# 2019 Northeast Nigeria Multi-Sector Needs Assessment

State-Level Findings Presentation

September 2019


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European Union
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# MSNA - Introduction

## Introduction - Narrative

The Multi-Sector Needs Assessment (MSNA) is **a crisis-wide assessment to identify inter-sectoral humanitarian needs** which aims to provide a strong evidence base for the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HPR). The first MSNA in Nigeria facilitated by REACH was conducted in 2018.

REACH facilitated MSNAs in 10 country missions in 2019. The MSNA is a direct response to the **Fifth Objective of the Grand Bargain – calling for the implementation of joint multi-sectoral assessments to improve humanitarian programming.**

**Objectives for 2019**:

- Overall improvement of the coordination process with sectors and OCHA on sectoral and inter-sectoral analysis
- Focus on timeliness of analysis to be shared with partners and through the inter-sectoral structure
- Become a solid and key source of HNO + HRP update.

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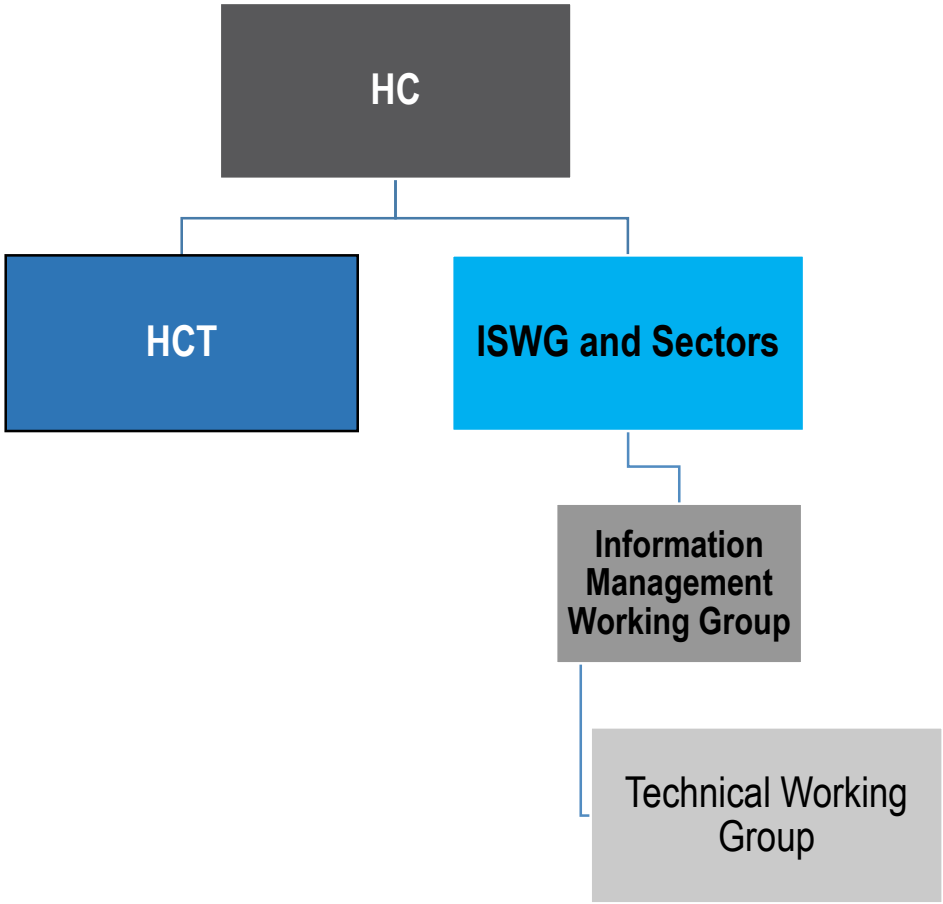
# MSNA - Coordination

## Coordination structure

The MSNA is a **collaborative process from A to Z**, including:

- The involvement and buy-in of the sectors, **Inter-Sector Working Group (ISWG), Humanitarian Country Team (HCT) / Humanitarian Coordinator (HC), key partners** in the research design, and integration of the data into the HNO.
- **Data collection conducted through partners,** and complemented by REACH. In 2018, 95+ local partners participated in 8 MSNAs.
- In some countries, collaborative **data analysis**, with the support of ACAPS and MapAction.

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# MSNA - Introduction

## Added value in Northeast Nigeria

- Potential for unique, large scale multi-sectoral data collection and analysis over the 3 North-Eastern states of Nigeria (also called BAY States: Borno, Adamawa and Yobe), utilizing a collaborative model on data collection.

- Co-led by OCHA and facilitated by REACH; the MSNA in particular is not meant to be sector-specific and strives to gain a better understanding of cross-sectoral needs, dynamics and response.

- A robust methodology: data representative at the LGA level (as well as state level) with 90% confidence interval and 10% margin of error of all accessible areas in the BAY States*. Inclusion of REACH Hard-to-Reach (H2R) data from another, ongoing activity (findings for H2R indicative only).

- Strong focus in 2019 MSNA on:
    - Centrality of Protection;
    - Accountability to Affected Populations; (separate product on AAP findings forthcoming)
    - Inclusion of analysis on hard-to-reach areas.

**with the exception of Madagali, Song and Magumeri LGAs for which findings are representative at 90/11 and Yunusari LGA for which findings are indicative only*

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# MSNA – Objectives & Indicators

## Methodology – objectives, research questions, and choice of indicators

**OBJECTIVES:**

**Main objective:** *Provide a strong evidence base of information on multi-sectoral humanitarian needs of affected populations in Borno, Adamawa and Yobe (BAY) States of North-East Nigeria and inform multi-sector humanitarian programming for 2020.*

**Specific objectives:** *Provide a comprehensive evidence base of multi-sectoral needs, coping capacity and overall well-being among conflict-affected population in the BAY States, including:*
*o Internally Displaced Persons (IDPs) residing either in formal/informal camp settings or within host communities (displaced since the beginning of the conflict in 2009);*
*o Returnees including returning IDPs (displaced since 2009 but back in their area of origin);*
*o Non-displaced populations (not displaced since the beginning of the conflict);*
*o Populations residing in Hard-to-Reach areas (contextual and secondary information from REACH "monitoring of hard-to-reach areas" activity).*

**Research Question: Overall / Inter-sectoral research question guiding this assessment:**

What are the priority multi-sectoral humanitarian needs of the crisis-affected population, and how do these vary between geographical locations, population groups and household profiles?

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# MSNA – Objectives & Indicators

**INDICATORS - Selected with, by and for the sectors**

1. Work of prioritization – only those indicators tailored for HNO/HRP analysis chosen;
2. Adjustments from last year: some changes, but many remaining, potentially allowing for some trend analyses this year;
3. Agreement on sectoral analysis with sectors, and on inter-sectoral indicators and analysis process with OCHA IM team and ISWG.

| | |
|---|---|
| WASH | % of HHs with access to an improved water source |
| | % of HHs using less than 15L/p/d of water (for drinking, cooking and bathing) |
| | % of HHs for whom fetching water constitutes a problem |
| | % of HHs possessing at least one clean covered container for drinking water |
| | % of HHs having and using soap for washing hands |
| | % of HHs and HH members accessing and using a functioning latrine |
| | % of HHs by solid waste disposal mechanism |
| | % of women and girls of a reproductive age having access to preferred menstrual hygiene materials |
| | % of HHs resorting to negative coping strategies for insufficient water |
| | % of HHs by preference of WASH (NFI) support modality |
| Shelter & NFI | % of HHs by shelter type |
| | % of HHs by shelter occupancy arrangement |
| | % of HHs with shelter damage |
| | % of HHs in need of basic NFIs |
| | % of communities affected by environment damage |
| | % of HHs by preference of shelter support modality |
| Health | % of HHs with members ill in two weeks prior |
| | % of HHs who have or would seek treatment at healthcare facilities |
| | % of HHs reporting average price for healthcare services |
| | % of HHs with reasonable access to health facilities |
| | % of children in HHs with adequate vaccination coverage for measles, pentavalent, polio |
| | % of deliveries attended by a skilled birth attendant |
| | % of HHs by preference of health support modality |
| Nutrition | % of children aged 6-59 months presenting as SAM or MAM |
| | % of children with severe acute malnutrition who are currently enrolled in OTP services |
| | % of children who are currently targeted through BSFP distributions |
| | % of children ever breastfed |
| | % of children receiving supplementary feeding practices |
| | % of children receiving nutrition treatment when needed |
| Food Security | % of HHs by means of accessing food |
| | % of HHs by food consumption score/FCS |
| | % of HHs by reduced Coping Strategy Index/rCSI |
| | % of HHs with market access |
| | % of HHs by main challenges in accessing food |
| | % of HHs by preference of food support modality |
| Livelihoods / Agriculture | % of HHs by main income source |
| | % of HHs needing but unable to access land for crop cultivation or grazing |
| | % of HHs needing but unable to access seeds for crop cultivation/farming |

| | |
|---|---|
| SAFE | % of HHs by most commonly used fuel type for cooking |
| | % of HHs by means of obtaining firewood/fuel for cooking |
| | % of HHs by coping strategies for insufficient fuel |
| ERLS | % of HHs in debt |
| | % of HHs by main source of access to cash |
| | % of HHs with access to functional basic public facilities and infrastructure |
| | % of HHs with access to functional community security initiatives |
| | % of HHs by preference of livelihoods/cash support modality |
| Education | % of school-aged children in HHs by enrolment status to formal or informal education |
| | % of HHs by main barriers to accessing education |
| | % of HHs by main barriers to accessing education for girl-school-aged children |
| | % of HHs by preference for education support modality |
| Protection (general: Protection, Mine Action, HLP) | % of HHs experiencing security incidents in the past 3 months |
| | % of adults and children lacking legal documentation |
| | % of HHs with challenges to freedom of movement |
| | % of HHs reporting a member missing or detained |
| | % of HHs reporting a member experiencing an incident linked to human and/or labour trafficking |
| | % of communities exposed to explosive hazards, and exposure profile |
| | % of HHs by shelter occupancy arrangement (questions on written contracts/documents) |
| | % of HHs reporting being at risk of eviction |
| Child Protection / GBV / MHPSS | % of children separated from their parents / caregivers |
| | % of HHs with children experiencing psychosocial distress |
| | % of HHs reporting access to a CFS or FFS in their area |
| | % of HHs with one of several members that report experiencing signs of psychological |
| Protection Mainstreaming | % of HHs reporting that humanitarian assistance was delivered in a safe, accessible, accountable and participatory manner |
| Vulnerability & Displacement | % of HHs with vulnerable members |
| | % of HH by Area of Origin |
| | % of HHs with access to their Area of Origin |
| | % of HHs actively planning to move in the next month |
| Language and Information | % of HHs reporting main language spoken at home |
| | % of HHs reporting preferred language and means to receive information |
| | % of HHs by fluency of Hausa language |
| | % of HHs reporting access to means of communication and information |
| | % of HHs by information needs and preference |

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# MSNA – Methodology & Sampling

## Methodology – MSNA Sampling targets and data collection

- Assessment using a **stratified cluster sampling**:
  - The stratum is the Local Government Area (LGA): sample is designed at the LGA level, giving representative data at the LGA level **overall – with a 90% confidence level and 10% margin of error*;**
  - When necessary, a **top-up sample** was conducted in those LGAs where the initial sampling did not render sufficient coverage of the population groups intended to be assessed;
  - Aggregating at the State level, the data will **also** be representative for **each population group.****
- Decreased coverage (approx. 7% less coverage in terms of number of LGAs) compared to 2018. Non-accessed LGAs for MSNA sampling in 2019 are:
  - Guzamala, Kukawa, Nganzai, Abadam and Marte in Borno State – due to security concerns;
  - Geidam in Yobe State – due to security concerns and absence of partners to cover it.
- Training of trainers in Maiduguri with all partners, before trainings in Adamawa and Yobe; Data collection from 17 June to 30 July.

**with the exception of Madagali, Song and Magumeri LGAs for which findings are representative at 90/11 and Yunusari LGA for which findings are indicative only*

*** Exact precision levels per population group per state will be provided in a table within the final MSNA report.*

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# MSNA – Methodology & Sampling

## Methodology – MSNA Data collection achievements

- **Overall data collection achievements**:
  - Data collection across accessible areas in 59 LGAs;
  - 8,019 Household surveys collected;
  - 1,005 Key informant surveys collected.
- **Borno:**
  - 3,160 HH surveys – 1,071 IDP surveys; 1,065 non-displaced surveys; 1,025 returnee surveys;
  - 321 Key informant surveys.
- **Adamawa:**
  - 2,822 HH surveys – 160 IDP surveys; 2,246 non-displaced surveys; 416 returnee surveys;
  - 391 Key Informant surveys.
- **Yobe:**
  - 2,037 HH surveys – 202 IDP surveys; 1,561 non-displaced surveys; 274 returnee surveys;
  - 293 Key informant surveys.

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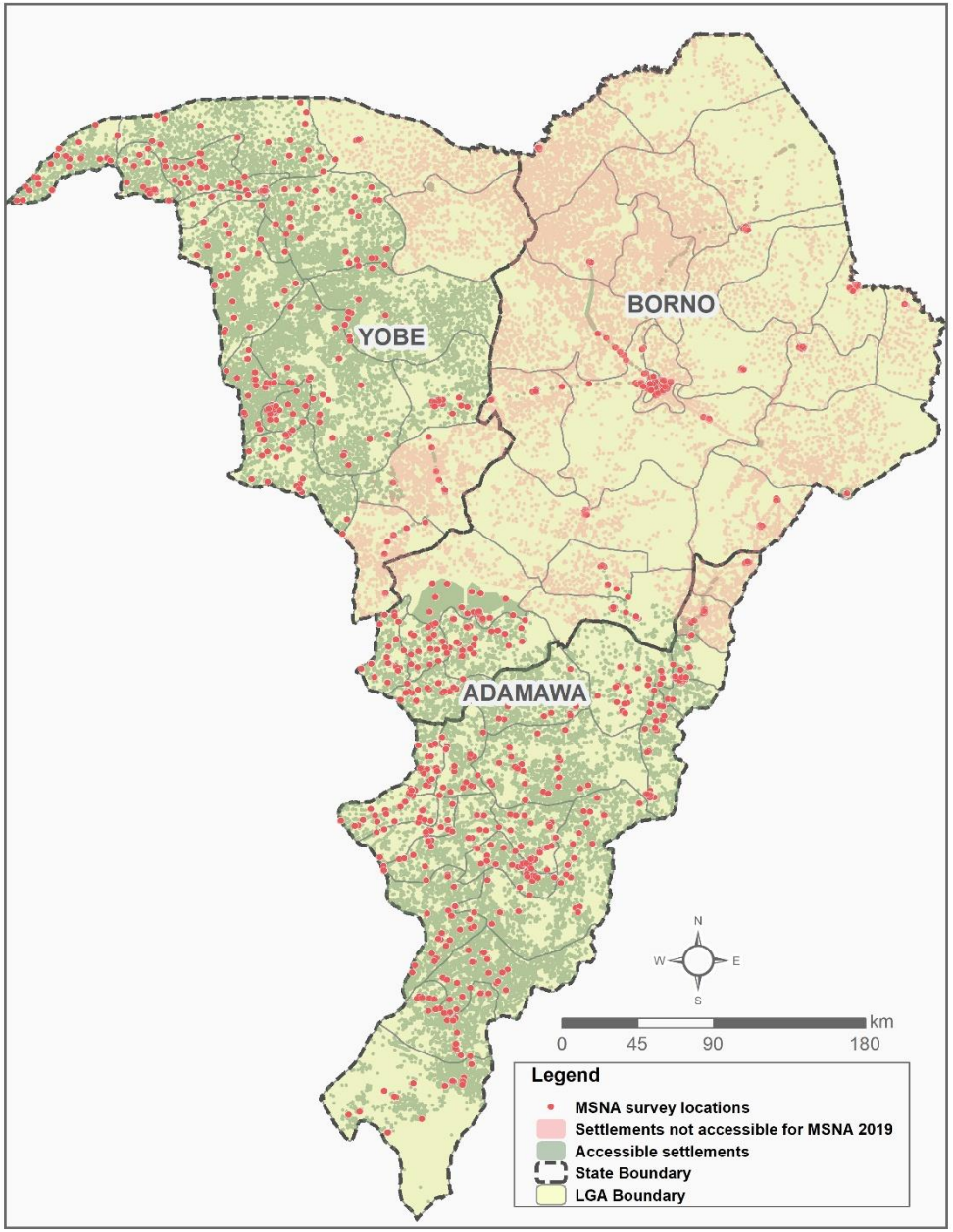
# SAMPLING MAP



# MSNA – Methodology & Sampling

## Methodology – Limitations

- **Assessment covering accessible areas only**:
    - The MSNA covers accessible areas of Adamawa, Borno and Yobe States only, the representative data drawn from the sample therefore does not inform needs in areas that could not be assessed, due to security constraints or lack of partners to conduct data collection**;**
    - **For hard-to-reach areas in some LGAs in Borno State, REACH will feed findings from the Hard-to-Reach (H2R) activity into MSNA analysis and final report – however, partners should note that data stemming from the H2R activity are indicative only, not representative;**
- **Sampling in Borno:** Due to severe access constraints in Borno State, the sampling is generally limited to urban centres (with the exception of South Borno). This will affect data results compared to other areas in Adamawa and Yobe where data collection teams could access more remote communities.
- **Sampling in Adamawa and Yobe:** In both States, some LGAs were also only partially covered, meaning that either the main town only, or settlements along the main roads were assessed. This should be kept in mind when analysis the results.

# MSNA – Methodology & Sampling

## Methodology – Limitations

- **LGA-level data:** Because of the sampling strategy, the MSNA presents representative data at the LGA level for those questions that are asked to the entire population studied. However, some questions are follow-up questions and may be asked to a subset of the population **only** – therefore, those data should be considered indicative only.

- **Humanitarian / Development needs:** The MSNA highlights sectoral and inter-sectoral needs in the accessible areas covered and for each population group covered. However, the cause of these needs might differ, whether they were caused by the crisis (conflict, displacement, etc.), or they were the result of more chronic under-development. Stakeholders should have this in mind when analysing the findings presented, and a joint analysis process should allow for this difference to be clearly identified by sectors and partners.

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# H2R – Methodology & Sampling

## Methodology – H2R Data collection in July 2019

- **Overall data collection achievements**:
  - Data collection covering **H2R areas in 6 LGAs in Borno State**, data collected from 6 accessible LGA
  - REACH **remotely monitors the situation in hard-to-reach areas through monthly multi-sector interviews** in accessible Local Government Area (LGA) capitals with the following typology of Key Informants (KIs):
    - KIs who are newly arrived IDPs who have left a H2R settlement sin the last one to three months
    - KIs who have had contact with someone living or having been in a H2R settlement in the last month
  - Selected KIs are purposively sampled and are queried about settlement-wide circumstances in hard-to-reach areas, rather than their individual experiences.
  - Responses from KIs reporting on the same settlement are then aggregated to the settlement level.
  - ***Limitations:*** *Findings are indicative only, geographic coverage in terms of number of H2R assessed still limited*
  - Coverage: 378 unique settlements assessed in 6 LGAs through 404 KI surveys

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# 02 | MSNA ANALYTICAL FRAMEWORK

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# Based on the JIAG Analytical Framework (JIAF)

**What is the JIAF?**

A theoretical and conceptual framework designed for **humanitarian needs analysis** to inform **strategic decision-making** across humanitarian crises (for example, HNO).

**Background:**

- Output of the work done by the **Joint Inter-Sector Analysis Working Group (JIAG)**
- Current version of JIAF builds on:
    - A review of 49 existing analytical frameworks in 2017
    - Three pilot missions in 2018

**Purpose:**

To promote a collaborative approach for inter-sectoral analysis which enables humanitarian actors to arrive at a common understanding of:

1. **What** the priority humanitarian needs are
2. **Where** humanitarian needs are most severe
3. **Which** population groups are most in need of humanitarian assistance.

