their household assets, including land and livestock, returned in 2017 and 2018, with limited livelihood profiles.⁸

HUMANITARIAN OVERVIEW

KIs and partners reported populations in Damasak were heavily dependent on humanitarian assistance for food and the provision of other life-saving resources and services, notably healthcare, WASH, NFIs, cash, and nutrition. Limited opportunities to engage in livelihoods due to prolonged periods of insecurity is compounded by periods of displacement and poor food security.^{9 10} Humanitarian assistance is critical in filling gaps in income and food consumption and humanitarians are reportedly the primary actors operating and managing water points and sanitation facilities, running healthcare facilities and nutrition services, and providing NFIs for host community members and displaced persons. **KIs reported that the departure of humanitarian actors had already led to a severe disruption to accessing critical resources and services, especially food and healthcare. The extended absence of humanitarian assistance is likely to exacerbate already high levels of vulnerability and aggravate severe outcomes in Damasak town.**

DISPLACEMENT

KIs reported that sudden-onset displacement of both host community and IDP populations began following the attack on April 10, 2021, with displacement flows increasing significantly by April 13, 2021 when the NSAG destroyed several critical humanitarian assets and infrastructure. Most KIs reported that around half the total population (between 25,000 and 30,000 residents) fled the town; 3 KIs estimated that the figure may be as high 60-70% of the population (upwards of 35,000-40,000 residents). KIs reported that most people left with their entire household by foot travelling north, using the nearest accessible axis out of the town.

The majority of people reportedly displaced out of Damasak initially fled north by foot into Niger. Most people remained in Gamari, while some people splintered off, either east to Diffa, or west to Geidam, Yobe State. A small portion with financial access reportedly continued on from Geidam to

Maiduguri, Borno State (See Map 1). See below a breakdown of movement patterns and challenges.

Movement to Gamari, Chettimari and Diffa, Niger (North)

Movement Scale: Large

Primary Direction: North from Damasak

- All KIs reported that **the majority of people initially fled by foot north across the Komadugu river into Niger**, passing through Walada and Morai, key transit towns where people reportedly stopped to purchase food, water, and rest before continuing north to Chettimari and Gamari.
- The distance between Damasak town to Chettimari/Gamari is roughly 15km and the journey reportedly took between 4-8 hours for different household depending on levels of exhaustion, time of day travelling, and the household composition.
- Nearly all KIs reported that people travelled to Gamari given 1) access to nearby markets, 2) perceived safety with the presence of the Nigerien military, 3) access to social and familial networks established during previous displacement to the region, and/or 4) access to the road that connects Geidam and Maiduguri.
- The biggest challenges reported on this route were lack of access to food, water, and healthcare. Due to injuries while running and exhaustion, healthcare was of particularly high concern. Multiple KIs also reported incidents of criminality, theft or assault on the route, as well as the fear of further attacks by NSAGs.

Movement to Geidam, Yobe State (West)

Movement Scale: Moderate

Direction: West from Gamari; West from Damasak

- While some individuals reportedly travelled directly west out of Damasak by foot to reach Geidam, the majority first travelled north to Gamari before connecting to the road west to Geidam.
- One KI reported that the transportation cost from Damasak to Gamari increased from about 500 Nigerian Naira (NGN) to about 1000 NGN, which posed an economic barrier for vulnerable households wanting to travel to Geidam via Gamari.
- Similar to the challenges faced en route to Niger, KIs reported hunger, thirst, and limited access to healthcare as the main challenges faced by displaced populations travelling to Geidam, which were reportedly compounded by the perceived fear of an attack by thieves or a NSAG.

