

MULTI-SECTOR NEEDS ASSESSMENT (MSNA) KEY FINDINGS

MSNA | 2020
Adamawa State
Nigeria

CONTEXT

North East Nigeria continues to experience significant humanitarian needs after over 11 years of conflict affecting the Lake Chad region. The 2020 Humanitarian Needs Overview (HNO) identified 7.9 million individuals in the three states of Borno, Adamawa and Yobe (collectively, the "BAY" states) to be in need of humanitarian assistance.¹

To respond to persisting information gaps on humanitarian needs severity and to inform response planning, the United Nations Office for Coordination of Humanitarian Affairs (OCHA)'s Inter-Sector Working Group (ISWG), with support from REACH, conducted a Multi-Sector Needs Assessment (MSNA) in the BAY States. The MSNA aimed to identify and compare needs by sector and across sectors, across population groups affected by the protracted crisis and in all accessible areas in the BAY states.

The 2020 assessment methodology was adapted to the current COVID-19 health emergency. A mixed methodology was adopted, to avoid in-person data collection.

METHODOLOGY

This Adamawa State factsheet presents composite analysis at the sectoral level. This includes the Living Standards Gaps (LSGs), Capacity Gaps (CGs) and vulnerability.

Data collection took place between the 13th July and 21st August, with a total of 6,888 household surveys conducted across the BAY states.

OCHA identified 15 priority Local Government Areas (LGAs) where the need to address information gaps was highest. In these LGAs, two-stage cluster sampling was used in the physically accessible areas. The data at the overall LGA level in these LGAs have a confidence level of 95% and a margin of error of 10% or less for questions that were asked to all households.

In coordination with multiple implementation partners, two data collection methods were used in these priority LGAs. In places with stronger phone network, partner staff on the ground identified respondents using GPS and dialled into the REACH call centres. REACH enumerators then undertook the household survey on the phone with the respondents. Where there was weak or no phone signal, the

household surveys were conducted face to face, following strict COVID-19 protocols.

Five LGAs in Borno State were not assessed due to security concerns and are considered inaccessible to most humanitarian actors. For the remaining 45 LGAs in the BAY states, household surveys were conducted remotely by phone with snowball sampling from contacts provided by past MSNA key informants.

The findings presented in this factsheet are state-level aggregations that combine indicative and representative data, meaning that all findings presented in this factsheet are **indicative only**.

All relevant sectors contributed to the sector-specific indicators and the LSG methodology. LSGs are an analytical construct signifying unmet needs in any given sector, based on a severity score.

Please find a more detailed methodology section in Annex 1 of this factsheet.

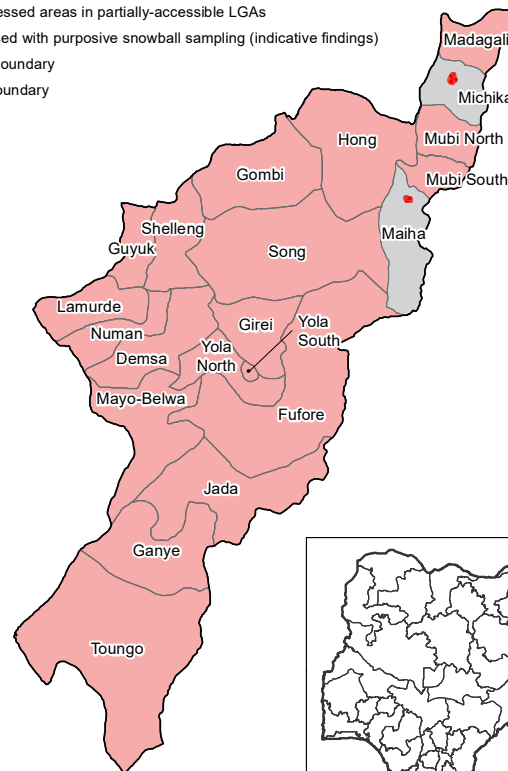
Assessment sample

Households: **2,428**
 - Non-Displaced: **1,490**
 - IDP: **691**
 - Returnee: **1,181**

LGAs **21 (out of 21)**

Coverage map

- Assessed with two-stage cluster sampling (representative findings)
- Unassessed areas in partially-accessible LGAs
- Assessed with purposive snowball sampling (indicative findings)
- State boundary
- LGA boundary



0 50 100 Km

Demographics

Female (49%)	Age	Male (51%)
1%	60+	2%
22%	18-59	19%
16%	6-17	18%
11%	0-5	12%

Single female-headed households: **10%**

Average household size: **6.3**

¹ OCHA. Nigeria: 2020 Humanitarian Needs Overview. April 2020





FOOD SECURITY & LIVELIHOODS (FSL) LIVING STANDARDS GAP (LSG)¹

MSNA | 2020
Adamawa State
Nigeria

% of households with a
FSL LSG:

54%

of households with a
FSL LSG:²

431,916

see Annex for details on methodology

% of households per FSL LSG severity score:



1%	Extreme +	(severity score 4+)	LSG
1%	Extreme	(severity score 4)	
52%	Severe	(severity score 3)	
23%	Stress	(severity score 2)	
23%	No or minimal	(severity score 1)	

% of households with a FSL LSG, per population group:

Non-Displaced	53%	
IDP	63%	
Returnee	55%	

% of households per FSL LSG severity score, per population group:

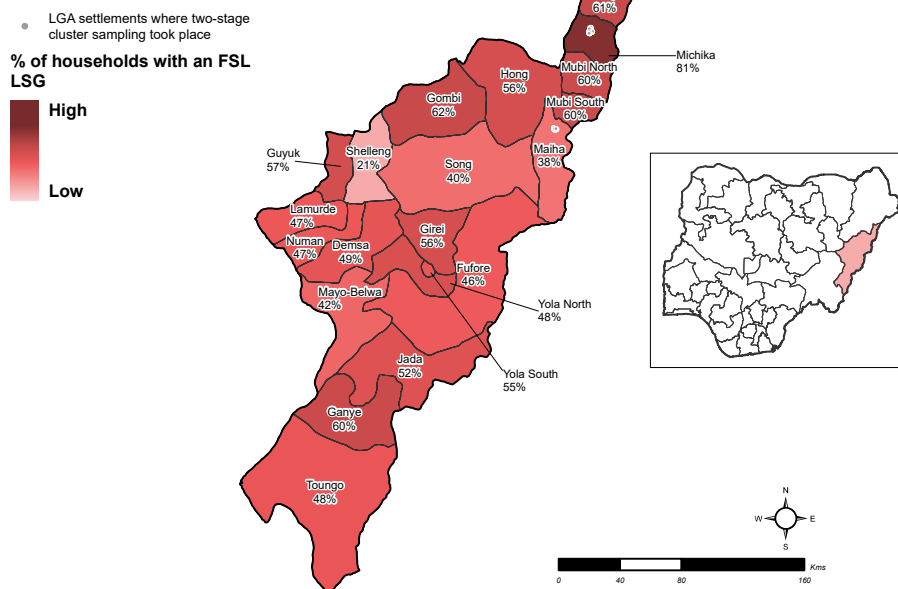
	1	2	3	4	4+
Non-Displaced	23%	24%	51%	1%	1%
IDP	20%	16%	63%	0%	0%
Returnee	24%	21%	55%	0%	0%

The three main drivers of FSL LSGs were found to be:

- Household Hunger Scale of 2 or higher³ (40%)
- Used less preferred fuel source when insufficient fuel⁴ (30%)
- No sufficient access to fuel and/or not using improved fuel source (4%)

20% of households were found to have a FSL LSG and to be vulnerable.⁵

% of households with a FSL LSG, per LGA:



¹ Composite score made up of sufficient access to firewood/fuel in surrounding environment, most commonly used fuel type for cooking, coping strategies used for insufficient fuel, and household hunger scale.

² Figure obtained by applying the percentage on population figures from the [Vaccination Tracking System \(VTS\) Dataset](#), March 2020 and International Organisation for Migration (IOM) [Displacement Tracking Matrix \(DTM\) Round 31](#), February 2020

³ Household Hunger Scale is a composite indicator asking, in the last 30 days, whether there was 1) no food in the house 2) member(s) of the household had gone to sleep hungry due to lack of food and 3) member(s) of the household had gone one day and night without eating due to lack of food. If they answered yes to these questions, households were then asked how often this happened. Each of the six questions is then scored 0-2, with 0 being "did not occur," 1 being "rarely and sometimes," and 2 being "often". A score of 2-3 is classified as "moderate hunger in the household", whilst a score of 4-6 is classified as "severe hunger in the household". For more information, please see the [Food and Nutrition Technical Assistance \(FANTA\) Project](#)

⁴ Due to the accessibility issues facing roads across the North East, lack of access to fuel is usually due to high prices or a lack of availability all together. It is common for households to swap part of their food distribution/rations for better fuel (gas or firewood), reducing their food security. If they are unable to do this and unable to collect firewood themselves, due to security concerns, they may also rely on less preferred sources of fuels, including agricultural waste, animal dung, kerosene and charcoal. Alongside the harmful carcinogenic qualities of these fuels, their usage can be used as a proxy for wider access issues by the Nigerian Food Security and Livelihoods partners.

⁵ See p.9 on pre-existing vulnerabilities for more information. The proportions of vulnerable households with a FSL LSG per population group were found to be: 21% non-displaced; 17% IDP; 15% returnee.





WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)¹

MSNA | 2020
Adamawa State
Nigeria

% of households with a WASH LSG:

73%

of households with a WASH LSG:²

589,341

see Annex for details on methodology

% of households per WASH LSG severity score:



5% Extreme + (severity score 4+)
58% Extreme (severity score 4)
11% Severe (severity score 3)
26% Stress (severity score 2)
1% No or minimal (severity score 1)

% of households with a WASH LSG, per population group:

Non-Displaced	75%	
IDP	76%	
Returnee	63%	

% of households per WASH LSG severity score, per population group:

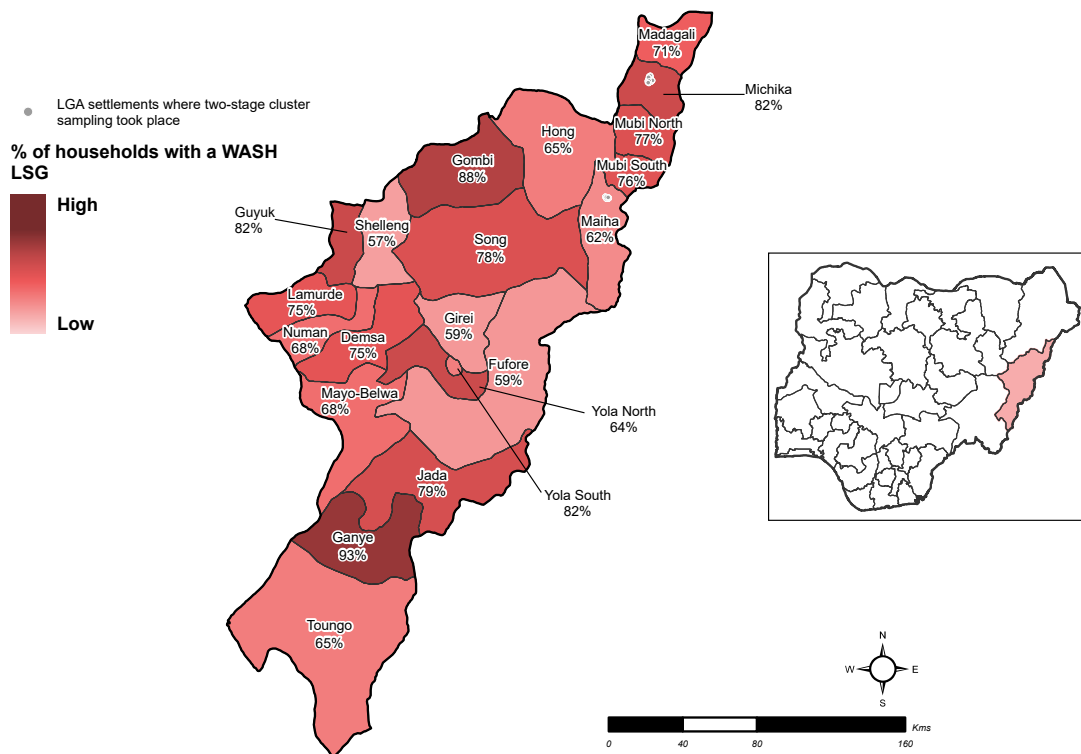
	1	2	3	4	4+
Non-Displaced	1%	23%	11%	59%	5%
IDP	1%	23%	7%	61%	9%
Returnee	1%	36%	7%	52%	4%