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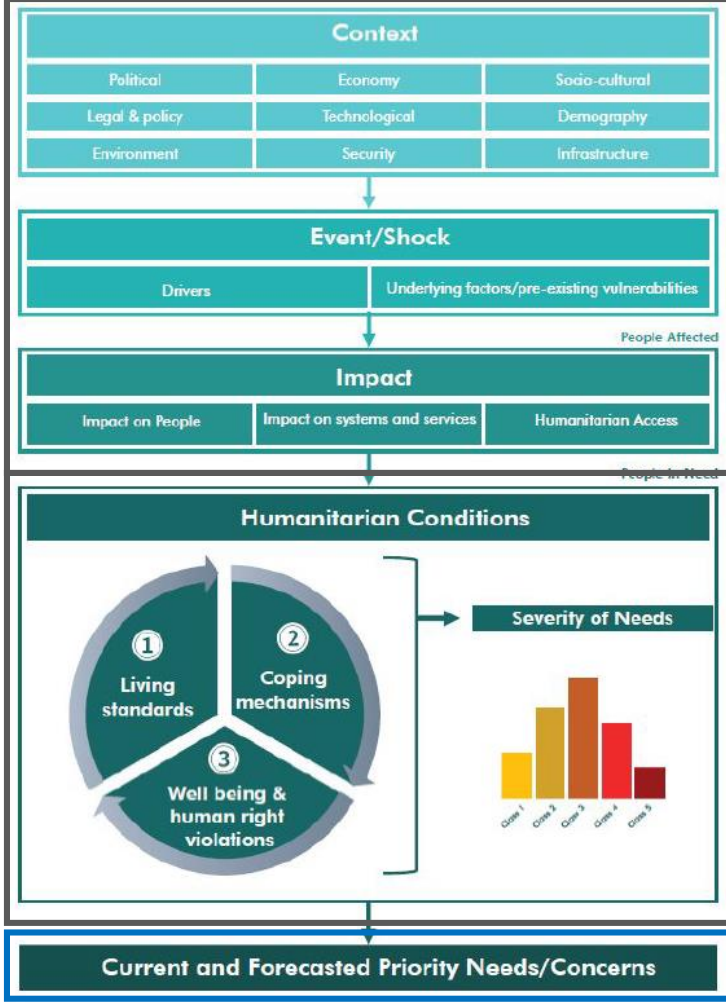
# MSNA meets JIAF: Overview

THE JOINT INTER SECTORAL ANALYSIS FRAMEWORK (Working version, JIAG 2019)




- Context informed by Secondary data review
- Event/Shock informed by the household vulnerability index in the primary data collection
- Impact on people, systems and services, and access informed by the Impact composite indicator in primary data collection

Informed by MSNA primary data collection, then through the analytical process:

- Living standards corresponds to sectoral composite analysis
- Coping capacity gap gathers relevant questions from several sectors (negative coping strategies when lacking water, fuel, food, etc.)
- Well-being and human rights violations corresponds to such elements as morbidity, mortality, malnutrition, and grave protection concerns. For this preliminary findings presentation, malnutrition and mortality data comes from Nutrition Sector available data.

Combination of the above + intentions/environmental indicators

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# Objectives of MSNA analytical framework


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# Key concepts and overview

- **Vulnerable HHs (VUL)**: households whose needs may be aggravated by pre-existing vulnerabilities
- **HHs/People with a living standard gap (LSG)**: households unable to meet needs in one or more sectors
- **HHs/People with a capacity gap**: households that may not have living standard gaps at the time of data collection but are resorting to negative and unsustainable strategies to meet basic needs
- **HHs/People impacted by the crisis:** households that have been affected by events and shocks such as conflict or flooding, which will affect their living standards and coping capacity

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## Multi Sector Needs Index (MSNI):[1]

Measures households' overall severity of humanitarian needs vis-à-vis their living standards gaps, capacity gap, and impact of the crisis → Estimated severity of humanitarian needs (*intensity)* and proportion of households in each severity category *(magnitude)*

[1] It is important to note that the **MSNI is an analysis approach being proposed by REACH for the 2019 MSNAs, and not the inter-sectoral severity model part of the JIAF**. The MSNI is **an "interim" proposed solution for inter-sectoral analysis** within the MSNA, until the officially endorsed model is available from the JIAG at the global level.

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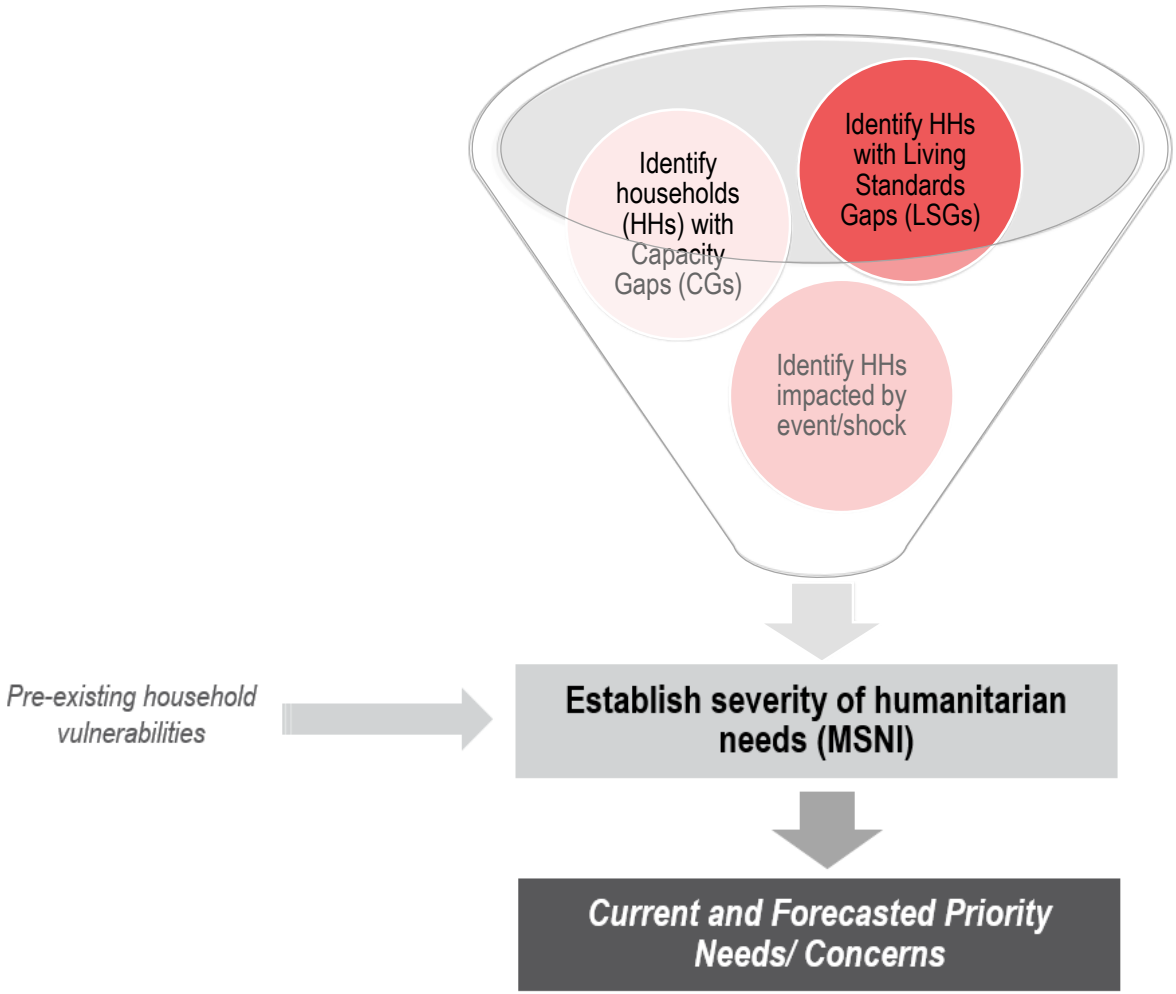
# Operationalizing the JIAF for the 2019 MSNA

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# Step one:

# Indicators & Thresholds

## Identify indicators and thresholds to measure key pillars and sub-pillars i.e. living standard gaps, vulnerabilities, impact, coping mechanisms, etc.

- **Agreeing on indicators**, taking into account key dimensions of household-level impact, vulnerabilities, living standard gaps, coping capacities and [where applicable] well-being

- **Agreeing on thresholds** for each indicator

- While the indicators relating to living standard gaps were informed and endorsed by each sectors, those indicators feeding into inter-sectoral composite indicators (vulnerability, impact, coping capacity) were selected together with the OCHA IM Unit and presented to the sectors during an ISWG ad-hoc meeting.

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# Scoring approach for HH classification: Household Vulnerability

| Inter-sector | Indicator | Thresholds | Weight |
|---|---|---|---|
| Vulnerability | HH member information | "Isolated" household (only 1 HH member) | 0.5 |
| | | Household is female-headed | 2 |
| | | Household with high dependency ratio (>75%) | 2 |
| | % of HHs including members suffering from vulnerability | Child-headed household | 2 |
| | | Household includes at least 1 pregnant or lactating woman | 1 |
| | | Household includes at least 1 person with chronic illness or disability | 1 |
| | Geographical consideration | HH is located in a phase 3 or 5 LGA from latest CH analysis | |
| | | Phase 3 | 0.5 |
| | | Phase 4 | 1 |
| | | Phase 5 | 1.5 |

**Household is deemed to be vulnerable from score 4 and above**

The two initial indicators are focusing on the HH composition. In addition, a geographical consideration is added to the HH vulnerability calculation; the rationale being that if the households are residing in an LGA that is classified as food insecure from the Cadre Harmonise analysis (Phases 3 to 5), they are more likely to be vulnerable.
After summing up the scores for the different indicators, a HH is considered vulnerable if they reach a score superior or equal to 4.

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# Scoring approach for HH classification: Impact on HH from events/shocks

| SHOCK TYPE - PRIMARY INDICATOR OF IMPACT | SHOCK | SECONDARY INDICATORS OF IMPACT | | |
|---|---|---|---|---|
| | | IMPACT ON PEOPLE - HH is from the IDP population group / extra point for not being able to access AoO | IMPACT ON PEOPLE - HH is suffering from movement restrictions | IMPACT ON SERVICES - HH lives in community with facilities affected by conflict |
| **CONFLICT** | Yes / No | 1 / 2 | 1 | 1 |
| **FLOODING** | Yes / No | 0.5 / 1 | 0.5 | 0.5 |

| SECONDARY INDICATORS OF IMPACT | | | | TOTAL IMPACT SCORE |
|---|---|---|---|---|
| IMPACT ON SERVICES - HH reports no access to phone network or internet | IMPACT ON ACCESS - HH has not received assistance in the past 6 months / OR if received, does not feel safe while receiving assistance | IMPACT ON ACCESS - HH lives in community where KI reported no access for commercial goods and services or no access for humanitarian assistance | IMPACT ON ACCESS - HH lives in community where KI reported incidents related to explosive hazadrs | 0 - 2.9: No or little impact<br>3 - 5.9: stress impact<br>6 - 8.9: severe impact<br>9 - 12: extreme impact |
| 0.5 | 1 | 1 | 1 | |
| 0.5 | 1 | 0.5 | 0.5 | |

Two types of shocks / events identified in North-east Nigeria for this analysis: conflict and flooding. Based on the effect on HHs of those shocks, the scores from the following indicators will be added up. As defined by the JIAF framework, this composite indicator was derived from three indicator sub-components: impact on people; impact on systems and services and impact on access.

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# Scoring approach for HH classification: Living Standard Gap Per Sector – Health example

| Sector | Indicator | Thresholds | Weight |
|---|---|---|---|
| Health | HH reports at least 1 barrier to health care | One barrier reported<br>More than one barrier reported | 1<br>2 |
| | HH has child without proper immunization | At least 1 child with no vaccines at all | 2 |
| | HH member with illness in last 2 weeks | Yes<br>Illness reported: Malaria, measles, cholera | 1<br>2 |
| | Distance to health facility | Greater than 2 km | 2 |
| | HH female member gave birth in last year<br>Birth was delivered without skilled professional | Yes<br>NOT selected:<br>Doctor<br>Nurse<br>Midwife | 1<br>2 |

| | | |
|---|---|---|
| Severity Scale | No/minimal | 0-2.9 |
| | Stress | 3-5.9 |
| | Severe | 6-7.9 |
| | Extreme | 8-10.0 |

Within the MSNA analysis, the “Living Standard Gap” corresponds to the sectoral analysis (excluding nutrition which is a “well-being” pillar component). For each sector, a composite indicator was designed and agreed upon with the sectors. After adding up scores for each indicators, HHs are then classified following a sectoral needs severity scale from “No/minimal” severity of needs, to “Extreme” severity of needs.

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# Scoring approach for HH classification: Coping Capacity Gap

| Inter-sector | Indicator | Thresholds | Weight |
|---|---|---|---|
| Coping Capacity Gap | % of HHs who have or would seek treatment at healthcare facilities | "Did not or would not seek treatment" | 2 |
| | % of HHs resorting to negative coping strategies for insufficient water | Any 2 coping strategies reported | 2 |
| | % of HHs by reduced Coping Strategy Index/rCSI | rCSI > 10 | 2 |
| | % of HHs by main coping strategies for lack of income or resources | Any 2 crisis coping strategies reported<br>OR<br>Any emergency coping strategy reported | 2<br>OR<br>3 |
| | % of HHs by main coping strategies for lack of fuel | Any 2 coping strategies reported | 2 |
| | HH does not own and need items from Basic NFI Kit | - 6 to 10 items, not covering shelter-related, education-related AND WASH-related items,among:<br>- 10+ items, among:<br>Blankets, Sleeping Mat, Mosquito Net, Jerry Cans, Laundry detergent, Bath soap, Reusable sanitary pad, Solar Lamp, Foldable mattress, kettle, 10L basin, rope, kitchen items kit (Cooking pots, Stainless trays, Serving spoons, Kitchen knife), 10L bucket, Aquatabs, Learners materials (notebook, textbook, schoolbag) | 0.5<br>1 |

| | | |
|---|---|---|
| **Severity Scale** | No/minimal | 0-2.9 |
| | Stress | 3-5.9 |
| | Severe | 6-8.9 |
| | Extreme | 9-12.0 |

- HHs that show minimal needs in a given sector may sustain needs by relying on negative coping strategies
- The composite indicator uses cross-sectoral questions to identify HH coping capacity gaps
- HHs are classified on a severity scale ranging from “No/minimal” to “Extreme” severity of coping capacity gap.

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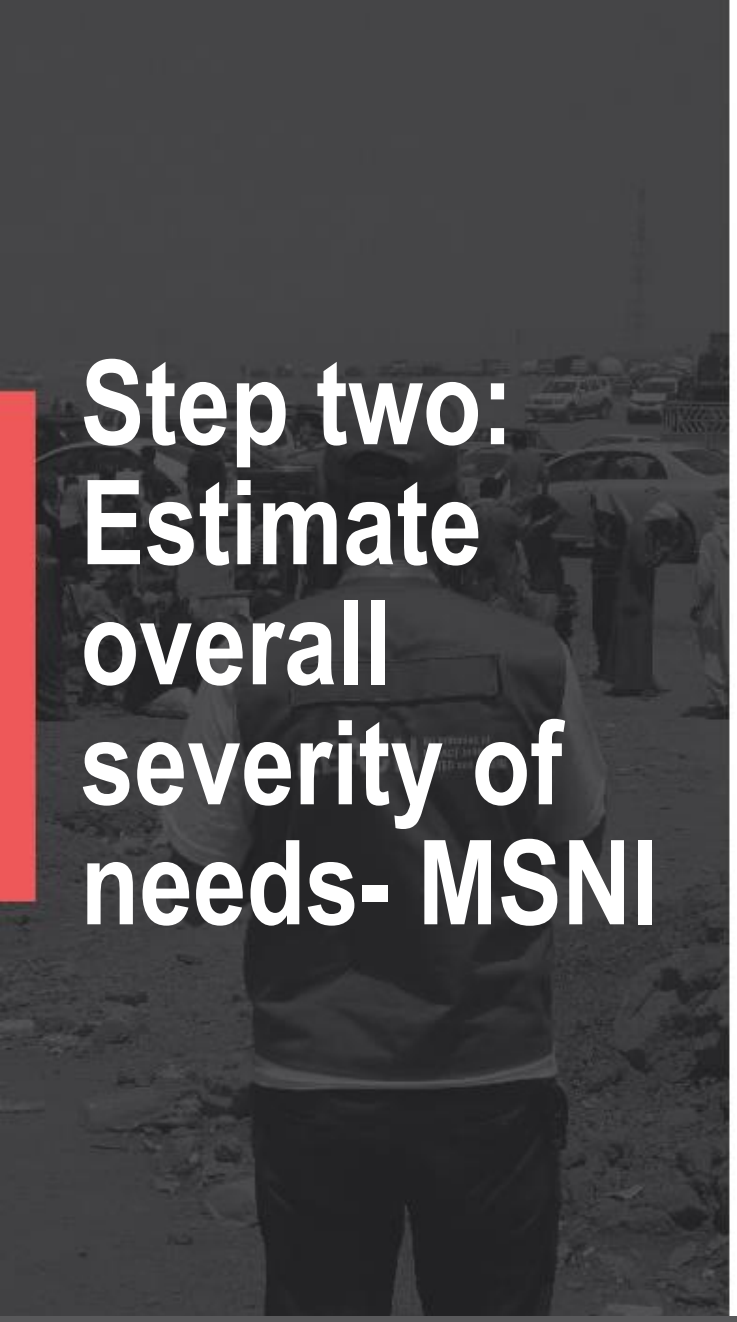

# Step two: Estimate overall severity of needs- MSNI

- ✓ First, individual scores and severity levels for each of the relevant pillars/ sub-pillars are calculated
- ✓ Second, a conceptual decision tree model is used to determine how each of these individual results should be factored in to calculate overall MSNI score for the household (see next slide)
- ✓ Third, based on the MSNI score and pre-determined thresholds, the household is categorized into one of the four categories on the severity of needs scale (1 none/ minimal → 2 stress → 3 severe → 4 extreme)
- ✓ Fourth, the proportion of households in each severity category is calculated
- ✓ Finally, based on the proportion of households in each severity category per area/ geographical strata, the severity classification for the area can be determined
    - ✓ Example from Integrated Phase Classification (IPC) approach: if >20% of the population AND/OR >20,000 households are found to be in 'extreme' need (i.e. MSNI score 4) in District A, then District A is classified as 'extreme'.