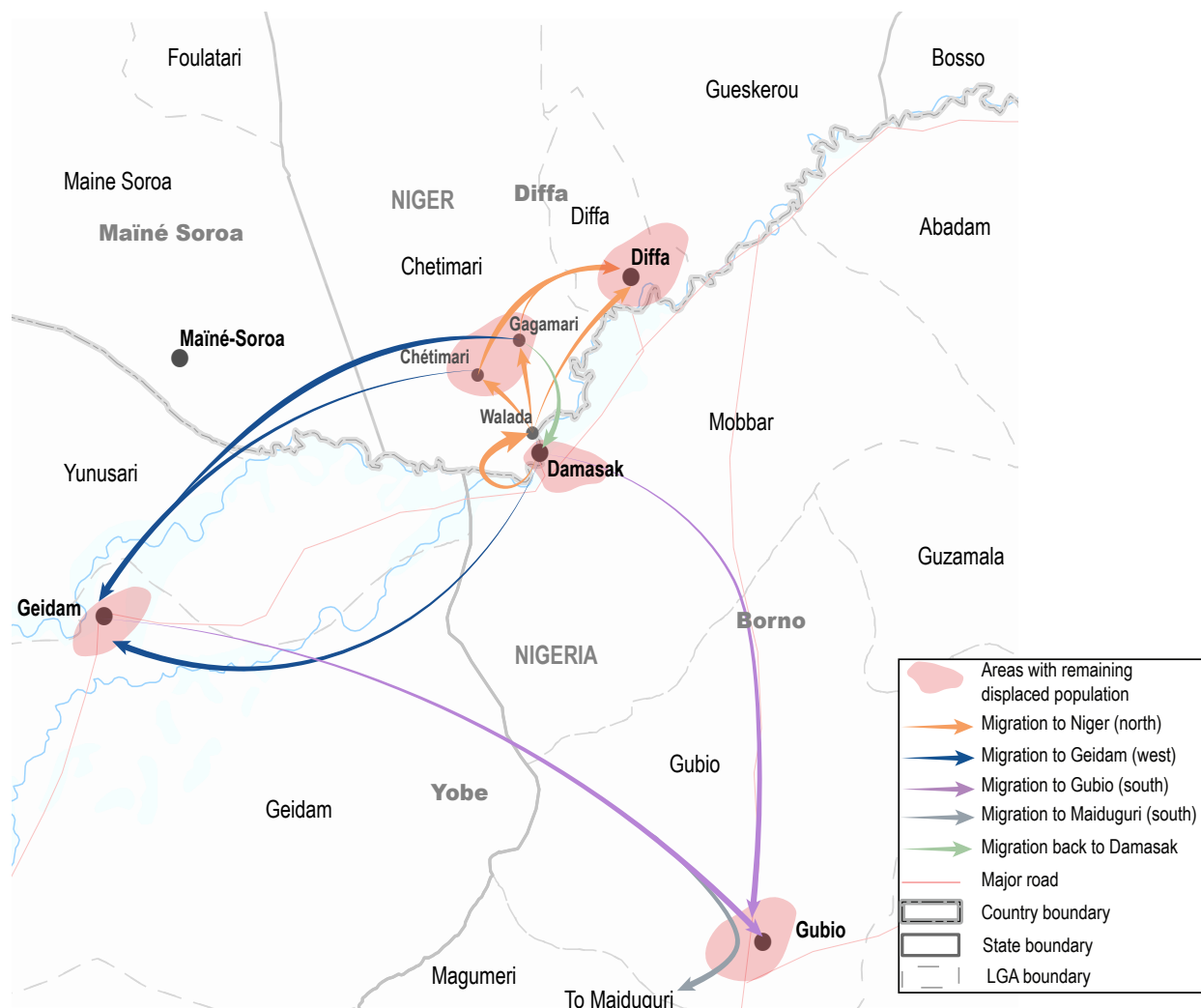
Movement to Maiduguri, Borno State (South)

Movement Scale: Minor

Direction: South from Geidam; South from Damasak

- KIs indicated that some people initially fled by vehicle directly south on the Maiduguri-Gubio road to Maiduguri town. However, as the conflict escalated, the Maiduguri-Gubio road was reportedly blocked and perceived unsafe.
- Most KIs interviewed in Maiduguri reportedly first travelled north through Gamari by foot, then took public transportation or private cars west to Geidam, and continued on either due south through Damaturu town or southeast through Gubio town on the way to Maiduguri.
- KIs reported that only households with economic access to public transportation were able to displace to Maiduguri given the extensive distance..