23% of households were found to have a WASH LSG and to be vulnerable.⁴

The three main drivers of WASH LSGs were found to be:

- Unimproved latrine shared with 4 or more households³ (50%)
- No access to soap (31%)
- Insufficient water for cooking, bathing or drinking (26%)

% of households with a WASH LSG, per LGA:



¹ Composite indicator made up of access to an improved water source, time (minutes) taken to fetch water, access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use, access to a functional and improved sanitation facility including number of households sharing facility, access to functioning handwashing facilities and access to soap.

² Figure obtained by applying the percentage on population figures from VTS Dataset, March 2020 and IOM DTM Round 31, February 2020

³ Unimproved latrines reported during data collection were pit latrine without a slab and/or without a platform, open hole, bucket toilet, plastic bag, hanging toilet and open defecation. For more information on definitions of unimproved latrines, see Joint Monitoring Programme for Water Supply and Sanitation (JMP) Annex 2 on Safely Managed Sanitation Services

⁴ See p.9 on pre-existing vulnerabilities for more information. The proportions of vulnerable households with a WASH LSG per population group were found to be: 25% non-displaced; 20% IDP; 18% returnee.





HEALTH LIVING STANDARDS GAP (LSG)¹

MSNA | 2020
Adamawa State
Nigeria

% of households with a health LSG:

24%

of households with a health LSG:²

189,379

see Annex for details on methodology

% of households per health LSG severity score:



1%	Extreme	(severity score 4)	LSG
23%	Severe	(severity score 3)	
73%	Stress	(severity score 2)	
3%	No or minimal	(severity score 1)	

% of households with a health LSG, per population group:

Non-Displaced	23%	
IDP	25%	
Returnee	25%	

% of households per health LSG severity score, per population group:

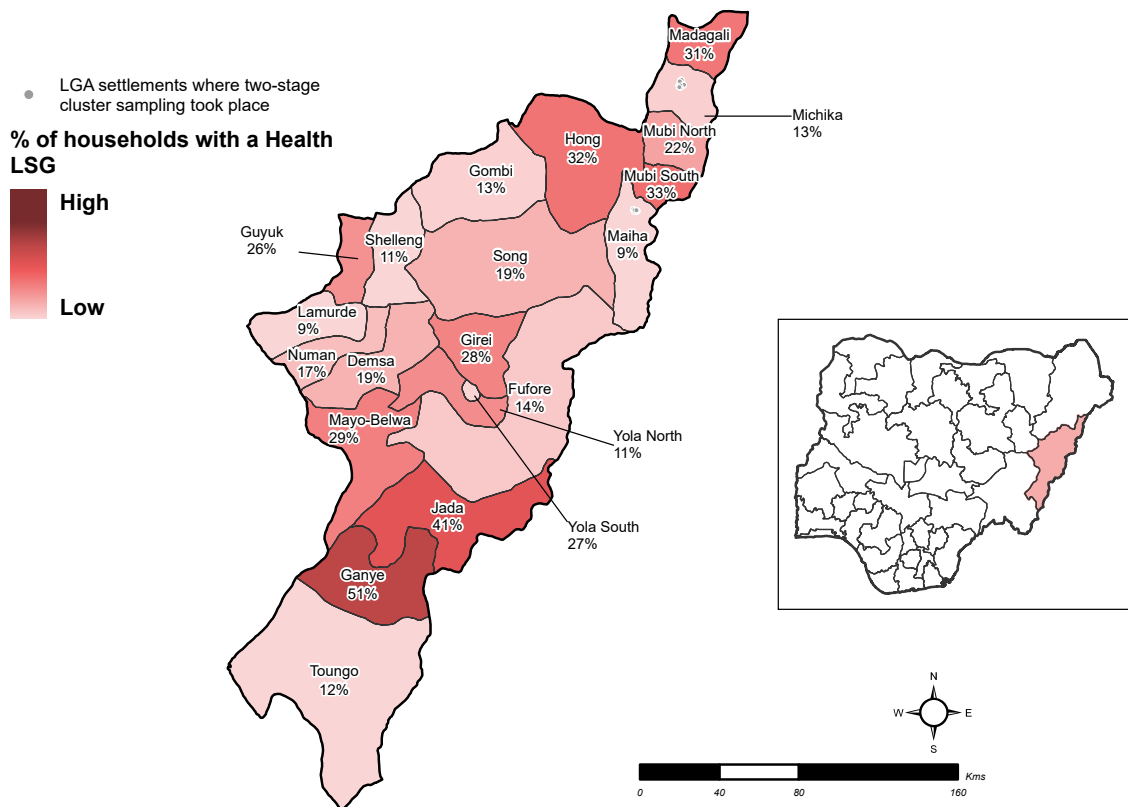
	1	2	3	4
Non-Displaced	3%	73%	22%	1%
IDP	5%	69%	25%	1%
Returnee	3%	72%	25%	0%

The three main drivers of health LSGs were found to be:

- One hour or greater walk to access healthcare (8%)
- No measles vaccine for child 6 months - 5 years (8%)
- Would not seek treatment with formal health facility/provider (7%)

8% of households were found to have a health LSG and to be vulnerable.³

% of households with a health LSG, per LGA:



¹ Composite indicator made up of households with children aged 0-15 years with vaccination card, 0-23 month old children receiving PENTA, Polio and BCG vaccines, 6 months - 15 year old child(ren) receiving measles vaccine, distance to health facility, support for most recent birth, members ill in previous two weeks, preferred treatment centre for healthcare and adapting behaviours to COVID-19.