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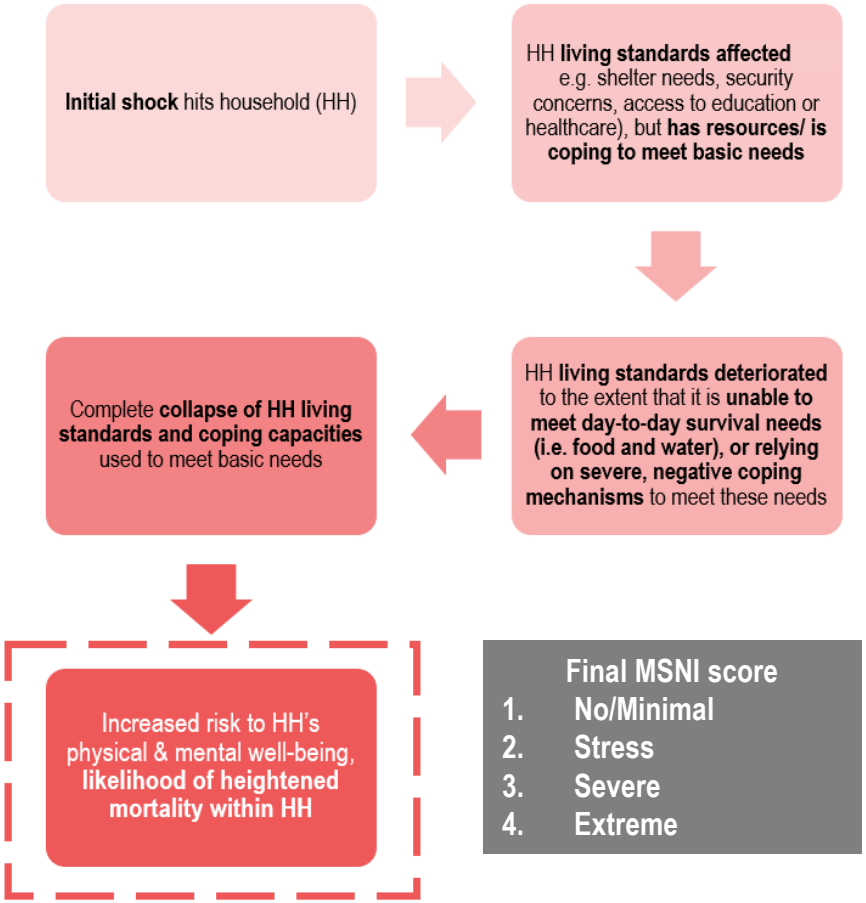
# Conceptual basis for MSNI Decision Tree (1/2)

**Main objective: To reflect, as accurately as possible, the progressive deterioration of a household's situation towards the worst possible humanitarian outcome i.e. heighted mortality**

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# Conceptual basis for MSNI Decision Tree (2/2)

**Main objective: To reflect, as accurately as possible, the progressive deterioration of a household's situation towards the worst possible humanitarian outcome i.e. heighted mortality**

- ✓ Sectoral living standard gaps drive the MSNI score.
  - ✓ **Food and WASH** last to go before mortality starts rising within household → driving causes of severity
  - ✓ **Shelter, health and protection** could drive mortality within household, but the severity of these sectoral LSGs difficult to measure accurately at the household level → given less weight, and taken in conjunction with household's impact score → verify the situation is indeed severe enough to justify a high MSNI score.
  - ✓ **Education and Early Recovery and Livelihoods (ERL) LSG** indicates a chronic humanitarian need but does not by itself drive mortality → only an extreme or severe education / ERL LSG score can drive the overall MSNI score, but only up to 2 (stress) not higher
- ✓ In the absence of a living standard gap, likely that a household is maintaining its living standards by relying on negative and unsustainable coping strategies → even with low LSG scores, maximum score of capacity gaps can drive the MSNI score
- ✓ Household impact a contributing factor → can only be used to verify a severe or extreme LSG score, rather than drive the household severity by itself

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# 03 | MSNA HIGHLIGHT FINDINGS

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# THE STORY BEHIND THE NUMBERS: MAIN FINDINGS

## Borno State

- Borno State most affected State in North-East Nigeria (72% of HHs with an MSNI severity score of 3-4)
- Borno IDP HHs most affected population group (75% of IDP HHs with an MSNI severity score of 3-4)
- Most affected areas and populations impacted by severe/extreme food security, protection and shelter living standard gaps (LSGs)

## Coping Capacity Gaps

- High proportions of HHs have severe of extreme coping capacity gaps in conflict- and displacement-affected LGAs of Borno and North-east Adamawa LGAs
- In the areas cited above, humanitarian assistance is frequent: on the one hand it could mean that the response is not adequate; on the other hand it shows that, should assistance be stopped, needs would presumably increase.

## Inaccessible Areas

- High proportions of settlements reportedly experiencing extreme gaps in sectors such as food security, as well as reported severe/extreme health and protection needs.
- Widespread living standard and coping capacity gaps in LGAs in Adamawa (Madagali, Michika) and Yobe (Gujba, Gulani, Tarmua, Yunusari) where inaccessible areas subsist.

## Structural Issues

- The MSNA highlighted persisting widespread structural gaps in areas less affected by conflict and/or displacement – Southern Borno, North-west and Southern Adamawa, Central, North/North-west Yobe
- Widespread LSGs in WASH and Health linked to poor or non-existing infrastructure and basic services, especially for Adamawa State, a finding triangulated by secondary research and State-level consultations


# MSNA BORNO FINDINGS

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# MULTI SECTOR NEEDS INDEX (MSNI)

Map: % of HHs with an MSNI severity score of 3-4:

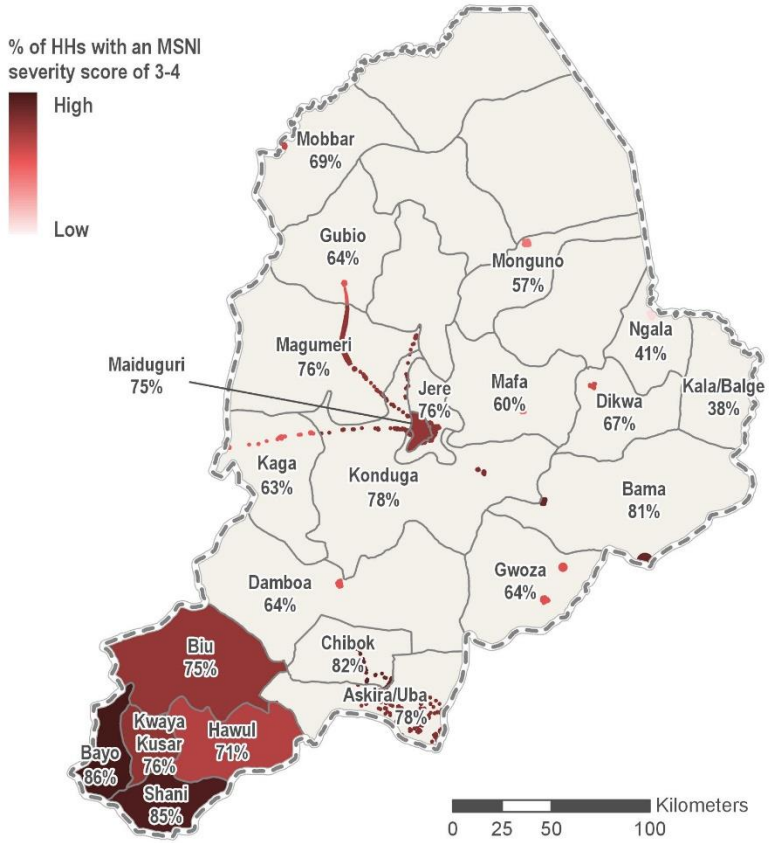


Table: % of HHs by MSNI severity score in Borno State:

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| State Overall | Borno | 0% | 28% | 57% | 15% |
| State per population group | Borno Non-displaced | 1% | 28% | 54% | 17% |
| | Borno IDP | 0% | 25% | 63% | 12% |
| | Borno Returnee | 1% | 36% | 51% | 12% |
| LGA | Askira/Uba | 1% | 22% | 65% | 13% |
| | Bama | 0% | 18% | 75% | 6% |
| | Bayo | 1% | 13% | 58% | 28% |
| | Biu | 3% | 22% | 51% | 24% |
| | Chibok | 2% | 16% | 71% | 11% |
| | Damboa | 0% | 36% | 54% | 9% |
| | Dikwa | 0% | 33% | 61% | 6% |
| | Gubio | 2% | 35% | 56% | 7% |
| | Gwoza | 0% | 36% | 55% | 9% |
| | Hawul | 1% | 28% | 49% | 22% |
| | Jere | 0% | 24% | 60% | 15% |
| | Kaga | 0% | 37% | 48% | 14% |
| | Kala/Balge | 0% | 62% | 36% | 2% |
| | Konduga | 0% | 22% | 60% | 18% |
| | Kwaya Kusar | 0% | 24% | 53% | 23% |
| | Mafa | 3% | 38% | 46% | 13% |
| | Magumeri | 0% | 24% | 65% | 11% |
| | Maiduguri | 0% | 25% | 61% | 14% |
| | Mobbar | 2% | 30% | 62% | 7% |
| | Monguno | 0% | 43% | 46% | 11% |
| | Ngala | 0% | 59% | 36% | 5% |
| | Shani | 0% | 15% | 55% | 30% |

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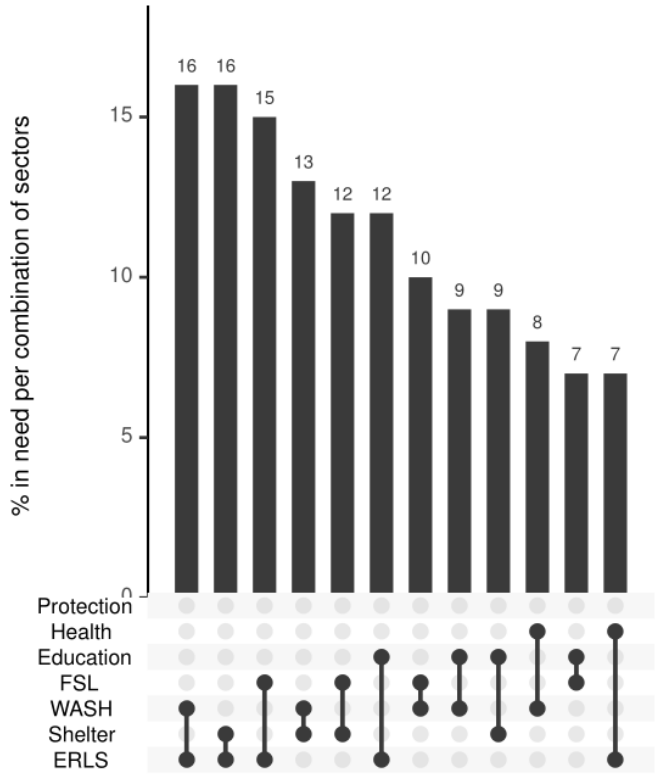
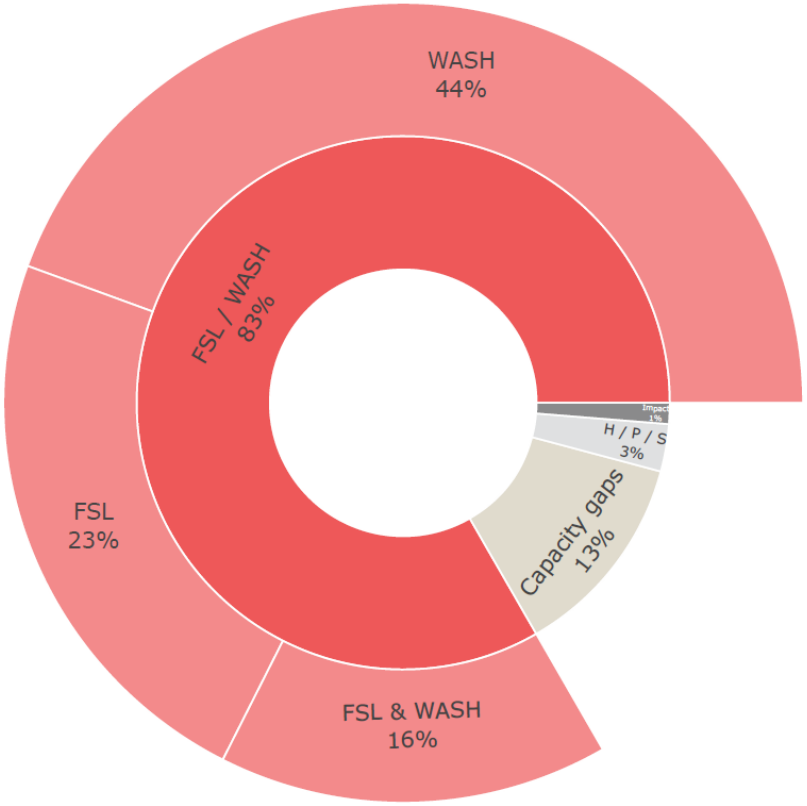
# MULTI-SECTOR NEEDS INDEX (MSNI)

Most common combination of sectors in which households were found to have LSG severity scores of at least 3:



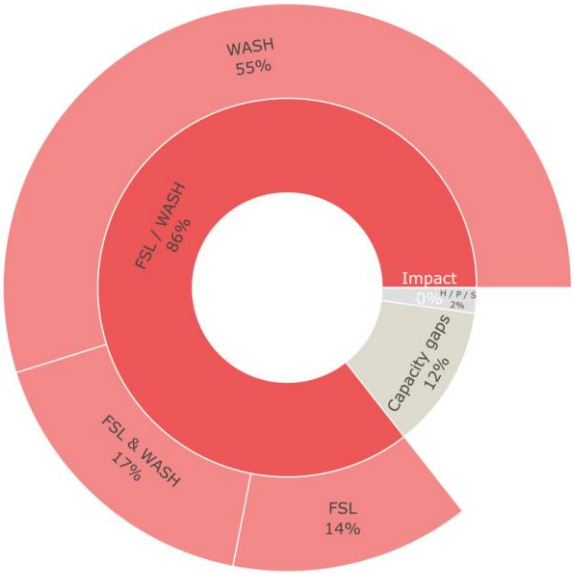

% of HHs with an MSNI severity score of 3-4, by driving composite indicator in Borno State, overall:



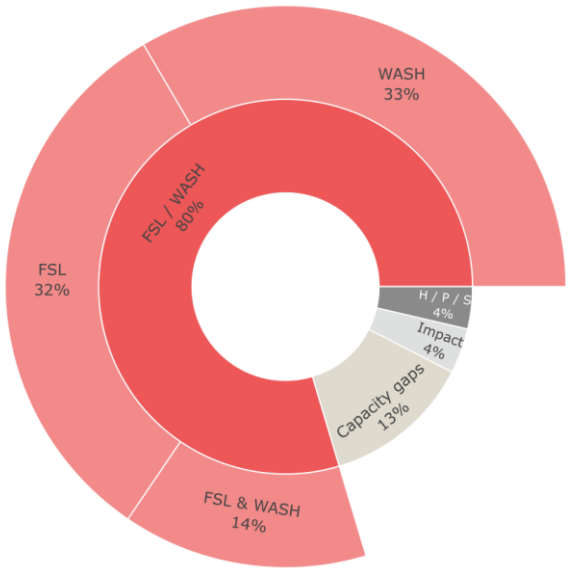
# MULTI-SECTOR NEEDS INDEX (MSNI)

% of HHs with an MSNI severity score of 3-4, by driving composite indicator in Borno State, by population group:

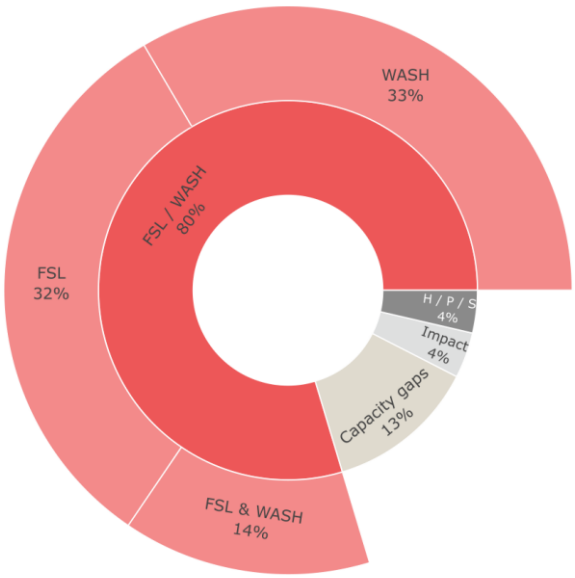
Non-displaced HHs:




IDP HHs:




Returnee HHs:

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# VULNERABILITY INDEX & IMPACT INDEX

**VULNERABILITY INDEX**

| | | |
|---|---|---|
| **State Overall** | Borno | 16% |
| **State per population group** | Borno Non-displaced | 13% |
| | Borno IDP | 19% |
| | Borno Returnee | 23% |

- Returnee HHs were the most vulnerable population group in Borno, closely followed by IDP HHs.
- The highest proportions of vulnerable HHs in Borno were in Kala/Balge (52%), Gubio (39%) and Gwoza (37%).

**IMPACT INDEX**

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 58% | 36% | 6% | 0% |
| **State per population group** | Borno Non-displaced | 84% | 16% | 0% | 0% |
| | Borno IDP | 6% | 76% | 18% | 0% |
| | Borno Returnee | 78% | 22% | 0% | 0% |

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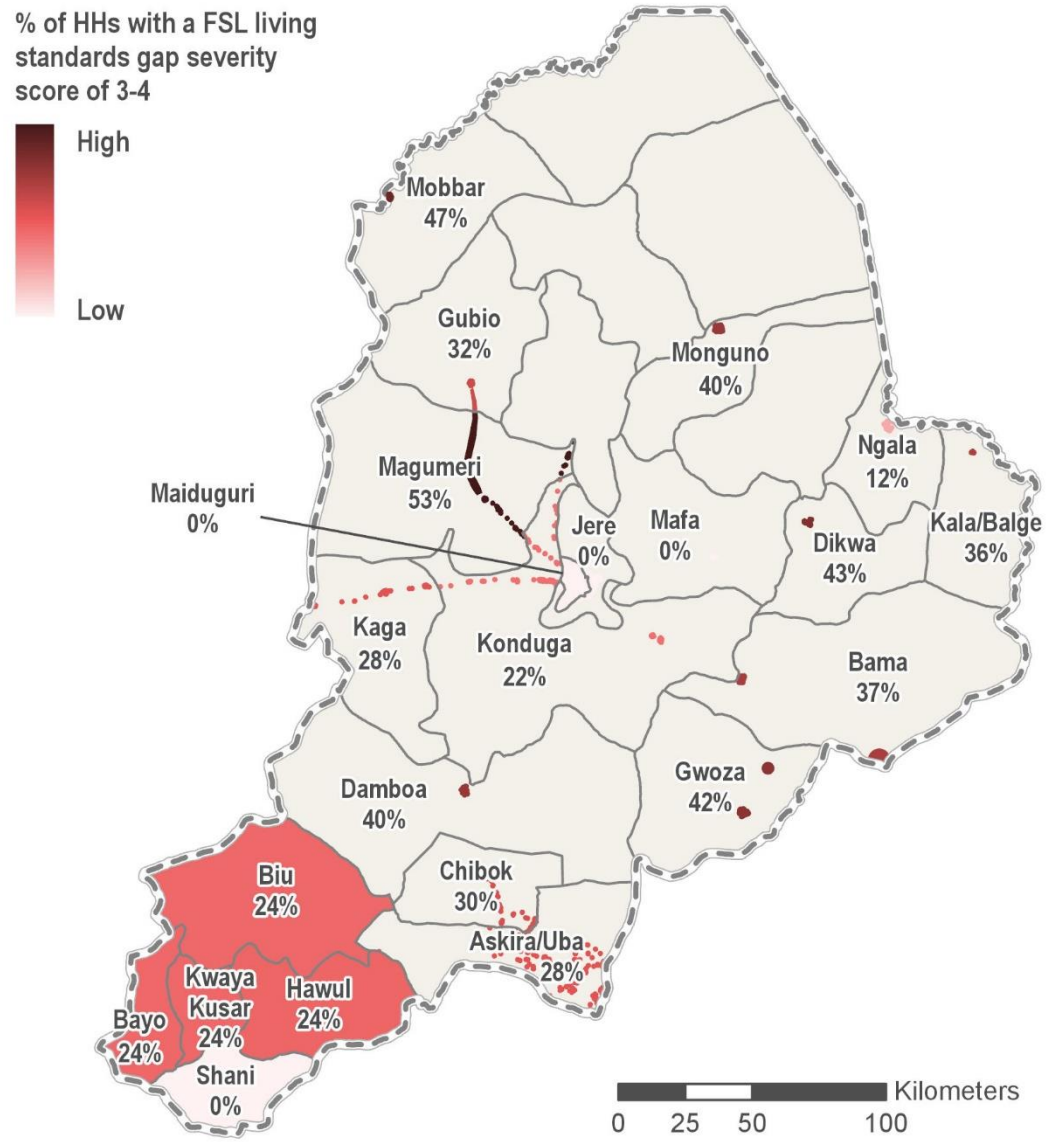
# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS

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# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 30% | 42% | 26% | 1% |
| **State per population group** | Borno Non-displaced | 38% | 40% | 21% | 1% |
| | Borno IDP | 19% | 48% | 32% | 2% |
| | Borno Returnee | 27% | 38% | 33% | 2% |

- Overall in Borno State, 27% of HHs had a FSL LSG severity score of 3-4. IDPs and returnees were found to have more widespread FLS LSG, with 34% of IDP HHs and 35% of returnee HHs with an FSL LSG severity score of 3-4.
- The LGAs with the highest proportions of HHs with an FSL LSG severity scores 3-4 were Magumeri (53%), Mobbar (47%), and Dikwa (43%).
- The LGAs with the highest proportions of HHs with a “poor” & “borderline” food consumption score (FCS) were Dikwa (80%), Monguno (75%), and Mobbar (69%).
- Conflict-affected LGAs showed a reliance on food distributions with a high percentage of HHs in Ngala (79%), Dikwa (78%) and Gwoza (77%) reporting their main food source from NGOs. 12% of HHs in Kala/Balge reported their main source of food from wild foods.
- In many Northern/Eastern LGAs, between 30% and 40% of HHs reported that they reduced the number of meals consumed to cope with lack of fuel/firewood. Moreover, in Bama LGA, those HHs reporting making trips to collect firewood reported in high proportions protection risks such as harassment, physical violence, kidnapping or explosive hazards.