Map 1: Displacement Routes From Damasak Town



- The biggest challenges on this route were fear of attacks on the road and limited access to vehicles.

Return from Gamari to Damasak (as of April 21)

- Reports from KIs in Gamari on April 21 indicate that some people, mostly male heads of households, were beginning to return to Damasak to scope out the situation while women and children largely remained in Gamari.
- KIs further indicated that many of the IDPs living in the IDP camp in Damasak who fled to Gamari have returned to the camp due to reportedly calm conditions in Damasak and expectations of receiving aid from the government.

Food Security and Livelihoods

The CH Analysis (March 2021) classified Mobbar in Emergency (Phase 4) AFI, with 61% (110,180 indiv) of the population experiencing Crisis (Phase 3) or worse AFI, reportedly driven by insecurity, high food prices, and an early depletion of the harvest. Humanitarian food assistance and market access are both major factors for mitigating severe food security outcomes in Damasak town. Consequently, the temporary suspension of food assistance and closure of markets following the attacks in April is a substantial risk for driving a further deterioration in food insecurity.

Carde Harmonize: Mobbar LGA Current Food Security Outcomes - March-May 2021

The March 2021 CH reported similar levels of acute food insecurity to October 2020, increasing from 57% to 61% of the population experiencing Crisis (Phase 3) or worse levels of AFI between October 2020 and March 2021. From March-May, 23% (18,140 indiv) of households are expected to experience Emergency (Phase 4) AFI, characterized by large food consumption gaps and/or engagement in irreversible negative coping strategies and widespread livelihood disruption. However, the CH analysis was completed prior to the April attacks and may lead to lower food outcomes than projected in Damasak.

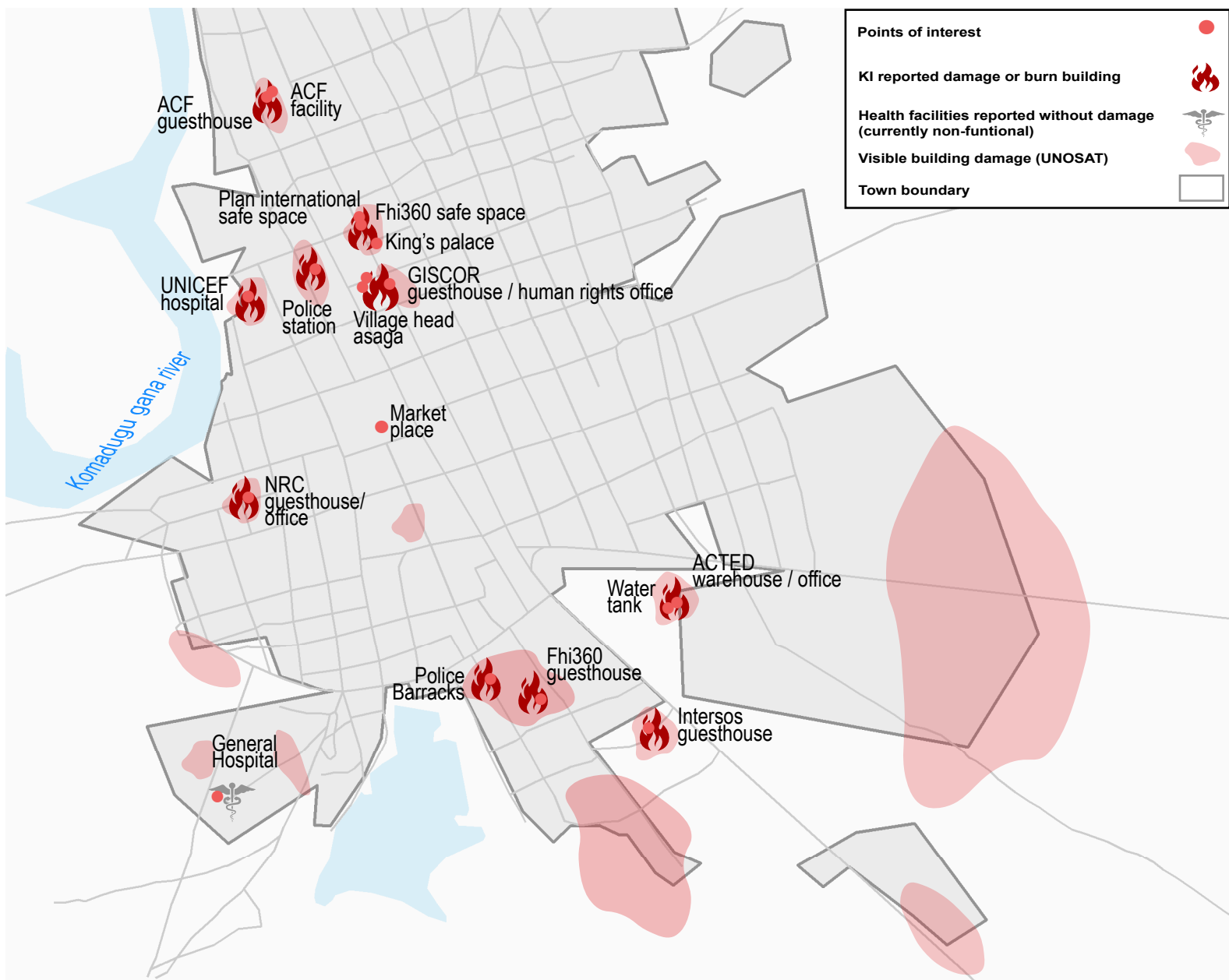
Widespread Disruption to Food Access: Humanitarian Food Assistance and Markets