² Figure obtained by applying the percentage on population figures from VTS Dataset, March 2020 and IOM DTM Round 31, February 2020

³ See p.9 on pre-existing vulnerabilities for more information. The proportions of vulnerable households with a shelter LSG per population group were found to be: 9% non-displaced; 7% IDP; 5% returnee.





SHELTER LIVING STANDARDS GAP (LSG)¹

MSNA | 2020
Adamawa State
Nigeria

% of households with a shelter LSG:

14%

of households with a shelter LSG:²

114,043

see Annex for details on methodology

% of households per shelter LSG severity score:



Severity Score	Percentage	Description
4+	0%	Extreme +
4	1%	Extreme
3	13%	Severe
2	64%	Stress
1	22%	No or minimal

% of households with a shelter LSG, per population group:

Non-Displaced	15%	
IDP	18%	
Returnee	11%	

The three main drivers of shelter LSGs were found to be:

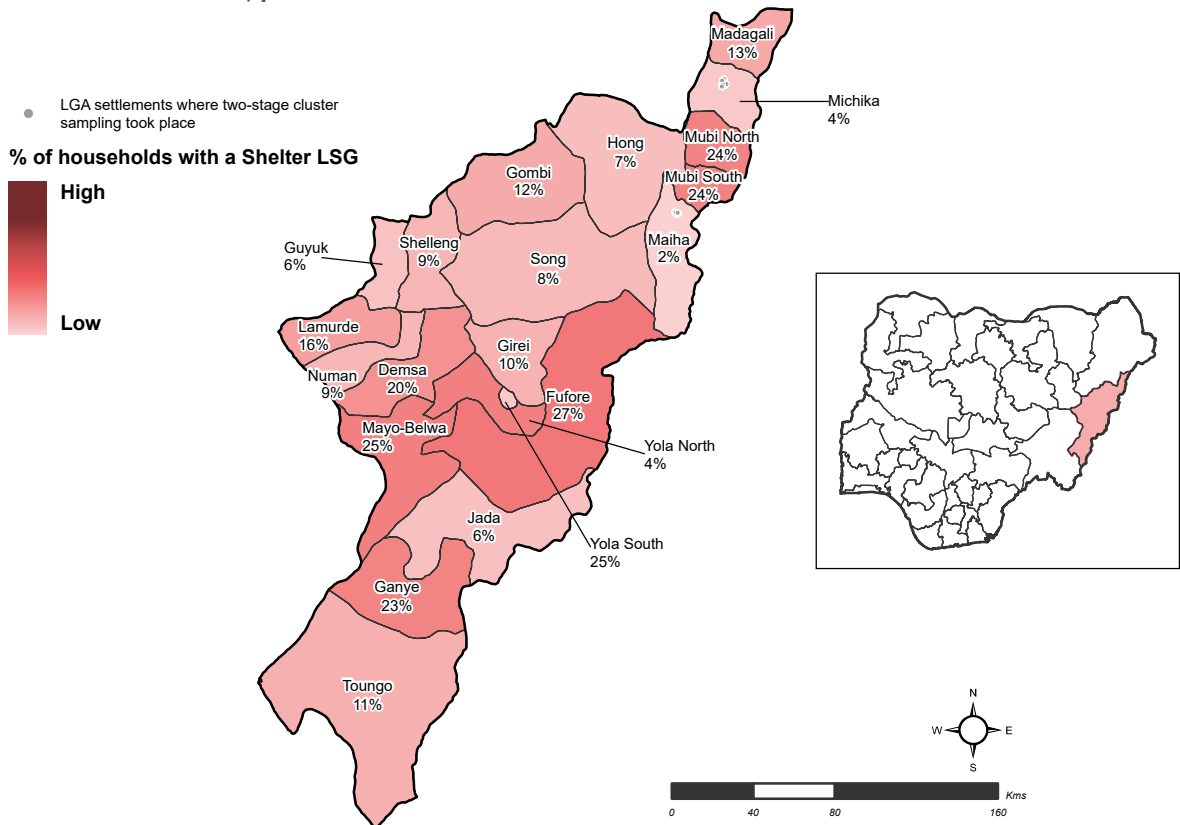
- Non-removable debris or limited ventilation in shelter (13%)
- Communal, transit, or makeshift shelter or living without shelter (1%)
- Completely damaged shelter (1%)

% of households per shelter LSG severity score, per population group:

	1	2	3	4	4+
Non-Displaced	22%	63%	14%	1%	0%
IDP	13%	69%	15%	3%	0%
Returnee	25%	65%	8%	2%	0%

6% of households were found to have a shelter LSG and to be vulnerable.³

% of households with a shelter LSG, per LGA:



¹ Composite indicator made up of access to safe and healthy housing enclosure units, access to shelters meeting agreed technical and performance standards (had damage or structural problems), number of households sharing shelters and whether household is in need of non-food items.

² Figure obtained by applying the percentage on population figures from VTS Dataset, March 2020 and IOM DTM Round 31, February 2020

³ See p.9 on pre-existing vulnerabilities for more information. The proportions of vulnerable households with a shelter LSG per population group were found to be: 7% non-displaced; 5% IDP; 2% returnee.





EDUCATION LIVING STANDARDS GAP (LSG)¹

MSNA | 2020
Adamawa State
Nigeria

% of households with an education LSG:

40%

of households with an education LSG:²

322,622

see Annex for details on methodology

% of households per education LSG severity score:



0%	Extreme	(severity score 4)	LSG
40%	Severe	(severity score 3)	
26%	Stress	(severity score 2)	
34%	No or minimal	(severity score 1)	

% of households with an education LSG, per population group:

Non-Displaced	41%	
IDP	41%	
Returnee	36%	

% of households per education LSG severity score, per population group:

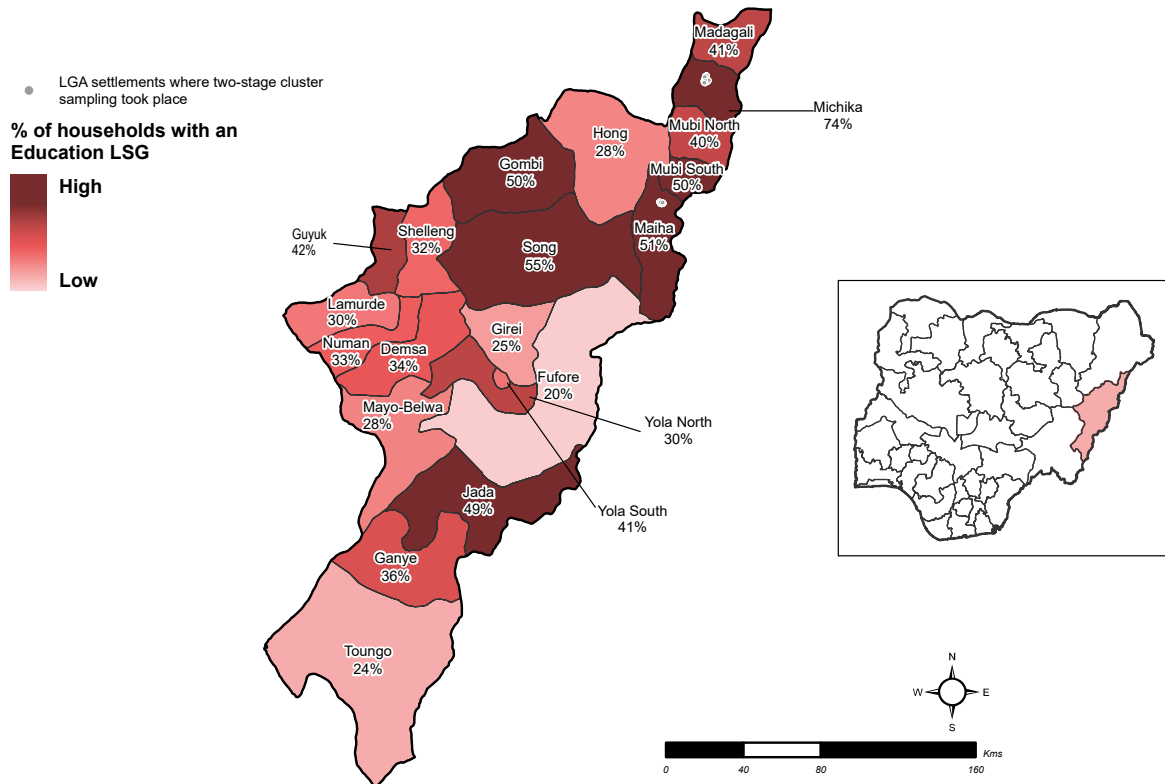
	1	2	3	4
Non-Displaced	33%	26%	41%	0%
IDP	33%	26%	41%	0%
Returnee	39%	25%	36%	0%

15% of households were found to have an education LSG and to be vulnerable.³

The three main drivers of education LSGs were found to be:

- No remote learning during COVID-19 school closure due to cost, child labour, marriage, or pregnancy (19%)
- No child 3-17 years attending formal education (13%)
- Child 5-17 years dropped out in last school year before COVID-19 measures (12%)

% of households with an education LSG, per LGA:



¹ Composite indicator made up of children attending formal education pre-COVID-19 outbreak, number of children continuing to learn remotely during COVID-19 lockdown and reasons for not learning remotely, preferred education support modality and number of children 5-17 years old dropping out of school in the previous year.

² Figure obtained by applying the percentage on population figures from VTS Dataset, March 2020 and IOM DTM Round 31, February 2020

³ See p.9 on pre-existing vulnerabilities for more information. The proportions of vulnerable households with an education LSG per population group were found to be: 16% non-displaced; 11% IDP 13% returnee.



% of households with a protection LSG:

21%

of households with a protection LSG:²

166,624

see Annex for details on methodology

% of households per protection LSG severity score:



10%	Extreme	(severity score 4)
11%	Severe	(severity score 3)
60%	Stress	(severity score 2)
19%	No or minimal	(severity score 1)

% of households with a protection LSG, per population group:

Non-Displaced	19%	
IDP	28%	
Returnee	26%	

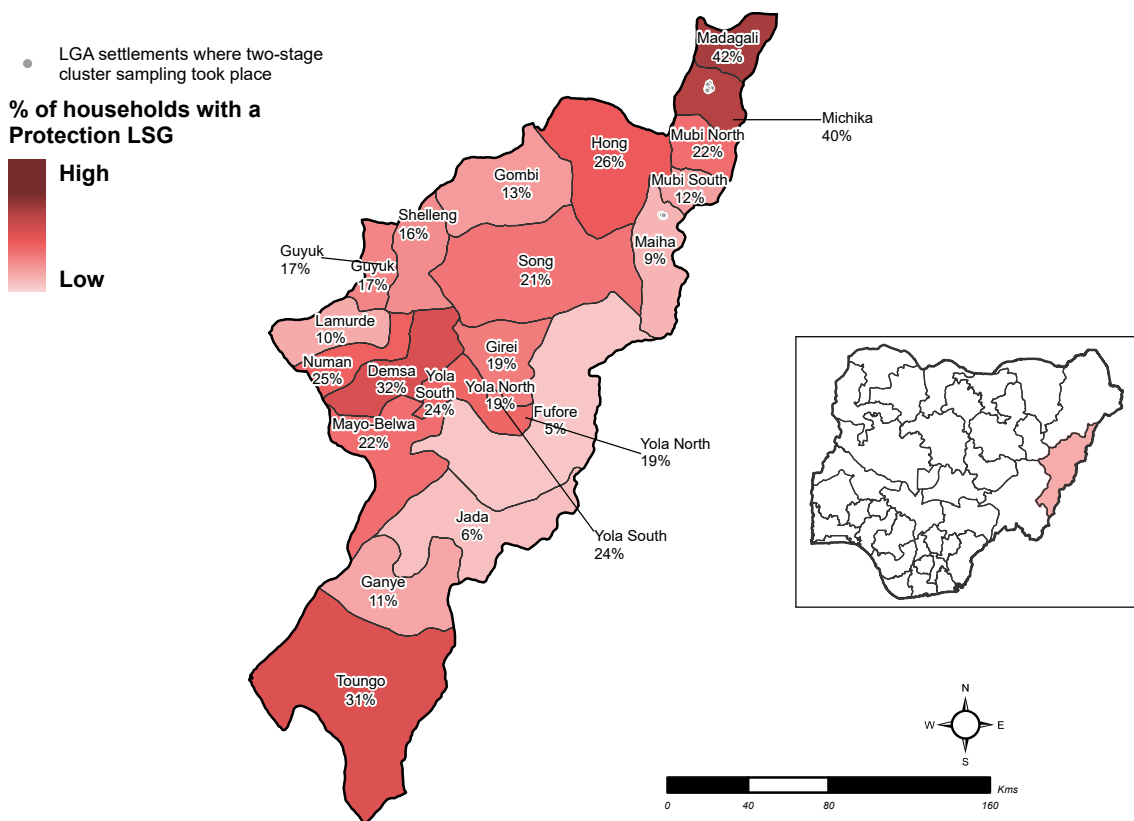
- The three main drivers of protection LSGs were found to be:
- Affected by protection incident in 3 months prior to data collection (8%)
 - Experienced movement restrictions not related to COVID-19 in the 30 days prior to data collection (6%)
 - Reported looting and/or threat of eviction (6%)