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# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS

**Inaccessible areas: H2R data – July 2019 (% of settlements assessed per LGA indicated below) – *findings indicative only***

- Bama (12% of settlements assessed): 67% of assessed settlements reported that most people consumed wild foods that are not usually part of their diet as part of their main meal; only 23% of assessed settlements reported a functioning market reachable within walking distance in the month of data collection.
- Dikwa (28% assessed): 86% of assessed settlements reported that most people consumed wild foods that are not usually part of their diet as part of their main meal. 24% of assessed settlements reported that the majority of people in the settlement consumed one meal or less per day. Only 14% of assessed settlements reported the availability of staples as main food source
- Gwoza (24% assessed): 99% of assessed settlements reported that most people consumed wild foods that are not usually part of their diet as part of their main meal. 56% of assessed settlements reported that the majority of people in the settlement consumed one meal or less per day. Only 12% of assessed settlements reported a functioning market reachable within walking distance in the month of data collection.
- Kala/Balge (8% assessed): 100% of assessed settlements reported that most people consumed wild foods that are not usually part of their diet as part of their main meal. Only 10% of assessed settlements reported a functioning market reachable within walking distance in the month of data collection.
- Marte (9% assessed): 56% of assessed settlements reported that most people consumed wild foods that are not usually part of their diet as part of their main meal. Only 12% of assessed settlements reported a functioning market reachable within walking distance in the month of data collection.
- Ngala (10% assessed): 95% of assessed settlements reported that most people consumed wild foods that are not usually part of their diet as part of their main meal. Only 18% of assessed settlements reported a functioning market reachable within walking distance in the month of data collection.

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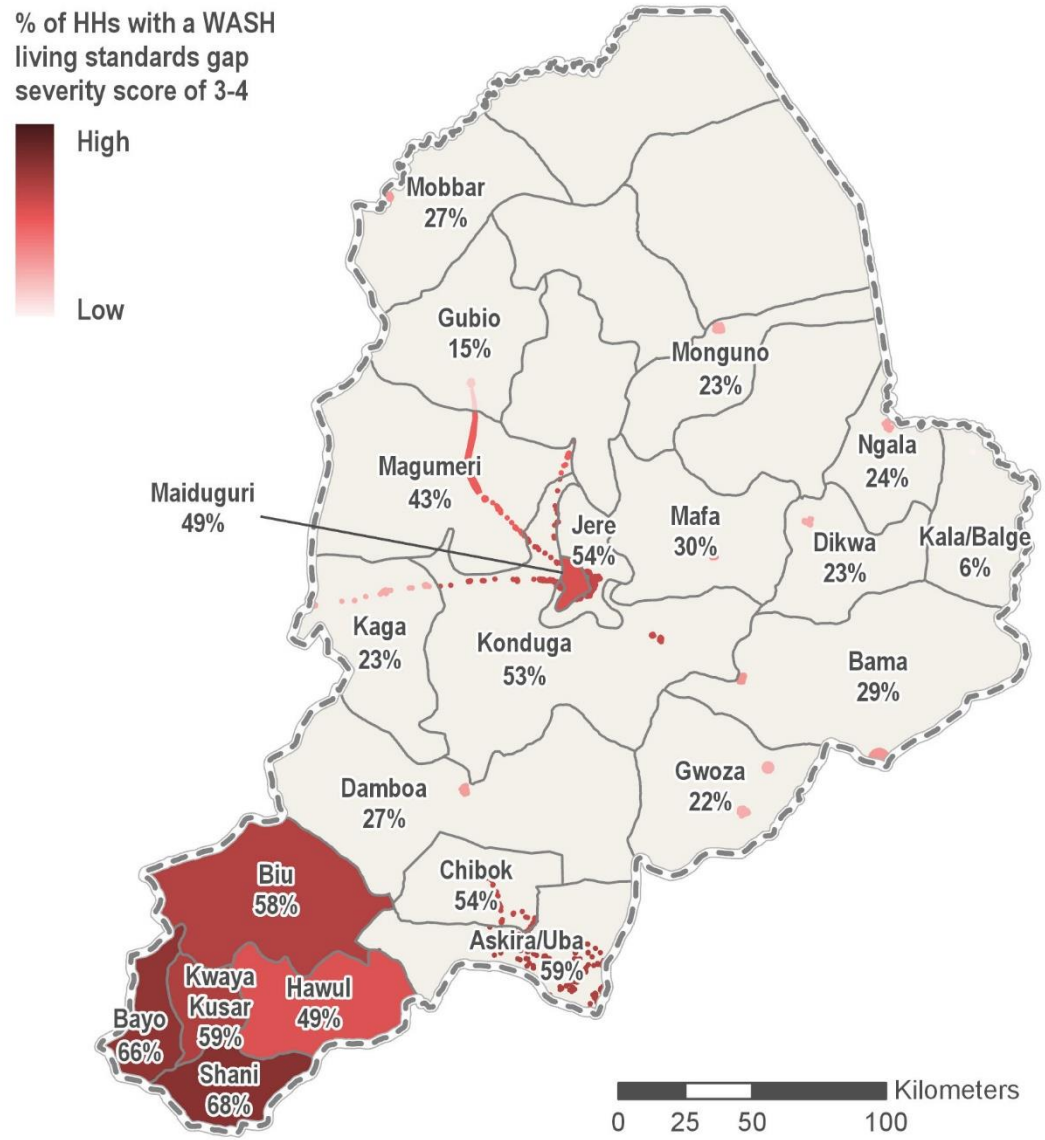
# LIVING STANDARDS GAP (LSG) – WASH

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# LIVING STANDARDS GAP (LSG) – WASH

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 14% | 42% | 34% | 10% |
| **State per population group** | Borno Non-displaced | 8% | 40% | 39% | 13% |
| | Borno IDP | 20% | 45% | 29% | 7% |
| | Borno Returnee | 27% | 47% | 21% | 5% |

- Overall in Borno State, 44% of HHs had a WASH LSG severity score of 3-4. Non-displaced HHs were the most affected with 52% of HHs with a WASH LSG severity scores of 3-4 – especially remote populations with less access to services.
- The LGAs with the highest proportions of HHs with a WASH LSG severity score 3-4 were Shani (68%), Bayo (66%), and Askira/Uba (59%).
- In six LGAs in Borno, between 30% and 60% of HHs reported using open wells (unimproved water source) as a main source of water, with the highest proportions in Askira/Uba (68%) and Chibok (57%).
- In Bayo and Shani, between 30% and 40% of HHs reported using surface water.
- High proportions of HHs mentioned washing hands without any soap – in 10 LGAs, this was the case for over 60% of HHs, including in Konduga (77%), Shani (76%), and Jere (74%).
- In 7 LGAs, between 20% and 42% of children were reported practicing open defecation – with highest proportions in Magumeri (42%), Konduga (31%), and Bayo (31%)

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# LIVING STANDARDS GAP (LSG) – WASH

**Inaccessible areas: H2R data – July 2019 (% of settlements assessed per LGA indicated below) – *findings indicative only***

- Bama (12% of settlements assessed): out of 28% of assessed settlements reporting presence of a borehole, 85% reported the borehole(s) to be functional. 92% of assessed settlements reported usage of latrines, with 73% of these reporting all populations in the assessed settlement used latrines.
- Dikwa (28% assessed): out of 11% of assessed settlements reporting presence of a borehole, 86% reported the borehole(s) to be functional. 83% of assessed settlements reported usage of latrines, with 49% of these reporting more than half of the population in the assessed settlement used latrines.
- Gwoza (24% assessed): out of 15% of assessed settlements reporting presence of a borehole, 12% reported the borehole(s) to be functional. 58% of assessed settlements reported usage of latrines, with 23% of these reporting more than half of the population in the assessed settlement used latrines.
- Kala/Balge (8% assessed): out of 85% of assessed settlements reporting presence of a borehole, 88% reported the borehole(s) to be functional. 30% of assessed settlements reported usage of latrines, with 33% of these reporting more than half of the population in the assessed settlement used latrines.
- Marte (9% assessed): out of 40% of assessed settlements reporting presence of a borehole, 100% reported the borehole(s) to be functional. 16% of assessed settlements reported usage of latrines.
- Ngala (10% assessed): out of 91% of assessed settlements reporting presence of a borehole, 100% reported the borehole(s) to be functional. 32% of assessed settlements reported usage of latrines.

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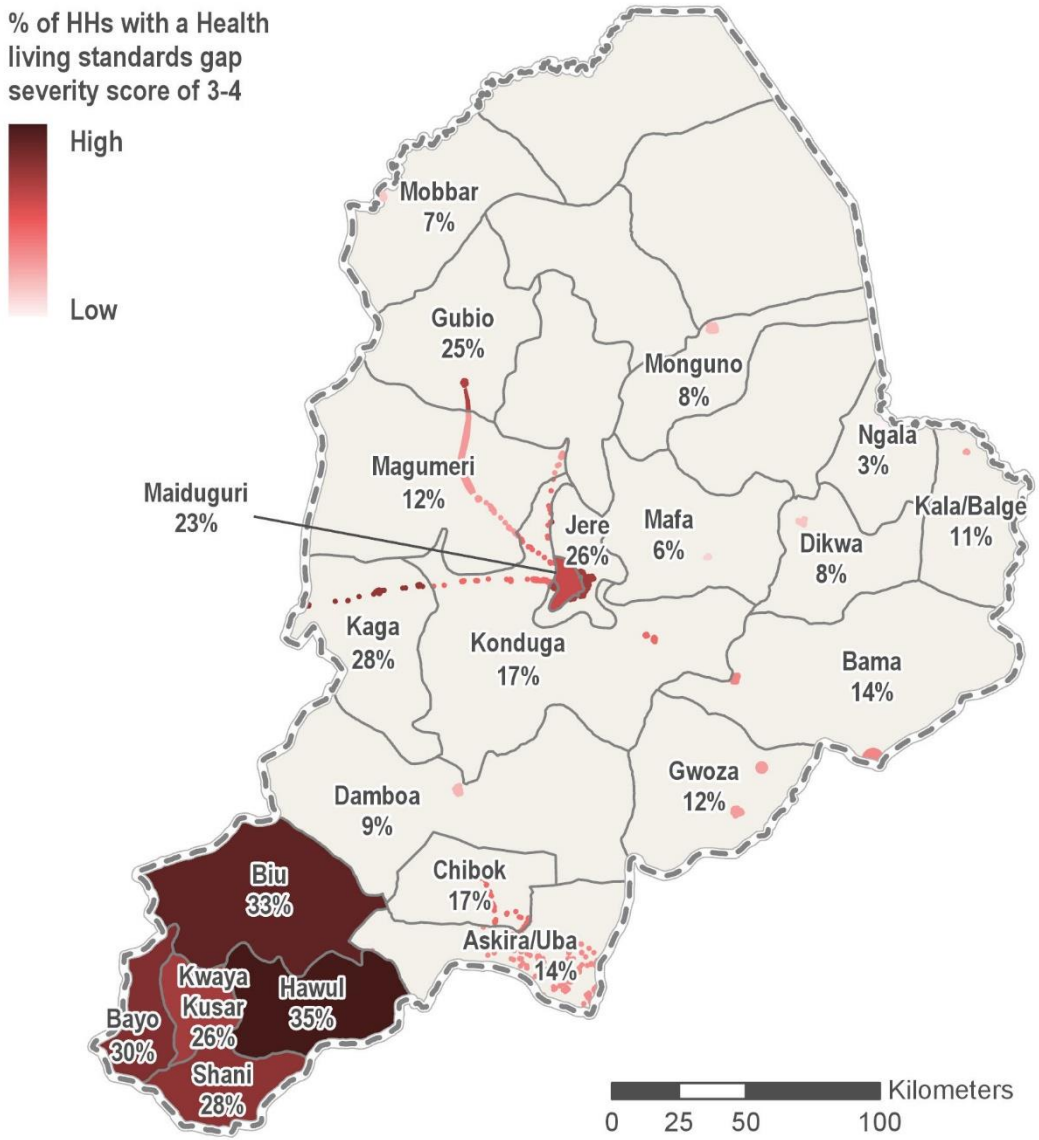
# LIVING STANDARDS GAP (LSG) – HEALTH

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# LIVING STANDARDS GAP (LSG) – HEALTH

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 45% | 34% | 20% | 1% |
| **State per population group** | Borno Non-displaced | 36% | 38% | 26% | 1% |
| | Borno IDP | 58% | 30% | 12% | 0% |
| | Borno Returnee | 58% | 27% | 15% | 1% |

- Overall in Borno State, 21% of HHs had a health LSG severity score of 3-4. Non-displaced (27%) HHs were the most affected population group – again, especially remote populations with less access to services and/or assistance.
- The LGAs with the most widespread health LSG included Hawul (35% of HHs with a health LSG severity score of 3-4), Biu (33%) and Bayo (30%).
- In 13 LGAs, between 40% and 67% of HHs reported that at least one member of the household was ill in the two weeks prior to data collection.
- Most commonly reported barriers to accessing health services: 69% of HHs in Shani and 67% in Biu reported medicine being too expensive. The second most commonly reported barrier was expensive medical services especially in Hawul (50%) and Biu (48%). Three other highly reported barriers were unavailability of medicine, distance to health facility, and lack of qualified staff.
- Less than 40% of HHs where a woman had given birth the year prior to data collection reported that the birth was attended by a skilled birth attendant in the following LGAs: Magumeri (8%), Kala-Balge (23%), Dikwa (24%), Gubio (31%), Shani (32%), Konduga (32%), Bayo (36%), and Bama (37%).

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# LIVING STANDARDS GAP (LSG) – HEALTH

**Inaccessible areas: H2R data – July 2019 (% of settlements assessed per LGA indicated below) – *findings indicative only***

- Bama (12% of settlements assessed): Only 3% of assessed settlements reported access to a functioning health facility in the last month.
- Dikwa (28% assessed): None of the assessed settlements reported access to a functioning health facility in the last month.
- Gwoza (24% assessed): Only 3% of assessed settlements reported access to a functioning health facility in the last month.
- Kala/Balge (8% assessed): Only 10% of assessed settlements reported access to a functioning health facility in the last month.
- Marte (9% assessed): None of the assessed settlements reported access to a functioning health facility in the last month.
- Ngala (10% assessed): Only 5% of assessed settlements reported access to a functioning health facility in the last month.

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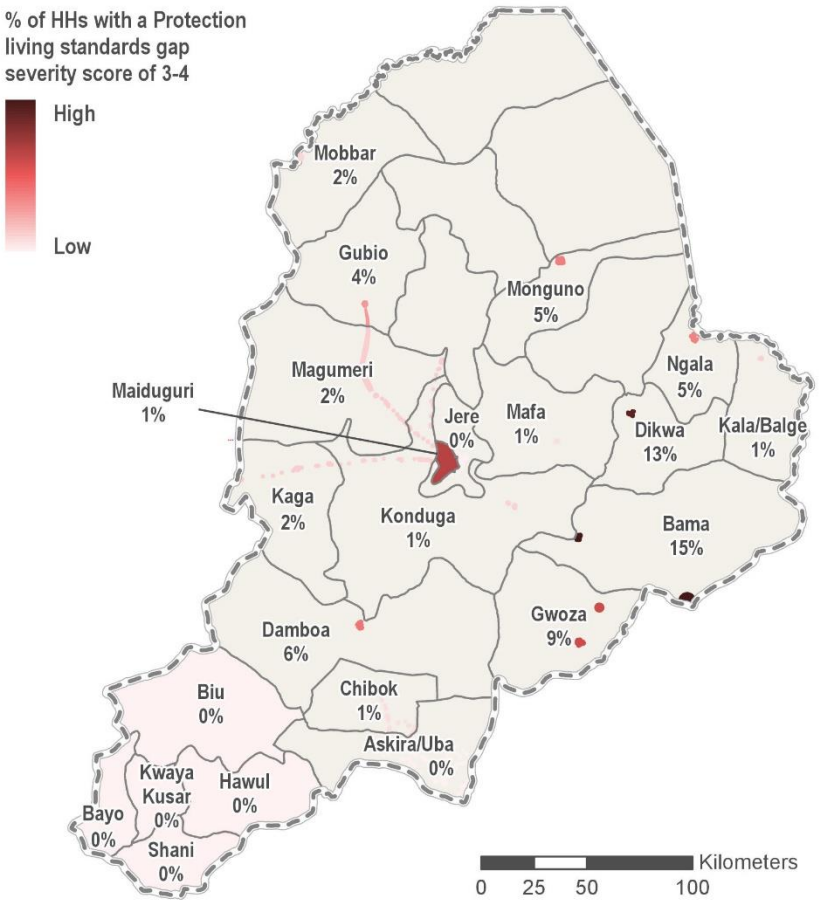
# LIVING STANDARDS GAP (LSG) – PROTECTION




While the sectoral LSG composite indicator for Protection was informed by the Protection sector and sub-sectors, it resulted in low % overall compared to other sectoral LSG. Explanations for this include:

- General under-reporting of protection information through HH surveys;
- Low interplay of indicators within the Protection LSG composite indicator;
- Low prevalence of protection issues in some specific areas.

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# LIVING STANDARDS GAP (LSG) – PROTECTION

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 78% | 19% | 2% | 0% |
| **State per population group** | Borno Non-displaced | 87% | 13% | 1% | 0% |
| | Borno IDP | 66% | 29% | 5% | 0% |
| | Borno Returnee | 72% | 24% | 4% | 0% |

- The LGAs with the highest proportions of HHs with a protection LSG severity score of 3-4 were Bama (15%) and Dikwa (13%). Adding the severity score of 2, LGAs with widespread protection LSG included Bama (55%), Kala/Balge (51%) and Ngala (46%).
- In Borno, there are high proportion of HHs reporting adults missing with 28% in Bama and 21% in Gowza reported that at least 1 adult was missing from the HH.
- High proportions of HHs in Ngala (76%), Mobbar (53%), Damboa (49%), and Bama (47%) reported restrictions at night. Moreover, 27% of HHs in Dikwa and 25% in Ngala reported experiencing a security incident in the 3 months prior to data collection, with the most commonly reported incident types being armed attacks, physical violence and killings.
- Over 20% of HHs in 11 LGAs reporting lack of legal documentation for adults AND birth certificates for a child.
- Highlighting some Housing, Land and Property issues, 39% of HHs in Gowza LGA reported being at risk of eviction.