According to KIs, sources of food are mainly food distribution by humanitarian actors and food purchased in the markets and food obtained from cultivation of farms. **Following the attacks, residents have resorted to selling/exchanging**

Fig 2: % of population per CH current Acute Food Security Classification Phase for March-May, Mobbar LGA

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
10%	28%	38%	23%	0%

Map 2: Infrastructure and Shelter Damage - UNOSAT and KIs April 19, 2021



NFIs for food or travelling to Niger to purchase food. KIs and the CH reported that most **households had likely depleted food stocks from the harvest period, increasing dependence on markets through income generating activities (IGAs) and humanitarian assistance.**

Humanitarian food assistance in Damasak is through both direct food distributions and through cash vouchers to purchase food, increasing the importance of people having access to a functioning market. However, increasing levels of insecurity is disrupting both market access and the provision of life-saving assistance. As of April 20, KIs reported that a few local shops that offer very basic items have started to open, but this is reportedly limited.

Coping Strategies - Begging and Resource Migration

KIs reported households were engaging in coping strategies to mitigate food consumption gaps, including eating less preferred food, consuming seeds intended for future cultivation, begging and resource migration. **Nearly all KIs reported that begging and resource migration are the last-resort coping strategies households rely on, and all KIs reported that some people are currently engaging in such strategies.** According to KIs, due to the loss of household assets or food stocks there has

been an increased prevalence of begging in the community, with individuals begging directly for food given the lack of a functioning market. However, some begging for cash is also reported. Some households with no food stocks remaining that have exhausted begging and other coping strategies have reportedly migrated to Niger or other locations to find food. According to KIs, **as more households exhaust their remaining food stocks, begging will no longer be an option, which KIs reported will drive more households to migrate to search for food and livelihood opportunities.** Overall, the immediate deterioration in severe coping, reflected by begging and intended resource migration, reflects a likely deterioration in food security.

Projected Food Security Outcomes - Cadre Harmonise June - August 2021

Fig 3: % of population per CH Acute Food Security Projection

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
10%	28%	38%	23%	0%

In March, the CH projected that from June to August 2021, Mobbar LGA will remain in Emergency (Phase 4), with 76% (135,142 indiv) of the population facing Crisis or worse AFI.¹¹ Further deterioration in AFI will likely be driven by the early seasonal depletion of food stocks and with the seasonally limited market functionality and seasonal increase of food prices, this could exacerbate vulnerability and reduce purchasing power.