% of households per protection LSG severity score, per population group:

	1	2	3	4
Non-Displaced	19%	62%	10%	9%
IDP	15%	57%	19%	9%
Returnee	21%	53%	16%	10%

5% of households were found to have a protection LSG and to be vulnerable.³

% of households with a protection LSG, per LGA:



¹ Composite indicator made up of movement restrictions experienced over last 30 days, involvement of household members in safety and security incidents over last 3 months, signs of psychological distress in children, possession of identification documents, reason for any children not living with household and presence of housing, land and property issues.

² Figure obtained by applying the percentage on population figures from VTS Dataset, March 2020 and IOM DTM Round 31, February 2020

³ See p.9 on pre-existing vulnerabilities for more information. The proportions of vulnerable households with a protection LSG per population group were found to be: 5% non-displaced; 6% IDP; 6% returnee.



% of households with a CG but no LSG (time of data collection):

5%

of households with a CG but no LSG (time of data collection):²

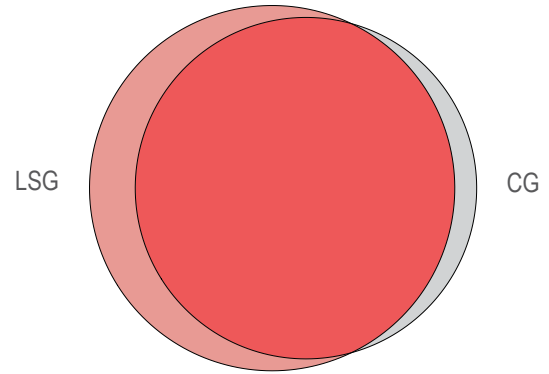
43,049

see Annex for details on methodology

% of households with a CG but no LSG at the time of data collection, per population group:

Non-Displaced	5%	■
IDP	3%	■
Returnee	6%	■

98% of households were found to have at least one LSG and/or a CG



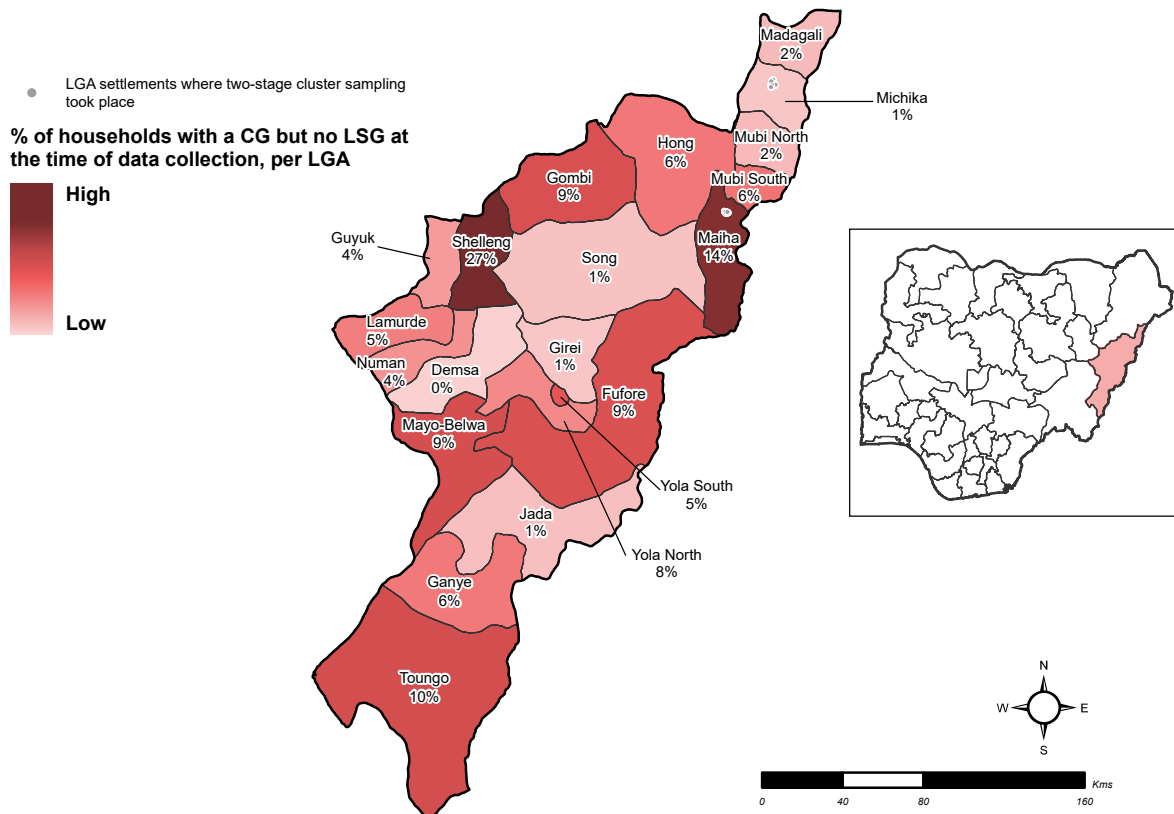
5% of households were found to have a CG but no LSG at the time of data collection, and to be vulnerable.³

Per population group:

Non-Displaced	1%	
IDP	1%	
Returnee	1%	

- 8% of households were found to have at least one LSG but no CG;
- 84% of households were found to have both at least one LSG and a CG;
- 5% of households were found to have no LSG but a CG.