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# LIVING STANDARDS GAP (LSG) – PROTECTION

**Inaccessible areas: H2R data – July 2019 (% of settlements assessed per LGA indicated below) – *findings indicative only***

- Bama (12% of settlements assessed): 47% of assessed settlements reported an incident of conflict that killed at least one civilian in the last month. 77% of assessed settlements reported an incident of property looting in the last month. 53% of assessed settlements reported shelter damage due to conflict occurred within the last month.
- Dikwa (28% of settlements assessed): 39% of assessed settlements reported an incident of conflict that killed at least one civilian in the last month. 8% of assessed settlements reported an incident of property looting in the last month. 39% of assessed settlements reported shelter damage due to conflict occurred within the last month.
- Gwoza (24% of settlements assessed): 41% of assessed settlements reported an incident of conflict that killed at least one civilian in the last month. 32% of assessed settlements reported an incident of property looting in the last month. 44% of assessed settlements reported shelter damage due to conflict occurred within the last month.
- Kala Balge (8% of settlements assessed): 75% of assessed settlements reported an incident of conflict that killed at least one civilian in the last month. 65% of assessed settlements reported an incident of property looting in the last month. 80% of assessed settlements reported shelter damage due to conflict occurred within the last month.
- Marte (9% of settlements assessed): 40% of assessed settlements reported an incident of conflict that killed at least one civilian in the last month. 36% of assessed settlements reported an incident of property looting in the last month. 68% of assessed settlements reported shelter damage due to conflict occurred within the last month.
- Ngala (10% of settlements assessed): 77% of assessed settlements reported an incident of conflict that killed at least one civilian in the last month. 68% of assessed settlements reported an incident of property looting in the last month. 95% of assessed settlements reported shelter damage due to conflict occurred within the last month.

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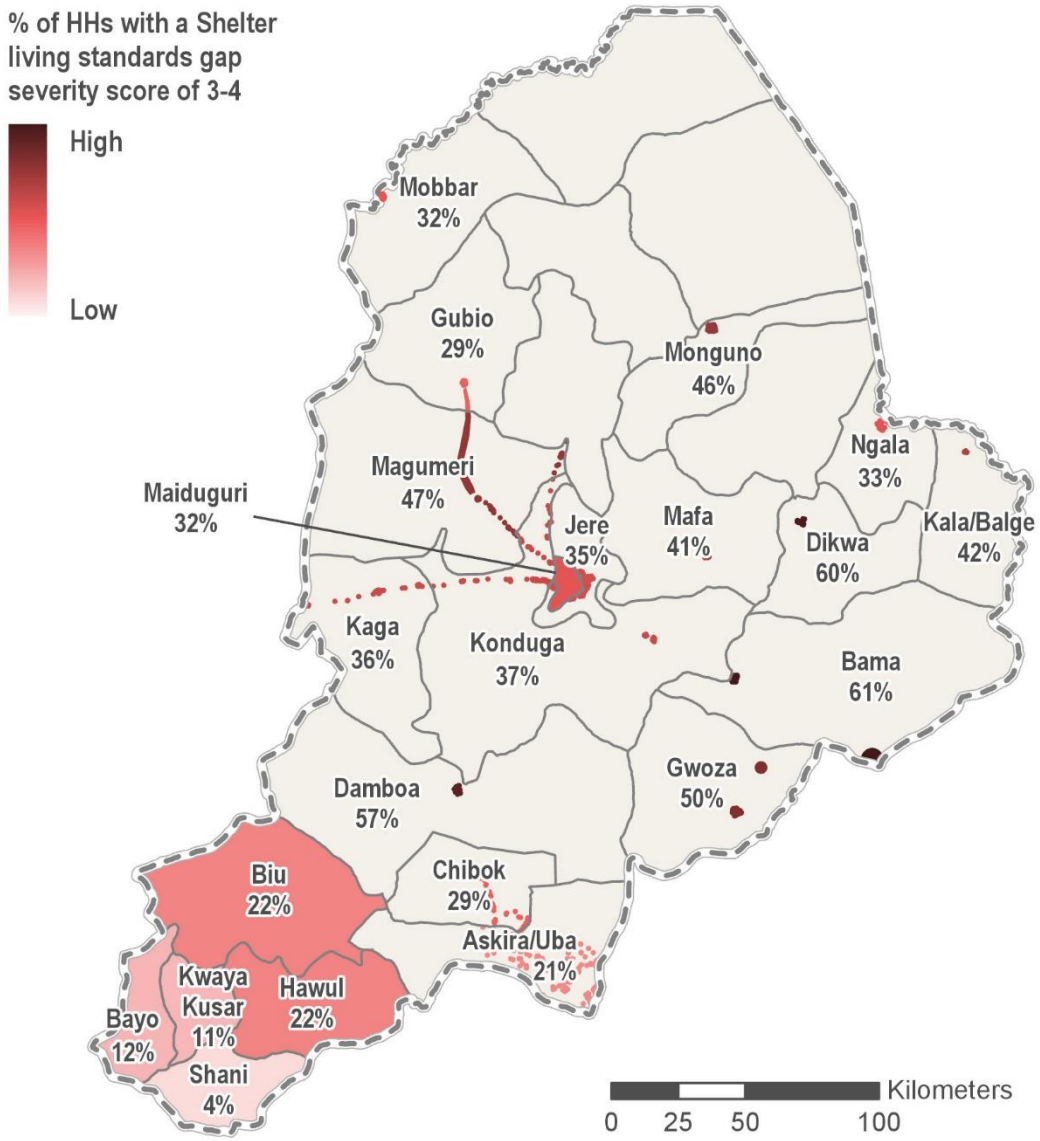
# LIVING STANDARDS GAP (LSG) – SHELTER

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# LIVING STANDARDS GAP (LSG) – SHELTER

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 19% | 47% | 28% | 6% |
| **State per population group** | Borno Non-displaced | 25% | 54% | 20% | 2% |
| | Borno IDP | 8% | 37% | 41% | 14% |
| | Borno Returnee | 22% | 40% | 33% | 5% |

- Overall, 34% of HHs in Borno State had a Shelter LSG severity score of 3-4. IDP HHs were by far the most affected population group with 55% of HHs with a Shelter LSG severity score of 3-4.
- The LGAs with the highest proportions of HHs with a shelter LSG severity score of 3-4 were Bama (61%), Dikwa (60%) and Damboa (57%).
- A majority of HHs resided in either traditional houses or masonry houses, but in some LGAs high proportions of HHs reported living in makeshift structures, including in Magumeri (78%), Monguno (32%) and Konduga (30%). Additionally, high proportions of HHs reported living in emergency shelters, including Dikwa (38%) and Ngala (32%).
- In 12 LGAs, over 40% of HHs reported living in damaged shelters, with the highest proportions in Kala/Balge (59%) and Kaga (59%). In Kaga, over 50% of all households are reportedly living in shelters that are very heavily damaged/destroyed.
- The main NFIs needed in Borno were blankets, sleeping mats, mosquito nets and jerry cans.

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# LIVING STANDARDS GAP (LSG) – SHELTER

**Inaccessible areas: H2R data – July 2019 (% of settlements assessed per LGA indicated below) – *findings indicative only***

- Bama (12% of settlements assessed): 25% of assessed settlements reported that IDPs present in the settlements were living in the open. Only 2% of assessed settlements reported that soap was available and used by populations in the settlement.
- Dikwa (28% assessed): 62% of assessed settlements reported that IDPs present in the settlements were living in the open. None of the assessed settlements reported that soap was available and used by populations in the settlement.
- Gwoza (24% of settlements assessed): 43% of assessed settlements reported that IDPs present in the settlements were living in the open. 36% of assessed settlements reported that soap was available and used by populations in the settlement.
- Kala/Balge (8% of settlements assessed): 56% of assessed settlements reported that IDPs present in the settlements were living in the open. None of the assessed settlements reported that soap was available and used by populations in the settlement.
- Marte (9% of settlements assessed): 70% of assessed settlements reported that IDPs present in the settlements were living in the open. Only 4% of assessed settlements reported that soap was available and used by populations in the settlement.
- Ngala (10% of settlements assessed): 64% of assessed settlements reported that IDPs present in the settlements were living in the open. None of the assessed settlements reported that soap was available and used by populations in the settlement.

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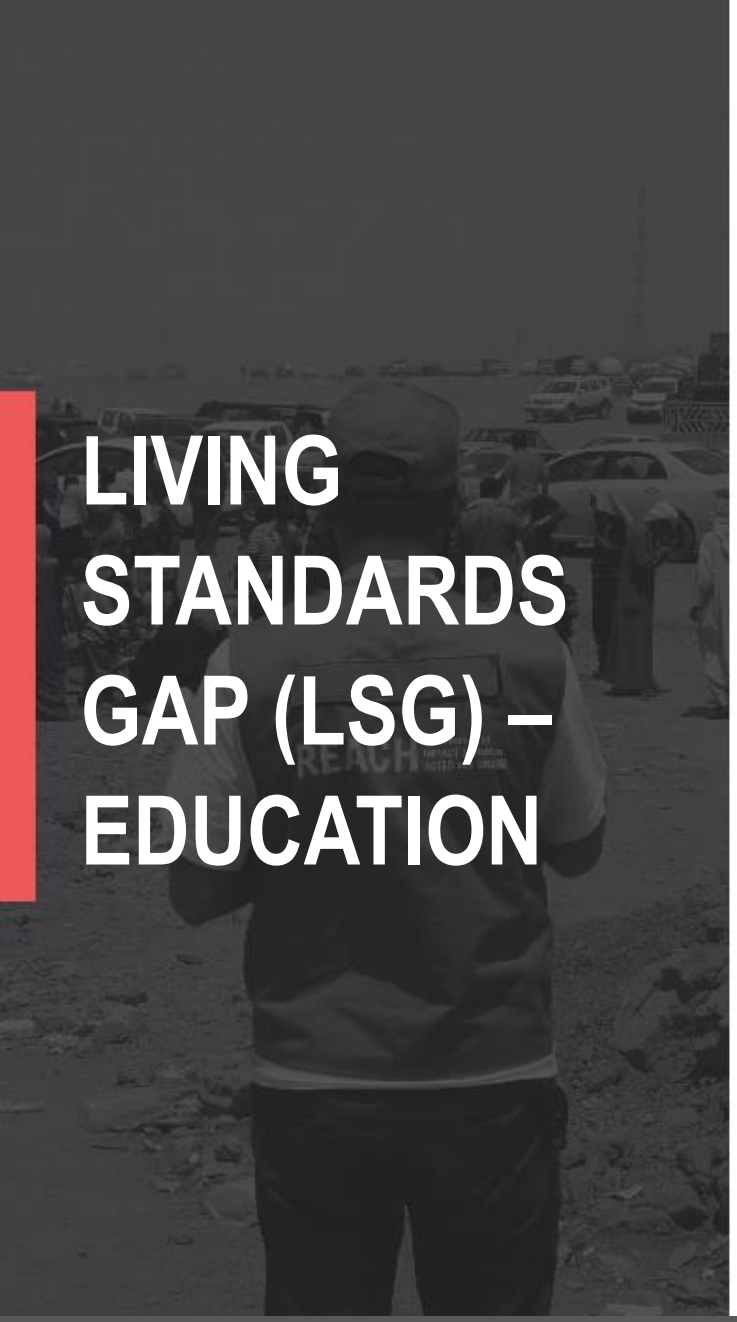
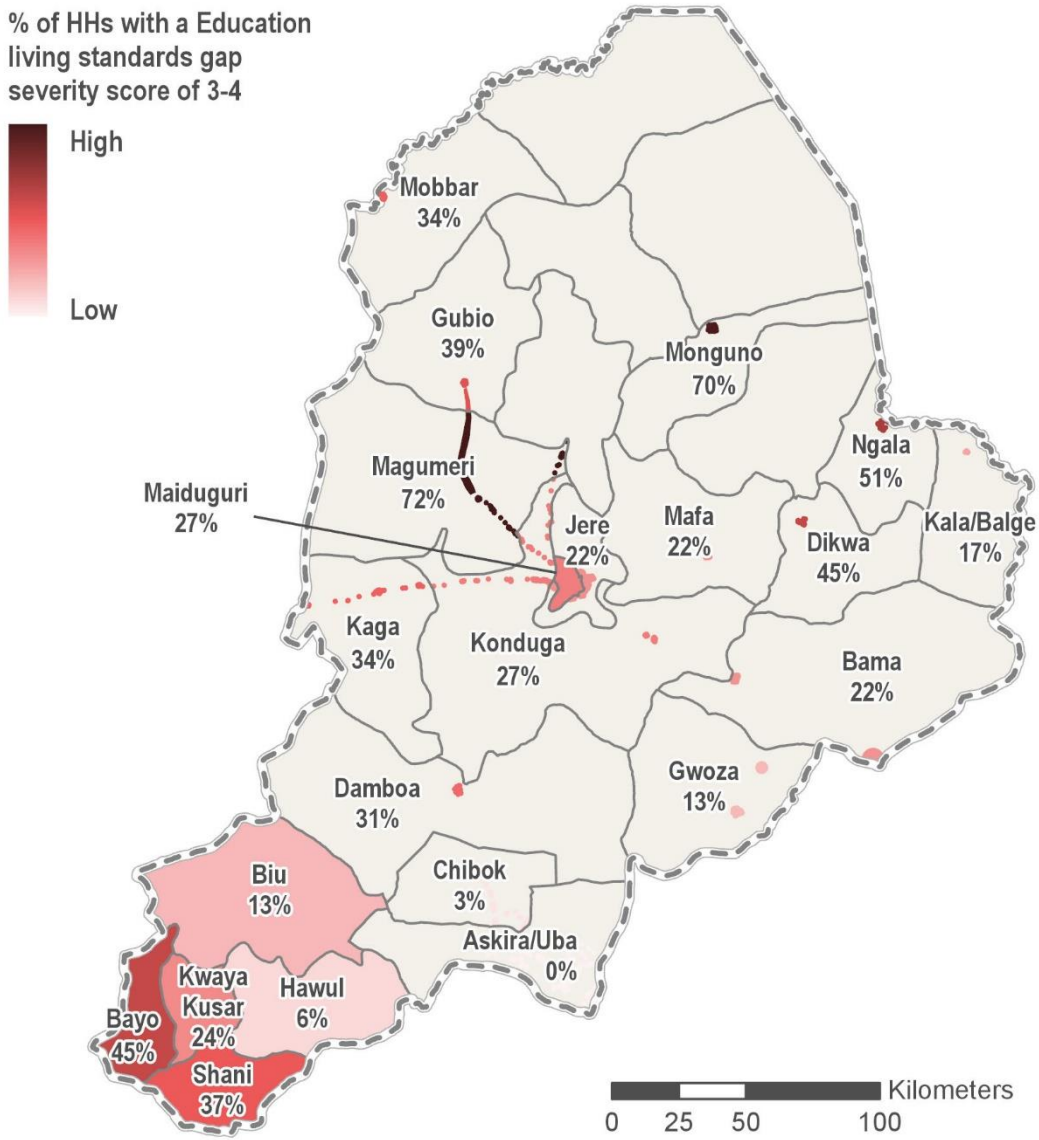
# LIVING STANDARDS GAP (LSG) – EDUCATION



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# LIVING STANDARDS GAP (LSG) – EDUCATION

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 41% | 31% | 26% | 1% |
| **State per population group** | Borno Non-displaced | 46% | 30% | 22% | 2% |
| | Borno IDP | 31% | 33% | 34% | 2% |
| | Borno Returnee | 47% | 27% | 25% | 1% |

- Overall in Borno, 28% of HHs with school-aged children* had an education LSG severity score of 3-4.
- IDPs were the most affected population group with 36% of HHs with an education LSG severity score of 3-4.
- The LGAs with the highest proportion of HHs with an education LSG severity score of 3-4 were Magumeri (72%), Monguno (70%), and Ngala (51%).
- The LGAs with the highest proportions of HHs where no child was attending formal education at the time of data collection were Magumeri (72%), Monguno (69%), and Dikwa (47%).
- In all but 2 LGAs in Borno, over 30% of HHs reported including at least one child that never attended formal education.
- In Kala/Balge and Magumeri LGAs, a commonly reported barrier to education was non-functioning schools, accounting for 15% and 24% of HHs respectively.
- Also, in Hawul and Bayo LGAs, a commonly reported barrier to education was the lack of teachers for 20% and 18% of HHs respectively.

*All "HH" level information should read as "HH with school-aged children"

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# LIVING STANDARDS GAP (LSG) – EDUCATION

**Inaccessible areas: H2R data – July 2019 (% of settlements assessed per LGA indicated below) – *findings indicative only***

- Bama (12% of settlements assessed): 11% of assessed settlements reported that education services were accessible by walking distance.
- Dikwa (28% of settlements assessed): 8% of assessed settlements reported that education services were accessible by walking distance.
- Gwoza (24% of settlements assessed): 47% of assessed settlements reported that education services were accessible by walking distance.
- Kala/Balge (8% of settlements assessed): 15% of assessed settlements reported that education services were accessible by walking distance.
- Marte (9% of settlements assessed): 40% of assessed settlements reported that education services were accessible by walking distance.
- Ngala (10% of settlements assessed): 50% of assessed settlements reported that education services were accessible by walking distance.