Two key assumptions used for projecting the June-August CH classification for Mobbar were the continuation of aid and seasonally limited market access; however, if the impacts of the recent conflict are prolonged, particularly the disruption to markets and humanitarian assistance and the early reliance on severe coping strategies, this may lead to worse food security outcomes than anticipated.

As a result, key food security risk factors should be regularly monitored to support technical and programmatic implementers. Refer to “Risk Factors to Monitor” on Page 6 for details on key dimensions and suggested indicators for regular monitoring of the drivers of need in Damasak.

NUTRITION

Acute malnutrition in the accessible areas of Mobbar LGA, primarily comprised of Damasak town, is **classified as Serious (IPC AMN Phase 3) from January-April 2021 and expected to deteriorate to Critical (IPC AMN Phase 4) in the upcoming projection period of May to August.**¹² Nutrition partners have reported that the high acute malnutrition in Damasak is further exacerbated by the Emergency levels of AFI, volatile security context, and poor health conditions. **According to the March 2021 IPC AMN, the Global Acute Malnutrition (GAM) prevalence for Northern Borno, which includes Mobbar, is 16.8%, which falls above the World Health Organisation (WHO) (Emergency threshold).** Many of the most vulnerable population suffering from acute malnutrition were receiving support from a nutrition facility. Prior to the recent attacks, there were 6 functioning Outpatient feeding programs (OTPs) and 1 stabilization centre in Damasak run by ACF. However, **the nutrition stabilisation centre was reportedly burned down during the conflict and all 6 OTPs are reportedly non-operational as of April 20 due to the evacuation or displacement of staff and infrastructure damage.** If there continues to be no humanitarian access to Damasak town, this will likely lead to the further deterioration of the already poor nutrition situation in the LGA.

HEALTH

The targeting and destruction of critical healthcare infrastructure, including a UN hospital, at least one NGO run clinic and health support facilities, have left residents with **minimal access to health services (see Map 2).** The general hospital is also reportedly non-functional and **essential healthcare staff have either been evacuated or have left Damasak leading to a crucial deficit in the capacity to deliver medical assistance.** KIs reported that prior to the attacks, residents were mostly dependent on health facilities and services provided by humanitarian actors.

The combination of damaged infrastructure and the absence of health professionals is a major concern also ahead of the upcoming rainy season. FEWS NET reports **Damasak’s geographic location is at high risk for high exposure to malaria and other vector borne diseases¹³ and the disruption to health services poses a heightened morbidity risk if people are unable to obtain treatment.**

According to KIs, people are coping with the lack of access to

healthcare and medicines by resorting to local or traditional remedies. Two KIs reported that some residents may have access to minor treatment support at the military clinic located within the army barracks, however this is limited. KIs reported that some of the seriously injured individuals were evacuated by the military to receive treatment.

PROTECTION

KIs reported a number of protection concerns presently faced by residents in Damasak. **Residents were reportedly caught in crossfire during the attacks leading to some civilian deaths and injuries to several others.** KIs indicate that many of those who remain in Damasak residents are faced with constant fear of another attack. Due to the displacement, KIs also flagged the separation of households as a major concern to residents in Damasak now. **Many children are reportedly separated from their primary caregivers, which is concerning given the high levels of food insecurity and the absence of essential healthcare.** Other dependent members of the household, including many older persons and persons with disabilities, who might have difficulty meeting their essential needs, are also reportedly separated from productive members of their households, who can provide the support and assistance necessary to meet daily needs.

WASH

KIs reported that boreholes provide most of the water in Damasak, mostly ran and maintained by humanitarian organizations. Despite the reported damage to some boreholes and water installations, **KIs reported that several water points, especially those powered by solar energy, were still operational and in use and that there was sufficient water when they left Damasak.** Two KIs reported that additional boreholes may have been damaged since departure.