% of households with a CG but no LSG at the time of data collection, per LGA:



¹ Capacity Gap indicators have been identified from all sectors. They indicate when a household's current method of coping with the ongoing situation is unsustainable or increases stress on the household long term. See annex 1 for more details

² Figure obtained by applying the percentage on population figures from [VTS Dataset](#), March 2020 and IOM [DTM Round 31](#), February 2020

³ See p.9 on pre-existing vulnerabilities for more information.





PRE-EXISTING VULNERABILITIES¹

MSNA | 2020
Adamawa State
Nigeria

% of households with at least one LSG and vulnerable:

29%

of households with at least one LSG and vulnerable:²

235,454

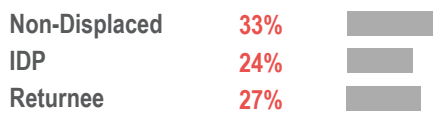
see Annex for details on methodology

% of households with at least one LSG, per vulnerability severity score:



Vulnerable³

% of households with at least one LSG and vulnerable, per population group:



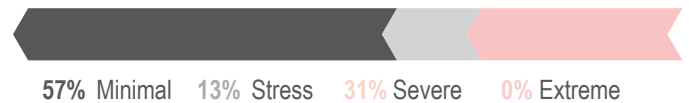
% of households with at least one LSG per vulnerability severity score, per population group:

	1	2	3	4
Non-Displaced	54%	13%	33%	0%
IDP	67%	9%	24%	0%
Returnee	61%	13%	27%	0%

The two main drivers of vulnerability were found to be:

- Member with mental or physical disability or chronic illness and 60 years or older (24%)
- Single female head of household (10%)

% of households overall, per vulnerability severity score:



% of households with a LSG, per sector and vulnerability profile :

% of households....	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	CG
Overall	40%	54%	24%	21%	14%	73%	92%	89%
Profile of head of household								
....with a single female head of household	53%	71%	18%	18%	12%	76%	88%	90%
...with a head of household 60 years or older and no male household member 18-59 years old without a physical or mental disability	62%	68%	35%	35%	10%	52%	92%	95%
At least one member...								
...has a chronic illness	46%	64%	28%	28%	15%	79%	86%	89%
...has a mental disability	76%	71%	10%	10%	15%	81%	90%	93%
...has a physical disability	53%	61%	34%	34%	23%	78%	87%	95%
...is a pregnant woman or girl	53%	52%	25%	25%	15%	77%	79%	91%
...is aged 60 years or older	48%	61%	25%	25%	18%	73%	85%	92%

¹ Vulnerability composite made up of the status of head of household, including gender, age and marital status, as well as the presence of household members with chronic illness, physical disability and mental disability. Finally, the vulnerability composite takes into account the age dependency (ratio of members outside 15-65 years old compared to those inside that age range)

² Figure obtained by applying the percentage on population figures from [VTS Dataset](#), March 2020 and IOM [DTM Round 31](#), February 2020

³ The overall proportion of vulnerable households, regardless of whether they have a LSG or not, was found to be 31%, including: 32% non-displaced; 25% IDP; 26% returnee



This annex provides further information on the methodology used for the MSNA, including: (1) summary of the methodology and the sampling methods in particular; (2) definitions of key concepts; (3) severity scale; (4) identification of LSGs and CG.

METHODOLOGY OVERVIEW

For priority LGAs where two-stage cluster sampling took place, areas deemed inaccessible due to security reasons or COVID-19 movement restrictions were identified and were excluded from the sample. Population estimates in physically accessible locations were used to determine how many surveys would be conducted in which location; this was based on the [Vaccination Tracking System \(VTS\) March 2020 dataset](#) and the International Organization for Migration’s [Displacement Tracking Matrix \(DTM\) Round 31](#) (February 2020) dataset, which provide estimates of IDPs and non-displaced population numbers in identified settlements, camps and informal sites, as well as estimated number of returnees at the LGA-level. The data has been weighted to match the sampling frame, to allow for an accurate representation of the sampled population.

For the remaining assessed LGAs where snowball sampling was used to collect indicative data, REACH targeted an approximately equal number of male and female headed households for each population group of interest. Phone contacts of households residing in these areas were identified through existing key informant networks and snowball sampling from respondents. Non-probability sampling generates findings that may show trends in the LGAs/states, but have no known level of statistical precision and may not be representative or generalizable. However, they have been weighted to approximate the population distribution in the LGAs/states as identified by VTS and DTM. The weighting in these purposively sampled LGAs also accounted for the over-representation of female-headed households using the 2019 MSNA data on gender of the heads of household.

The complete details on weighting and data collection can be found in the [Terms of Reference](#) and the [Results Table](#) for MSNA indicators.

Figure 1: Population Sampling Frame - Adamawa

Population Group	Est. number of households	Source
Overall	776,165	VTS (Feb 2020) and DTM (Round 31, March 2020)
Non-Displaced	36,845	VTS (Feb 2020)
IDP	604,103	DTM (Round 31, March 2020)
Returnee	137,126	DTM (Round 31, March 2020)

DEFINITIONS

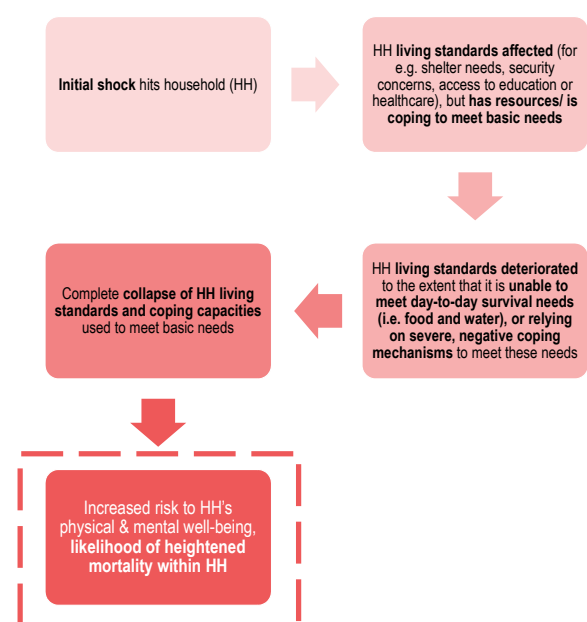
- **Living Standard Gap (LSG)**: signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.
- **Capacity Gap (CG)**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Pre-existing vulnerabilities**: the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which could subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity**: signifies the “intensity” of needs, using a scale that ranges from 1 (minimal/no) to 4+ (extreme+).