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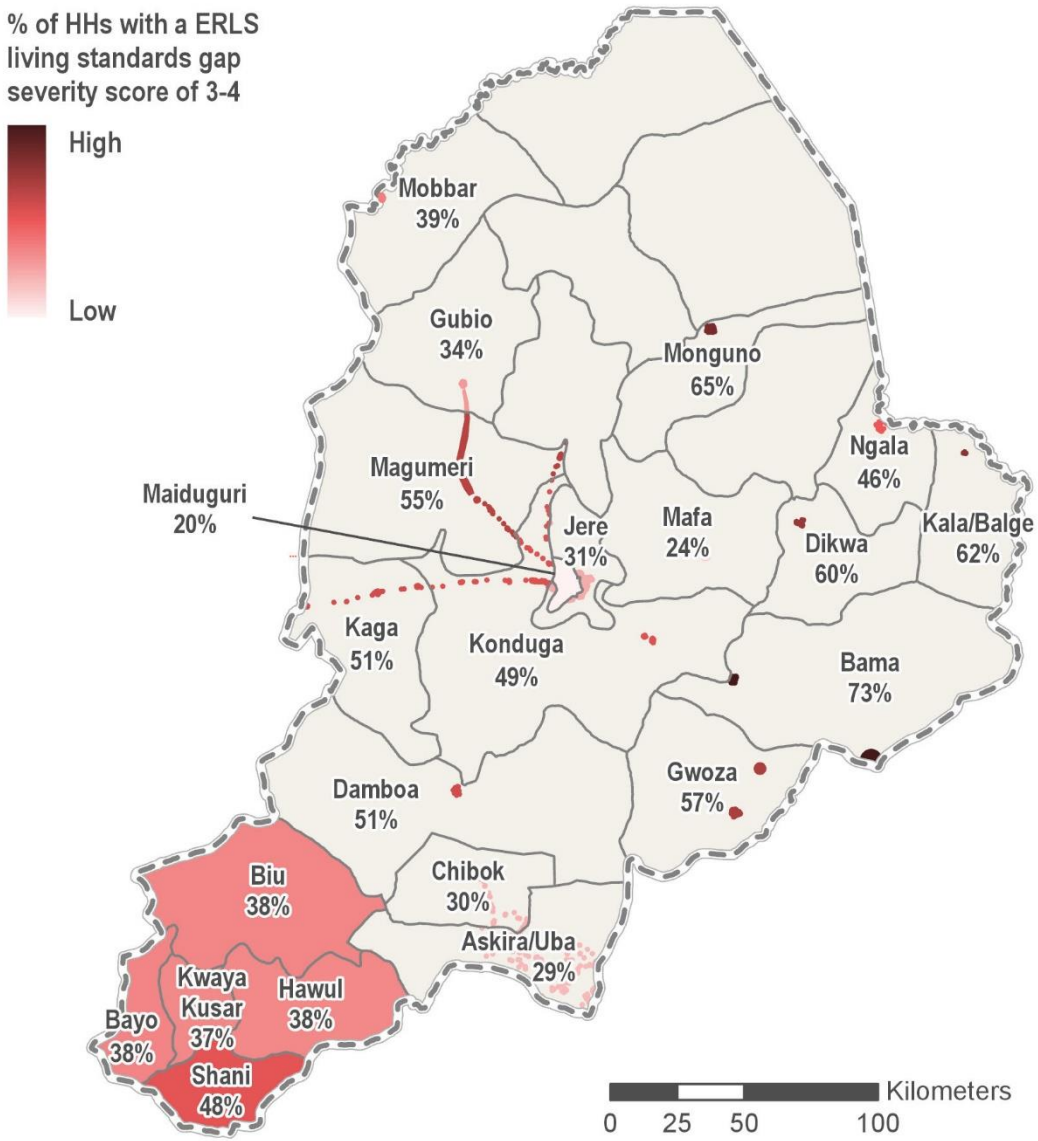
# LIVING STANDARDS GAP (LSG) – EARLY RECOVERY & LIVELIHOODS

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# LIVING STANDARDS GAP (LSG) – EARLY RECOVERY & LIVELIHOODS (ERLS)

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 8% | 53% | 35% | 5% |
| **State per population group** | Borno Non-displaced | 8% | 57% | 31% | 3% |
| | Borno IDP | 7% | 47% | 42% | 5% |
| | Borno Returnee | 8% | 48% | 37% | 8% |

- Overall in Borno State, 40% of HHs had an ERLS LSG severity score of 3-4. IDPs were the most affected population group with 47% of HHs with an ERLS LSG severity score of 3-4.
- The LGAs with the highest proportion of HHs with an ERLS LSG severity score of 3-4 were Bama (73%), Monguno (65%) and Kala/Balge (60%).
- In Borno, prevalence of debt in HHs was high: in 13 LGAs, over 60% of households reported being in debt of money. The most affected LGAs were Jere (78%), Askira/Uba (75%), and Kaga (73%).
- Compared to other LGAs, higher proportions of HHs in conflict-affected area such as Kala/Balge (56%), Dikwa (53%), and Bama (41%) mentioned having no income at all. Moreover, 44% of HHs in Kala/Balge had no income **and** were in debt.
- The LGAs with the highest proportions of HHs with no access to physical cash were Gwoza (56% of HHs reporting so), Bama (54%), and Monguno (54%).
- In 6 LGAs, over 40% of households reported not having access to local governance services (local government or police) within 2km, including Kwaya Kusar (45%), Konduga (44%), Magumeri (44%), Bayo (41%), Shani (41%), and Biu (41%).

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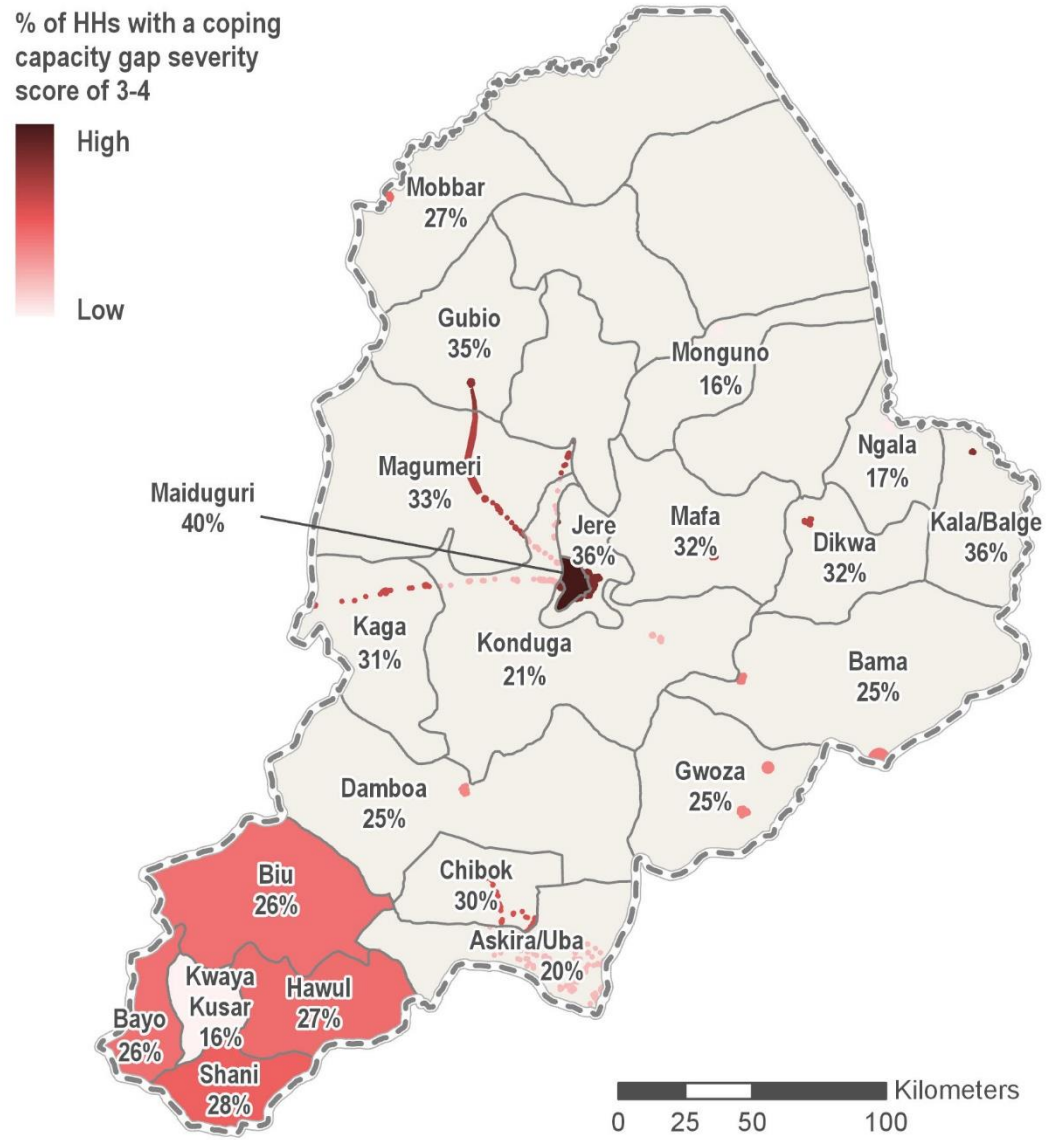
# COPING CAPACITY GAP

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# COPING CAPACITY GAP (CCG)

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Borno | 27% | 44% | 25% | 4% |
| **State per population group** | Borno Non-displaced | 28% | 42% | 26% | 4% |
| | Borno IDP | 22% | 47% | 27% | 5% |
| | Borno Returnee | 35% | 41% | 19% | 5% |

- Overall in Borno, 30% of HHs had a CCG severity score of 3-4. IDP HHs were the most affected population groups with 31% of HHs with a CCG severity score of 3-4.
- The LGAs with the highest proportion of HHs with CCG severity score of 3-4 were Maiduguri (50%), Kala/Balge (36%) and Jere (36%). Conflict-affected LGAs reported a high proportion of HHs using negative coping strategies.
- In 9 LGAs in Borno, over 40% of HHs reported reducing the water consumption for washing and bathing to cope with the lack of drinking water. In some conflict-affected LGAs, high proportions of HHs resorted to reducing the amount of drinking water consumed to cope with a lack of water, notably in Gowza (53%), Ngala (38%), and Damboa (27%).
- In 19 LGAs, 50% of HHs reported borrowing money as a coping strategy for lack of resources or livelihoods in the month prior to data collection; in 13 LGAs, over 50 % of HHs reported purchasing food on credit or borrowing food.
- In Kala/Balge (45%), and to a lesser extent in Damboa (16%), Bama (13%), and Monguno (13%), HHs reported that in the month prior to data collection at least 1 member had engaged in dangerous work to cope with the lack of resources or livelihoods – an “emergency” coping strategy echoing protection needs in these LGAs.

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# MSNA ADAMAWA FINDINGS

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# MULTI SECTOR NEEDS INDEX (MSNI)

Map: % of HHs with an MSNI severity score of 3-4:

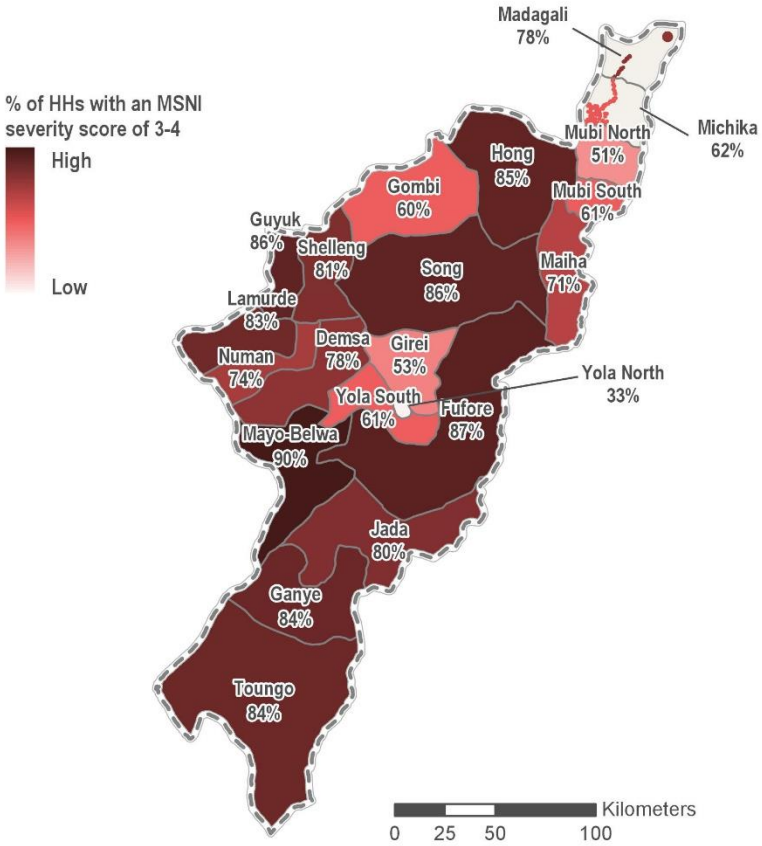


Table: % of HHs by MSNI severity score in Adamawa State:

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| State Overall | Adamawa | 3% | 26% | 42% | 29% |
| State per population group | Adamawa Non-displaced | 3% | 26% | 41% | 30% |
| | Adamawa IDP | 3% | 30% | 48% | 20% |
| | Adamawa Returnee | 1% | 26% | 42% | 31% |
| LGA | Demsa | 1% | 22% | 53% | 25% |
| | Fufore | 0% | 13% | 40% | 47% |
| | Ganye | 0% | 16% | 50% | 33% |
| | Gombi | 1% | 39% | 44% | 17% |
| | Girei | 3% | 44% | 43% | 10% |
| | Guyuk | 1% | 13% | 25% | 61% |
| | Hong | 0% | 15% | 62% | 23% |
| | Jada | 0% | 20% | 41% | 40% |
| | Lamurde | 1% | 16% | 33% | 50% |
| | Madagali | 0% | 22% | 50% | 28% |
| | Maiha | 2% | 27% | 48% | 23% |
| | Mayo-Belwa | 0% | 10% | 41% | 49% |
| | Michika | 0% | 38% | 39% | 22% |
| | Mubi North | 3% | 46% | 47% | 4% |
| | Mubi South | 4% | 36% | 47% | 13% |
| | Numan | 3% | 24% | 34% | 39% |
| | Shelleng | 0% | 19% | 41% | 40% |
| | Song | 0% | 14% | 31% | 54% |
| | Toungo | 1% | 16% | 49% | 34% |
| | Yola North | 24% | 43% | 29% | 4% |
| | Yola South | 6% | 33% | 37% | 23% |

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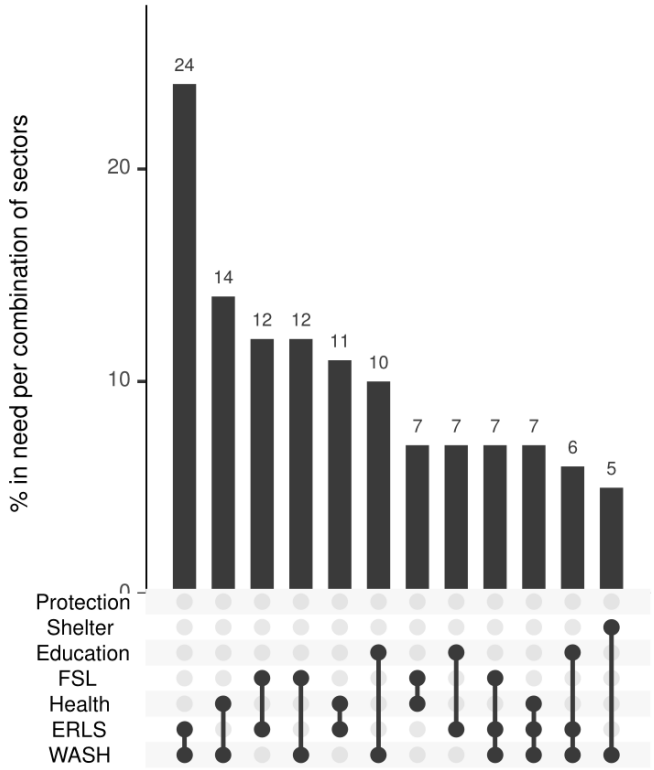
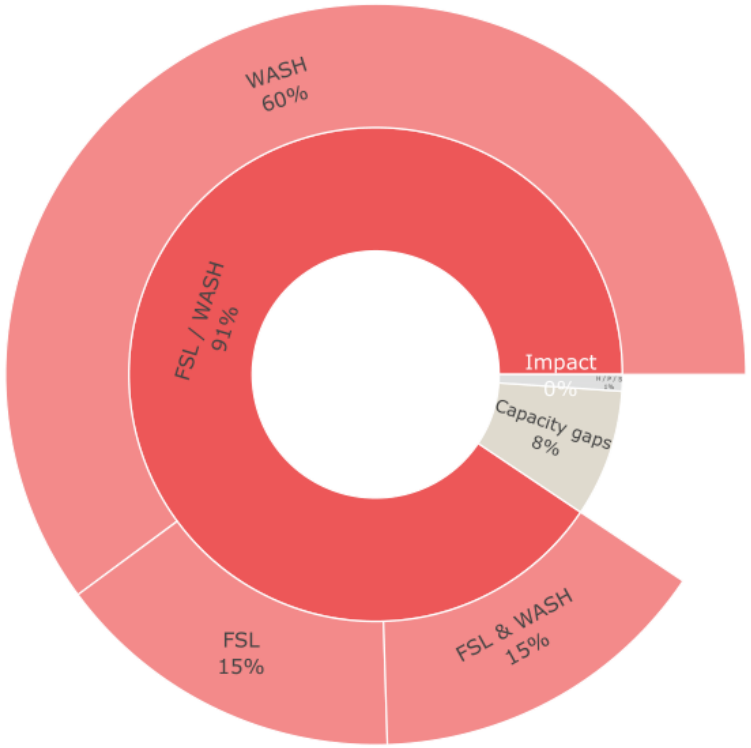
# MULTI-SECTOR NEEDS INDEX (MSNI)

Most common combination of sectors in which households were found to have LSG severity scores of at least 3:



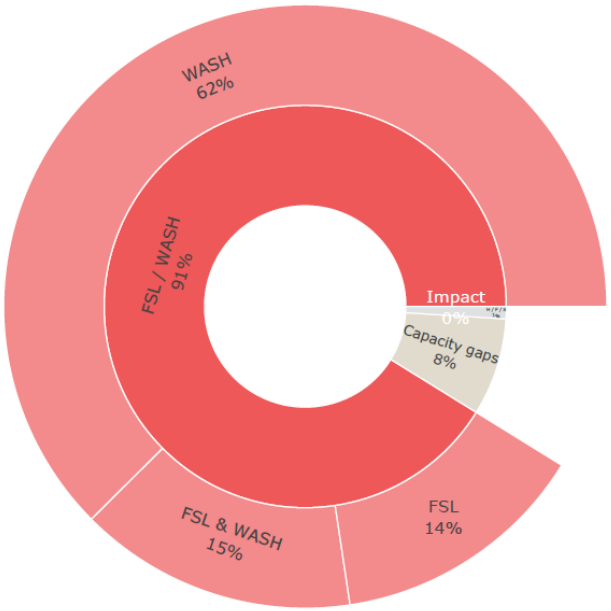

% of HHs with an MSNI severity score of 3-4, by driving composite indicator in Adamawa State, overall:



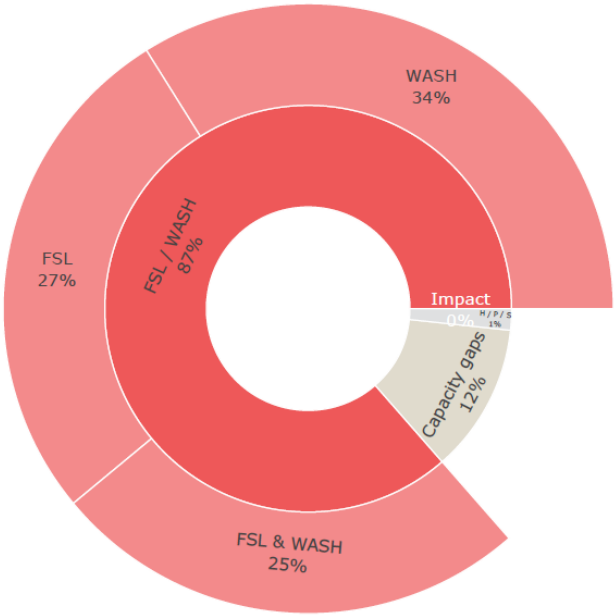
# MULTI-SECTOR NEEDS INDEX (MSNI)

% of HHs with an MSNI severity score of 3-4, by driving composite indicator in Adamawa State, by population group:

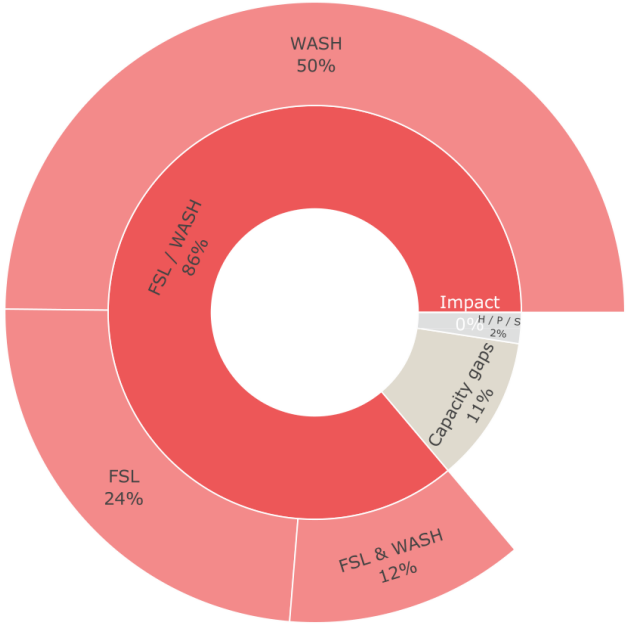
Non-displaced HHs:




IDP HHs:




Returnee HHs:

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# VULNERABILITY INDEX & IMPACT INDEX

**VULNERABLITY INDEX**

| | | |
|---|---|---|
| **State Overall** | Adamawa | 8% |
| **State per population group** | Adamawa Non-displaced | 7% |
| | Adamawa IDP | 10% |
| | Adamawa Returnee | 15% |