KIs reported water as a key need for populations displaced from Damasak, primarily for those travelling to Gamari and Geidam. Some people have reportedly been able to purchase water in towns along the displacement routes; however, financial access is a limiting factor for the more vulnerable populations.

With a prolonged suspension of humanitarian support, including the powering, maintenance, and upkeep of water infrastructure and latrines, the deterioration of remaining facilities may lead to shortages in water availability and/or quality and general sanitation.

SHELTER AND NFIs

KIs reported that while some individuals in Damasak still have access to some NFIs, many NFIs have been destroyed or looted during the conflict. Additionally, KIs reported that most of those who fled during the attacks were unable to take essential NFIs when leaving. **All KIs reported that populations in Damasak rely heavily on the provision of NFI kits from humanitarian actors.** Over 90% of the households in Mobbar LGA surveyed in the 2020 Multi-Sector Needs Assessment (MSNA) reported being in need of bedding, mosquito nets, water containers, soap and other NFIs. To cope with the recent loss of NFIs and lack of access to assistance, KIs reported that populations will resort to borrowing money or selling other belongings and property to purchase essential NFIs. While most KIs did not report extensive damage to civilian shelters, houses of several community leaders, government representatives and humanitarian workers were reportedly targeted and destroyed.

RISK FACTORS TO MONITOR

Prolonged Market Closures

Risk Factor(s): Physical and financial access to markets for households.

Monitoring Dimension(s): Markets, income and purchasing power

Monitoring Indicator(s): Market functionality; trade flow; food and non-food item prices; movements/travel restrictions

- **KIs and CH report that markets are a significant source of food for households.** Markets may be accessed via cash distribution from humanitarian actors, and/or engaging in income generation activities to purchase food. **KIs reported no markets have been functioning since the start of the attacks on 10th April**, further reducing households' capacity to access food.
- **In the near- to short-term, monitoring for the resumption of markets activity and trade routes, along with price of food and NFIs will be critical to monitoring further disruption to food access.** A prolonged disruption to market functionality or access to IGAs is a moderate risk factor linked to food security deterioration.

Disruption to Humanitarian Assistance

Risk Factor(s): Availability of humanitarian assistance in the area (i.e. health/nutrition services; boreholes); Access to humanitarian assistance provided for households (i.e. food, cash, NFIs).

Monitoring Dimension(s): Humanitarian assistance & social/familial safety nets

Monitoring Indicator(s): Capacity to deliver assistance, presence of informal social/familial safety nets

- KIs and the CH report that most people have been largely dependent on humanitarian assistance for life saving services, including food distribution and cash payments for their food needs, nutrition support, WASH services, and shelter support in Damasak. However, KIs and partners reported **services were suspended following the attacks due to the complete evacuation of humanitarian staff as well as the targeting of warehouses during the attacks.** Given the attacks occurred after the CH analysis, the escalation of insecurity, and evacuation of humanitarian actors and suspension of life-saving assistance was not considered a major factor in the current CH classification.
- **In the near- to short-term, monitoring for limited or full resumption of humanitarian assistance, particularly food, health and nutrition services. A prolonged disruption to humanitarian assistance is a major risk factor for further deterioration.**

Prolonged or Increased Intensity of Conflict Events

Risk Factor(s): Availability of resources/services in the community; Safe physical access to resources/services for households.

Monitoring Dimension(s): Conflict and social tensions

Monitoring Indicator(s): Changes in conflict/security dynamics, Episodes of displacement; Movements/travel restrictions, Self-reported perceived insecurity

- FEWS NET (March 2021) key message updates highlight that a dramatic up tick or shift in conflict that limits household access to typical food and income sources and humanitarian assistance for a prolonged period of time may increase the risk for the most severe outcomes for food security, nutrition and mortality. The areas at highest risk are likely already facing Phase 4 outcomes - with high exposure to disruption to humanitarian assistance. A continuation of increased frequency and intensity of conflict events is a major risk factor - linked to further displacement, and disruptions provision of life saving assistance and basic trade, and access to services. Further, monitoring the security context is linked to other risk factors, such as resumption of humanitarian services, and improved trade and market access.
- In the near- to short-term, monitoring the security context, especially the frequency and intensity of additional outbreaks in conflict, is critical. **A continuation of increased frequency and intensity of conflict events is a major risk factor - linked to further displacement, and disruptions provision of life saving assistance and basic trade.**