SEVERITY SCALE

The severity scale is inspired by the draft Joint Inter-Sectoral Analysis Framework (JIAF), an analytical framework being developed at the global level aiming to enhance understanding of needs of affected populations. It measures a progressive deterioration of a household’s situation, towards the worst possible humanitarian outcome (see figure X).

While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/ minimal) to 4+ (extreme+) is used. A “4+” score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of 5 (catastrophic) is primarily at area level (for example, mortality rates, malnutrition prevalence, burden of disease, etc.) which is difficult to factor into household level analysis. Additionally, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

Figure 2: Rationale behind the severity scale



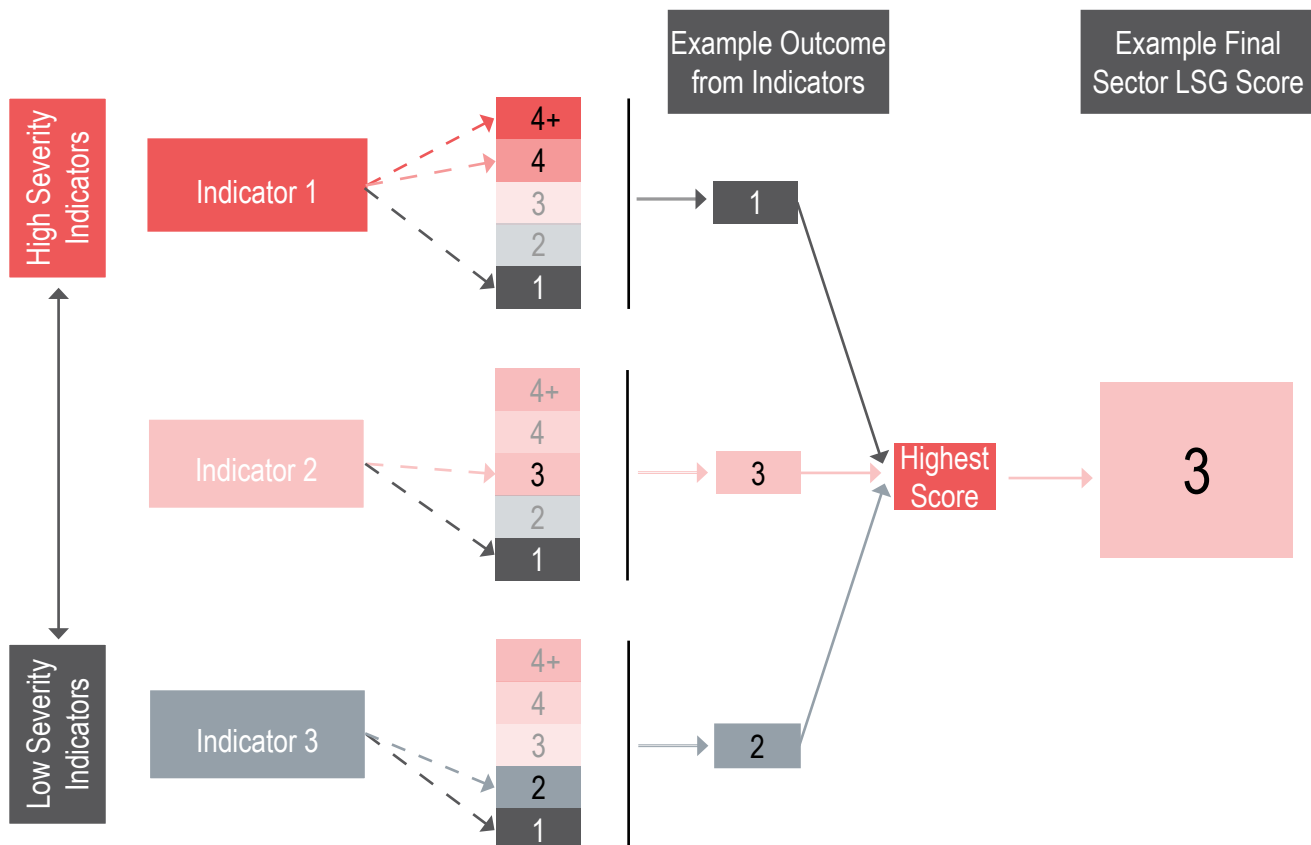


IDENTIFICATION OF LSG AND CG

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household) is assigned a “deprivation” score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does (“1”) / does not (“0”) have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as “MPI-like”, using the steps of the MPI approach to determine an aggregated needs severity score. The section below outlines guidance on how to produce the aggregation using household-level data.

- 1) Identified indicators that measure needs (‘gaps’) for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness;
- 2) Identified particular survey response options as key indicators that signaled unmet needs and classified these response options into severity levels from 1 to 4+ based on recommendations from sectoral experts;
 - a. High severity indicators were identified that would automatically classify the household as having an LSG and result in a score of 4 or 4+ depending on the response option chosen;
 - b. Indicators of lower severity would only contribute toward a household score of 1, 2, or 3;
 - c. The final score/severity class is the highest score generated for any indicator, as outlined in figure 3 below;
- 3) Identified indicator scores for each household based on data collected;
- 4) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having an LSG in that sector;
- 5) Identified households that do not have an LSG but that do have a CG;
 - a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;
 - b. If any CG indicator has a score of 1, the household is categorised as having a CG;
- 6) Projected percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

Figure 3: Identifying LSG per sector with scoring approach - example



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About REACH:

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