- Returnee HHs were the most vulnerable population group in Adamawa.
- LGA level: Highest % in Adamawa: Mubi North 24%, Madagali 21%, Mubi South 18%

**IMPACT INDEX**

| | | Severity Score 1 | | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|---|
| **State Overall** | Adamawa | 75% | | 25% | 0% | 0% |
| **State per population group** | Adamawa Non-displaced | 74% | 26% | 0% | 0% | 0% |
| | Adamawa IDP | 46% | 50% | 4% | 0% | 4% |
| | Adamawa Returnee | 96% | 4% | 0% | 0% | 0% |

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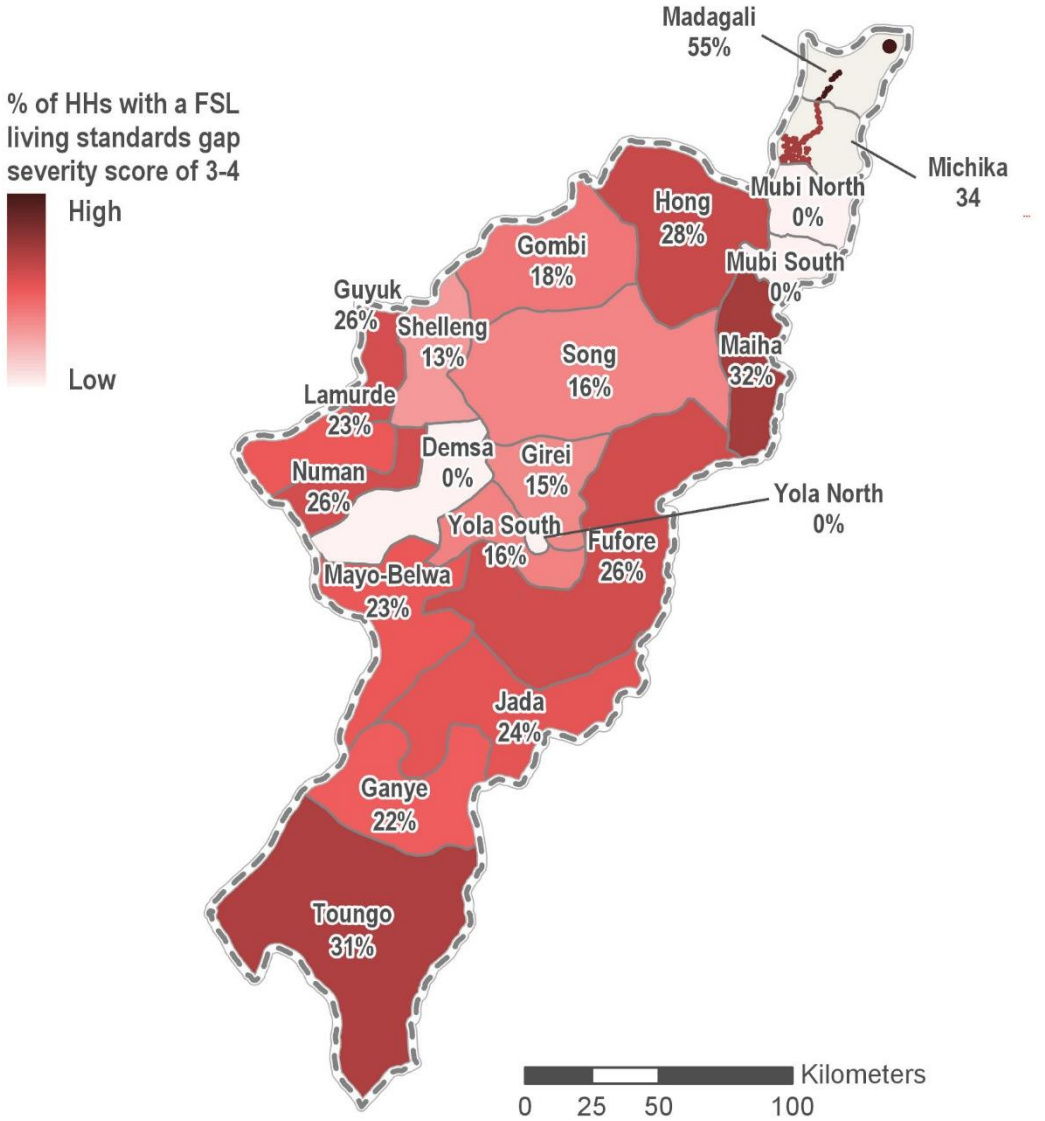
# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS

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# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 36% | 42% | 20% | 2% |
| **State per population group** | Adamawa Non-displaced | 37% | 43% | 19% | 2% |
| | Adamawa IDP | 30% | 31% | 37% | 2% |
| | Adamawa Returnee | 30% | 44% | 22% | 4% |

- Overall in Adamawa State, 22% of HHs had a FSL LSG severity score of 3-4. IDPs were found to have more widespread FSL LSG than other populations in Adamawa State, with 39% of IDP HHs with an FSL LSG severity score of 3-4.
- The LGAs with the highest proportions of HHs with an FSL LSG severity score 3-4 were Madagali (55%), Michika (34%), Maiha (32%), and Toungo (31%).
- The LGAs with the highest proportions of HHs with a “poor” & “borderline” food consumption score (FCS) were Madagali (77%), Michika (51%), and Guyuk (50%).
- While the most commonly reported sources of food were overwhelmingly local markets or one own’s agriculture, 39% of HHs in Girei, 35% in Numan and 32% in Yola North reported accessing food in markets outside their community.
- In a majority of LGAs, more than 30% of HHs did not have access to a market, the highest proportions being in Jada and Michika LGAs.
- In many Northern/Northeastern LGAs, between 40% and 60% of HHs reported that they reduced the number of meals consumed to cope with lack of fuel/firewood. Moreover, in Madagali and Mubi North LGAs, those HHs reporting making trips to collect firewood reported in high proportions protection risks such as harassment, physical violence or kidnapping.

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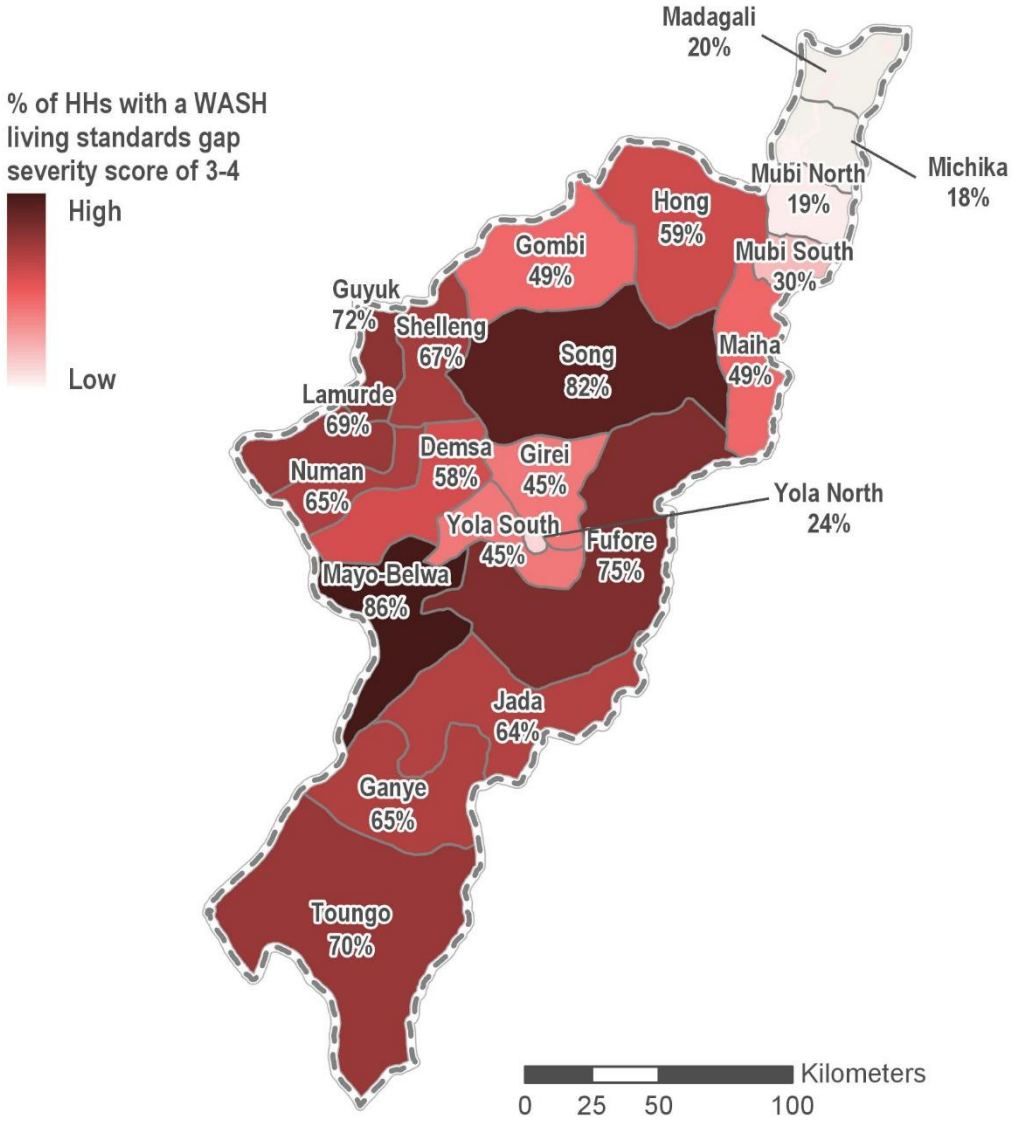
# LIVING STANDARDS GAP (LSG) – WASH

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# LIVING STANDARDS GAP (LSG) – WASH

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 14% | 32% | 31% | 23% |
| **State per population group** | Adamawa Non-displaced | 14% | 31% | 31% | 24% |
| | Adamawa IDP | 15% | 42% | 28% | 15% |
| | Adamawa Returnee | 14% | 38% | 31% | 17% |

- Overall in Adamawa State, 54% of HHs had a WASH LSG severity score of 3-4. Non-displaced HHs were the most affected with 56% of HHs with a WASH LSG severity scores of 3-4.
- The LGAs with the highest proportions of HHs with a WASH LSG severity score 3-4 were Mayo-Belwa (86%), Song (82%), and Fufore (75%).
- In a majority of LGAs in Adamawa, between 30% and 60% of HHs reported using open wells (unimproved water source) as a main source of water, with the highest proportions in Jada (59%) and Hong (53%).
- In five LGAs (Mayo-Belwa, Jada, Guyuk, Song, and Toungo), between 50% and 65% of HHs reported using surface water.
- High proportions of HHs mentioned washing hands without any soap – in 5 LGAs, this was the case for over 70% of HHs, including in Gire (78%), Yola South (78%), and Michika (73%).
- High proportions of HHs in Guyuk, Song, Mayo-Belwa, Numan and Lamurde LGAs were practicing open defecation – this was the case for over 50% of HHs (practice by either adults or children).
- These results highlight potential widespread health concerns through water-borne diseases.

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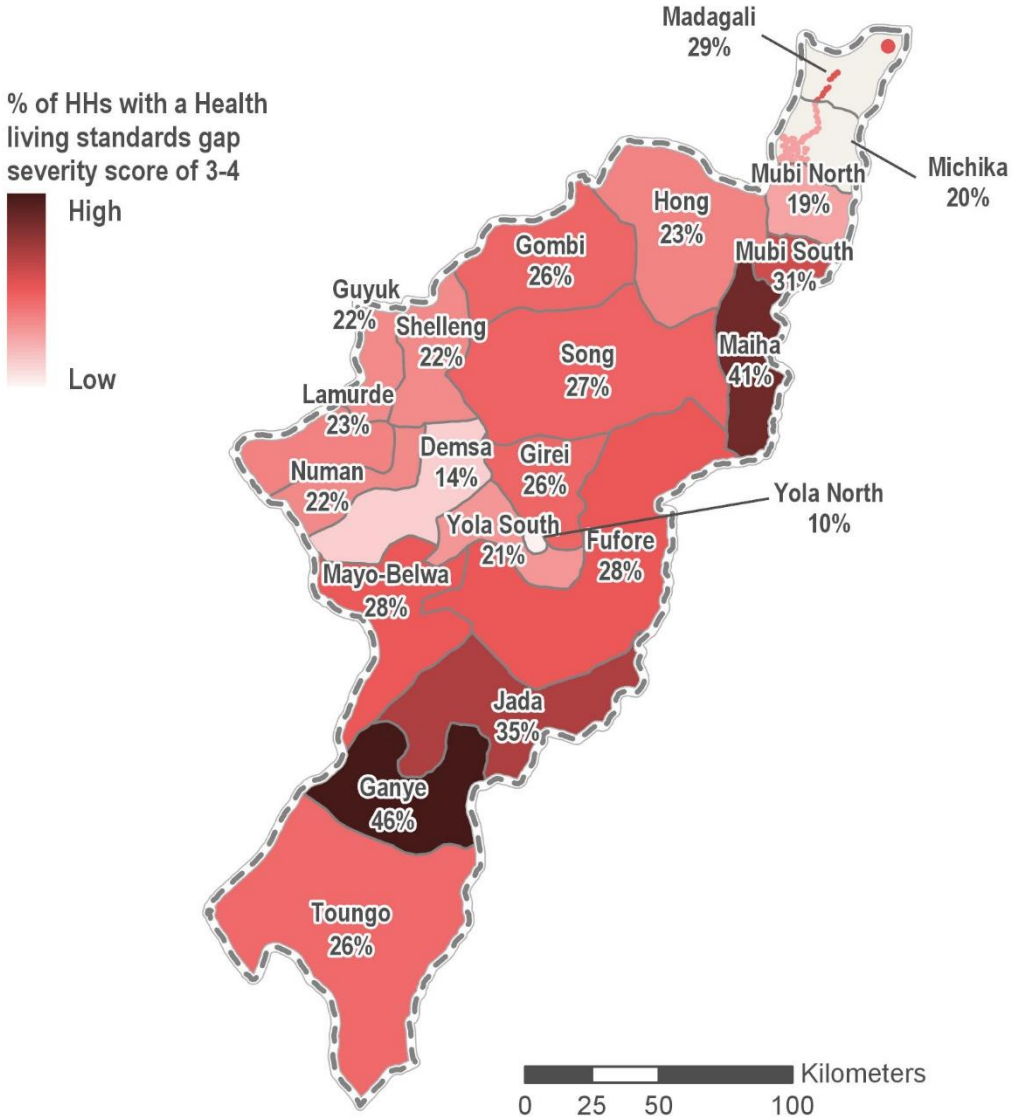
# LIVING STANDARDS GAP (LSG) – HEALTH

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# LIVING STANDARDS GAP (LSG) – HEALTH

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 32% | 44% | 23% | 2% |
| **State per population group** | Adamawa Non-displaced | 32% | 44% | 23% | 1% |
| | Adamawa IDP | 46% | 41% | 10% | 3% |
| | Adamawa Returnee | 26% | 44% | 29% | 1% |

- Overall in Adamawa State, 25% of HHs had a health LSG severity score of 3-4. Non-displaced (25%) and returnee (30%) HHs were the most affected population groups.
- The LGAs with the most widespread health LSG included Ganye (46% of HHs with a health LSG severity score of 3-4), Maiha (41%), Jada (35%), Mubi South (31%) and Madagali (29%).
- In 14 LGAs, over 50% of HHs reported that at least one member of the household was ill in the two weeks prior to data collection.
- Most commonly reported barriers to accessing health services: 96% of HHs in Fufore and 85% in Numan reported medicine being too expensive. The second most commonly reported barrier was expensive medical services especially in Fufore (88%) and Jada (70%). Two other highly reported barriers were the lack of skilled workers or unavailability of medicine
- In terms of vaccination coverage, the worst situation in Adamawa State was in Maiha, Ganye, Song and Toungo LGAs, where respectively 12%, 9%, 9%, and 9% of HHs included at least 1 child with no vaccination for measles, pentavalent and polio.
- In 6 LGAs, at least 50% of HHs where a woman had given birth the year prior to data collection reported that the birth was attended by a skilled birth attendant. In Lamurde, only 11% of HHs reported a birth attended by a skilled attendant.

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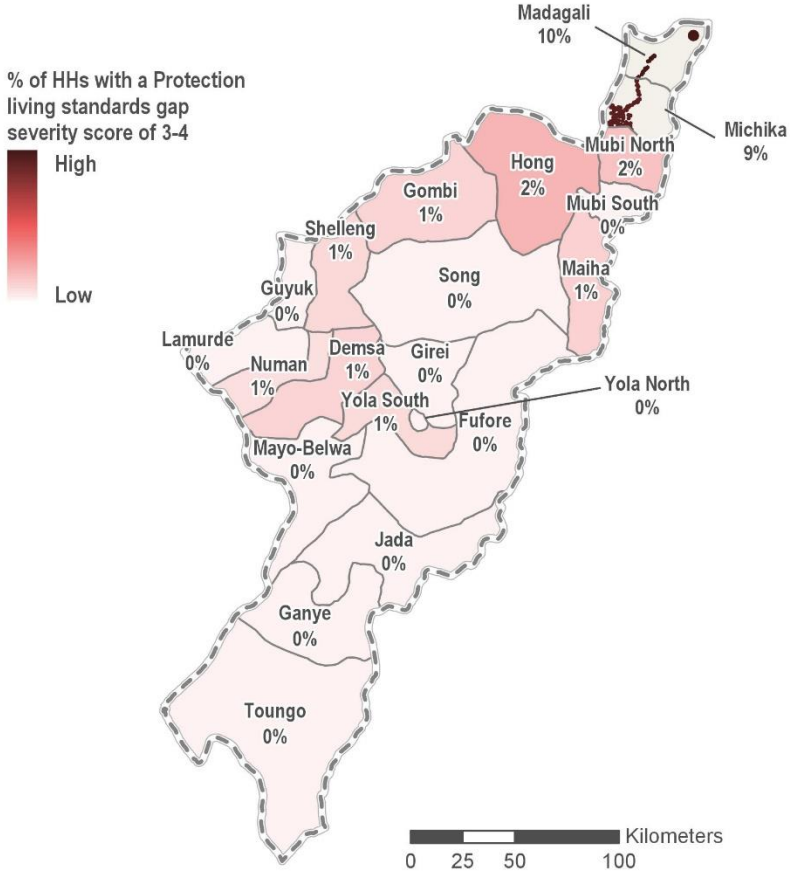
# LIVING STANDARDS GAP (LSG) – PROTECTION




While the sectoral LSG composite indicator for Protection was informed by the Protection sector and sub-sectors, it resulted in low % overall and compared to other sectoral LSG. Explanations for this include:

- General under-reporting of protection information through HH surveys;
- Low interplay of indicators within the Protection LSG composite indicator;
- Low prevalence of protection issues in some specific areas.

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# LIVING STANDARDS GAP (LSG) – PROTECTION

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 86% | 13% | 1% | 0% |
| **State per population group** | Adamawa Non-displaced | 88% | 11% | 1% | 0% |
| | Adamawa IDP | 75% | 25% | 0% | 0% |
| | Adamawa Returnee | 71% | 25% | 4% | 0% |

- Returnees were the most affected population group with 4% of HHs with a protection LSG severity score of 3-4, followed by non-displaced HHs (1%). This was mostly due to those groups present and affected in Madagali and Michika LGAs. However, one should take the result from this composite indicator with caution, and prefer to look at basic descriptive statistics to highlight protection concerns in specific LGAs.
- The LGAs with the highest proportions of HHs with a protection LSG severity score of 3-4 were Madagali (10%) and Michika (9%). Adding the severity score of 2, LGAs with widespread protection LSG included Madagali (52%), Mayo-Belwa (44%) and Mubi North (28%).
- 13% of HHs in Madagali and 6% of HHs in Michika reported that at least 1 adult was missing from the HH – additionally, 8% of HHs in Madagali LGA reported at least 1 child missing in the HH.
- High proportions of HHs in Mubi South (77%), Madagali (71%), Mubi North (62%) and Michika (53%) reported restrictions at night. Moreover, 29% of HHs in Michika and 29% in Madagali reported experiencing a security incident in the 3 months prior to data collection, with the most commonly reported incident types being armed attacks, physical violence and killings.
- Over 20% of HHs in 4 LGAs reporting lack of legal documentation for at least one adult AND birth certificates for a child.
- Highlighting some Housing, Land and Property issues, 21% of HHs in Madagali LGA reported being at risk of eviction.