Severity of Coping Strategies

Risk Factor(s): Availability of area-level coping strategies (i.e. social networks; wild food availability); Access to coping at the household level (i.e. selling assets; distress migration); and Utilization of coping strategies for the individual (i.e. eating less preferred foods; reduction in number of meals)

Monitoring Dimension(s): Proxy food availability outcome indicators (i.e. begging, distress migration, food consumption gaps)

Monitoring Indicator(s): Use of coping strategies

- KIs reported that **most coping strategies are unavailable or exhausted**, reportedly limiting current coping strategies to begging or traveling to markets in neighbouring towns. KIs emphasized as coping strategies becoming increasingly unavailable in Damasak, such as begging to neighbours, households will likely engage in resource migration to nearby towns or resource-rich areas to search for food.
- In the near- to short-term, monitoring the availability of and the type of coping strategies reported by KIs is a key way to gauge the severity of needs households are experiencing to mitigate the gaps.

CONCLUSION

Damasak's population of over 56,000 people, including around 10,000 IDPs, are highly dependent on humanitarian assistance to meet most of their basic needs. Repeated displacements of the population since 2014 has reduced coping capacity and increased people's vulnerability to shocks. The recent attacks and subsequent disruption of humanitarian services, livelihoods and markets threatens to worsen emergency needs, including food, nutrition, health, protection and shelter.

As of April 22, the situation in Damasak continues to evolve. The absence of food support either in the form of food distribution or cash assistance and the lack of health services reportedly remain the major concern in Damasak. KIs reported that already vulnerable populations, such as older persons, children, and women, were left behind during the attacks. As a result, they are likely the most affected by the suspension of life saving assistance and at highest risk of worsening outcomes.

KIs reported that some people, mostly male household heads, had begun to return to secure their property and scope the security situation. Small businesses and trading outposts are reportedly operational and supply routes have been declared reopened, however, main markets are still mostly non-functional. The resumption of some community activity is an encouraging sign. However, the area is still at high risk of severe deterioration in needs, especially if services and livelihoods remain disrupted for a prolonged period.

Potential factors that may mitigate a further deterioration include, a limited or full resumption of emergency humanitarian assistance and resumption of market activity. However, continued monitoring of risk factors is critical for effectively flagging further deterioration in food security, nutrition and health outcomes. Key factors to monitor include, the prolonged closure of markets, continued disruptions to humanitarian assistance, and prolonged or increased intensity of conflict events. Additionally, monitoring for increasing frequency and severity of coping mechanisms, such as begging or resource migration, may indicate increased needs and an exhaustion of other, often less severe, coping strategies. To support actors, REACH will continue to monitor and provide relevant updates to decision makers as the situation evolves.

End Notes:

1. [IOM-DTM Round 35 \(2021\)](#)
2. [UNHCR Interagency Initial Rapid Assessment, Damasak, 2017](#)
3. [IOM-DTM Round 35 \(2021\)](#)
4. UNOSAT, Damasak Landscape, (April 2021)
5. [Cadre Harmonize Results Nigeria \(March 2021\)](#)
6. [UNHCR Interagency Initial Rapid Assessment, Damasak, 2017](#)
7. Ibid
8. Ibid
9. [FEWS NET Nigeria Food Security Outlook \(January 2021\)](#)
10. [REACH-Nigeria MSNA \(2020\)](#)
11. [Cadre Harmonize Results Nigeria \(March 2021\)](#)
12. [IPC Acute Malnutrition Key Findings \(March 2021\)](#)
13. [FEWS NET Nigeria Food Security Outlook \(February 2021\)](#)