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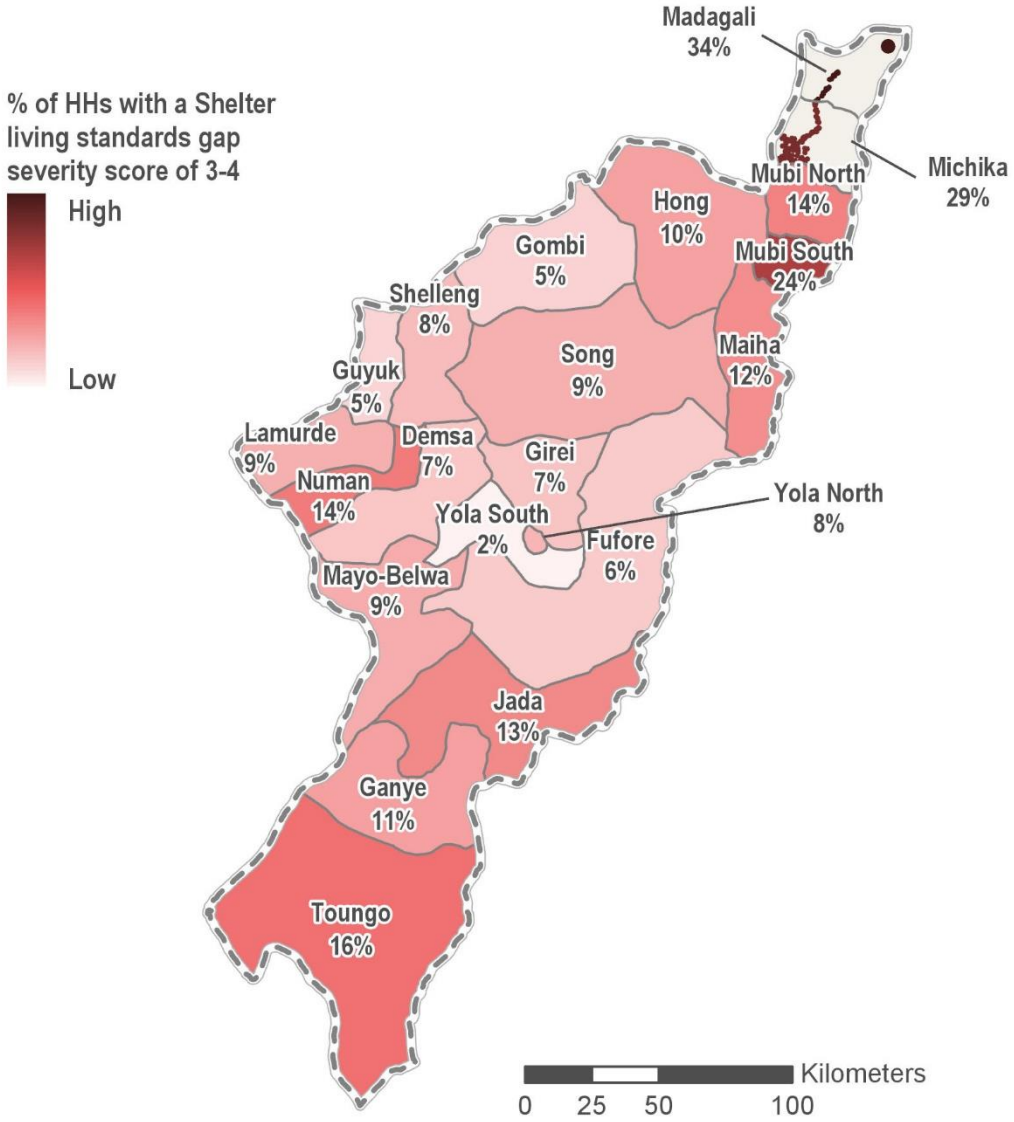
# LIVING STANDARDS GAP (LSG) – SHELTER

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# LIVING STANDARDS GAP (LSG) – SHELTER

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 48% | 42% | 10% | 0% |
| **State per population group** | Adamawa Non-displaced | 50% | 41% | 8% | 0% |
| | Adamawa IDP | 29% | 46% | 22% | 3% |
| | Adamawa Returnee | 39% | 43% | 18% | 0% |

- Overall, 10% of HHs in Adamawa State had a shelter LSG severity score of 3-4. IDP HHs were the most affected population group with 25% of HHs with a shelter LSG severity score of 3-4.
- The LGAs with the highest proportions of HHs with a shelter LSG severity score of 3-4 were Madagali (34%), Michika (29%) and Mubi South (24%).
- A majority of HHs resided in either traditional houses or masonry houses, but in some LGAs relatively high proportions of HHs reported living in makeshift structures, including in Yola South (10%), Ganye (10%), and Fufore (9%).
- In 11 LGAs, over 40% of HHs reported living in damaged shelters, with the highest proportions in Guyuk (64%), Madagali (60%), Maiha (60%) and Numan (60%). Out of those HHs living in damaged shelters, in Michika and Madagali, over 45% mentioned the shelters were completely destroyed.
- 11% of HHs in Yola North LGA reported that they do not have any NFI needs. The main NFIs needed in Adamawa were blankets, sleeping mats, mosquito nets and jerry cans.

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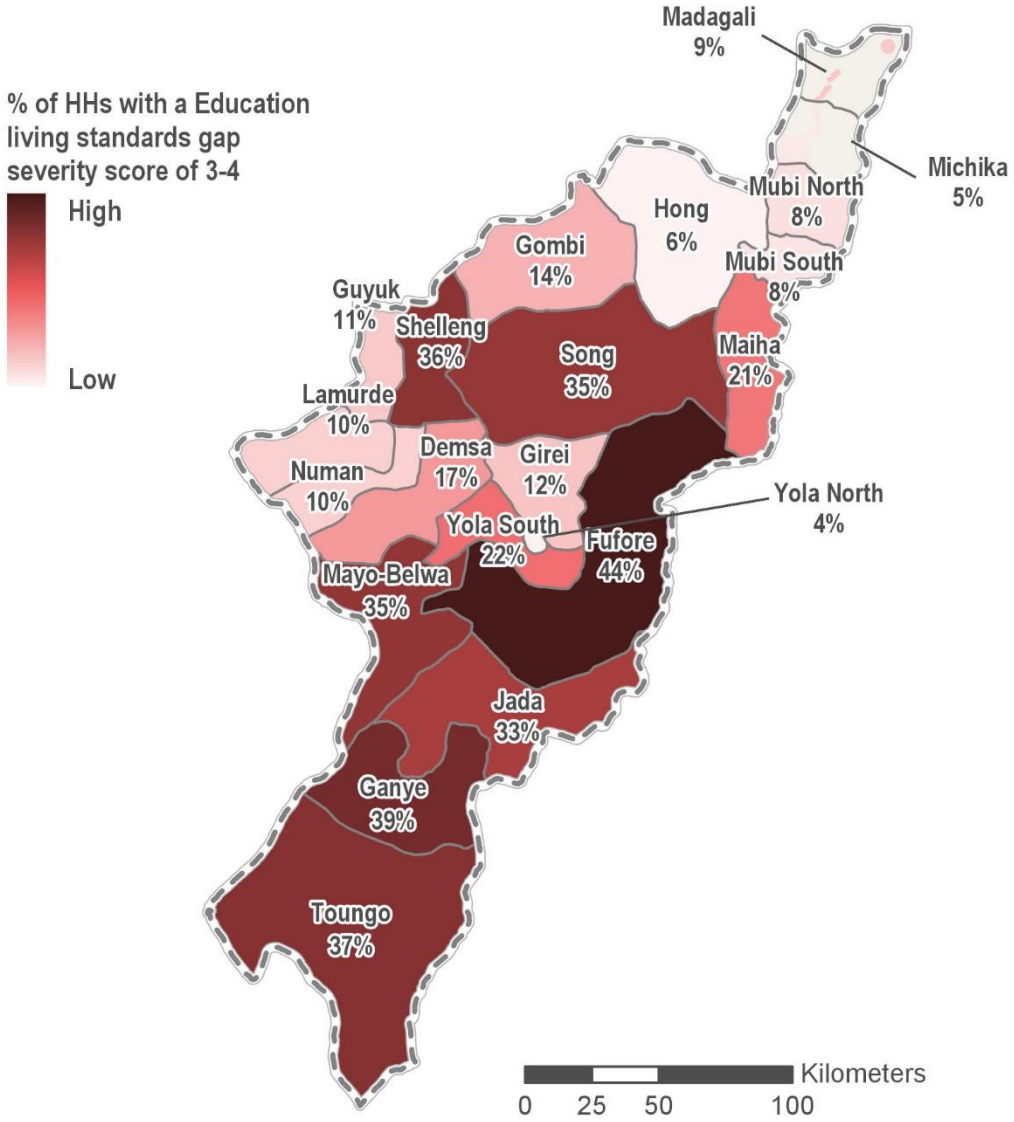
# LIVING STANDARDS GAP (LSG) – EDUCATION

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# LIVING STANDARDS GAP (LSG) – EDUCATION

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 63% | 18% | 19% | 1% |
| **State per population group** | Adamawa Non-displaced | 61% | 17% | 21% | 1% |
| | Adamawa IDP | 68% | 19% | 10% | 2% |
| | Adamawa Returnee | 74% | 20% | 7% | 0% |

- Overall in Adamawa, 20% of HHs with school-aged children* had an education LSG severity score of 3-4.
- Non-displaced HHs were the most affected population group with 22% of HHs with an education LSG severity score of 3-4.
- The LGAs with the highest proportion of HHs with an education LSG severity score of 3-4 were Fufore (44%), Ganye (39%), and Toungo (37%).
- The LGAs with the highest proportions of HHs where no child was attending formal education at the time of data collection were Fufore (43%), Ganye (40%), and Shelleng (36%).
- In 9 LGAs in Adamawa, over 30% of HHs reported including at least one child that never attended formal education.
- The most commonly reported barrier to accessing education services was high school fees with 82% of HHs in Michika reporting so, 70% of HHs in Madagali and 69% of HHs in Lamurde.
- 15% of HHs with school-aged children in Madagali reported that a barrier to accessing education was insecurity at school.
- In Lamurde and Guyuk LGAs, a commonly reported barrier to education was the lack of teachers for 47% and 38% of HHs respectively.

*All "HH" level information should read as "HH with school-aged children"

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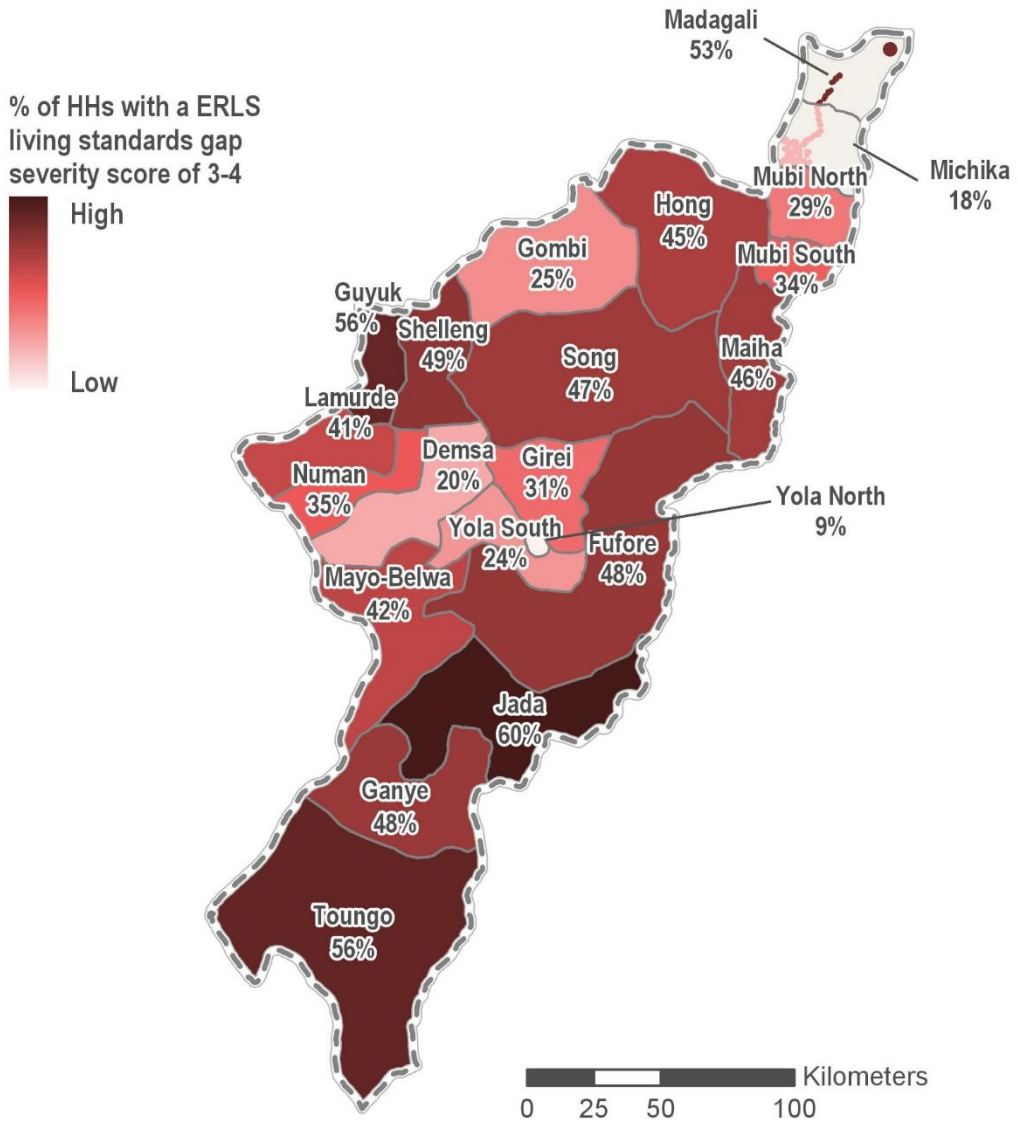
# LIVING STANDARDS GAP (LSG) – EARLY RECOVERY & LIVELIHOODS

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# LIVING STANDARDS GAP (LSG) – EARLY RECOVERY & LIVELIHOODS

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 15% | 49% | 32% | 4% |
| **State per population group** | Adamawa Non-displaced | 14% | 49% | 33% | 4% |
| | Adamawa IDP | 24% | 44% | 31% | 1% |
| | Adamawa Returnee | 14% | 55% | 24% | 6% |

- Overall in Adamawa State, 36% of HHs had an ERLS LSG severity score of 3-4. Non-displaced were most affected with 37% of HHs with an ERLS LSG severity score of 3-4; however other population groups were only slightly less affected.
- The LGAs with the highest proportion of HHs with an ERLS LSG severity score of 3-4 were Jada (60%), Toungo (56%) and Guyuk (55%) – corresponding in general to more remote areas of the State.
- In Adamawa, prevalence of debt in HHs was high: in 11 LGAs, over 50% of households reported being in debt of money. The most affected LGAs were Madagali (78%), Guyuk (71%), Toungo (64%) and Gombi (63%).
- Compared to other LGAs, higher proportions of HHs in Madagali mentioned having no income at all (18%). Moreover, 14% of HHs in Madagali had no income **and** were in debt.
- The LGAs with the highest proportions of HHs with no access to physical cash were Madagali (26%), and Hong (23%).
- In 5 LGAs, over 60% of households reported not having access to local governance services (local government or police) within 2km, including Jada (77%), Fufore (71%), Shelleng (70%), Song (70%) and Maiha (69%).

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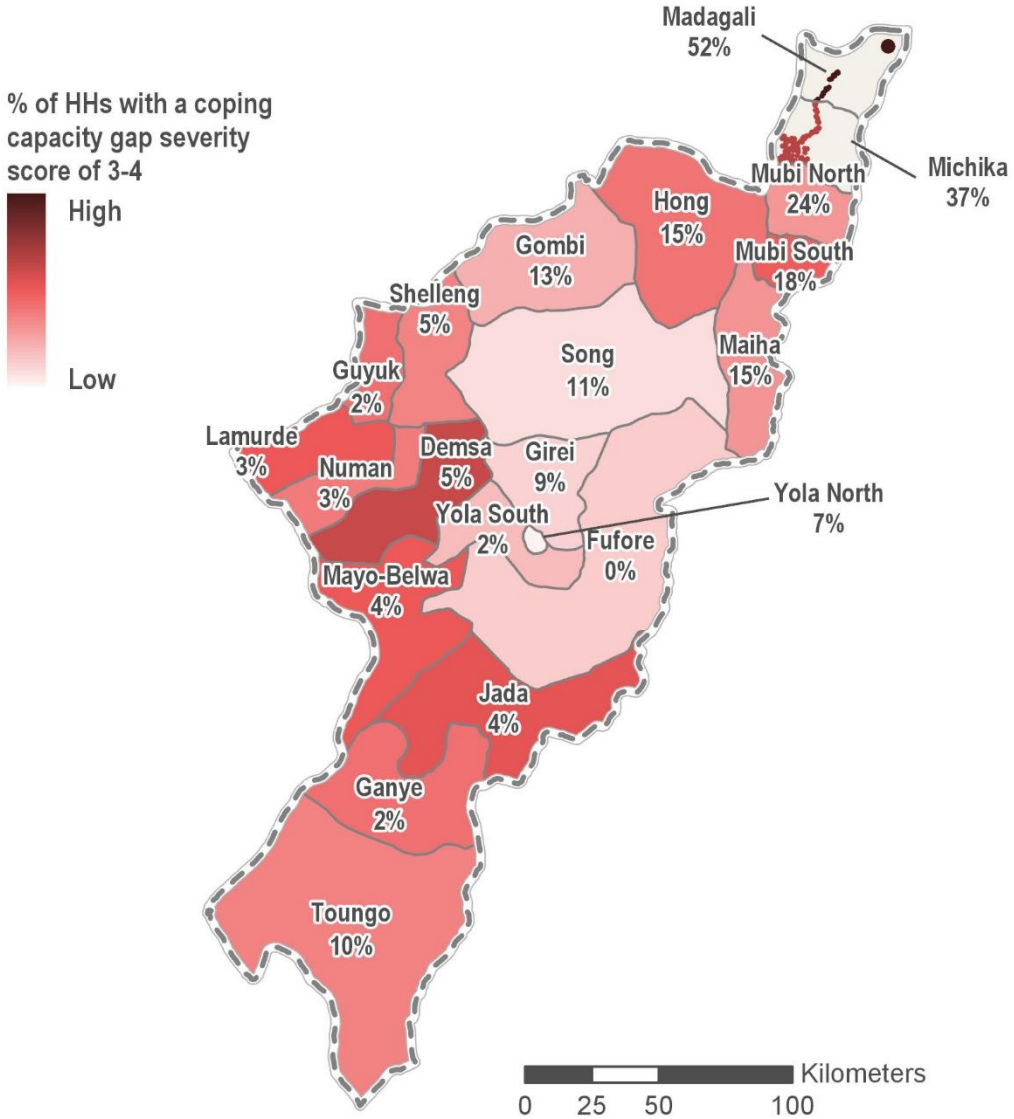
# COPING CAPACITY GAP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# COPING CAPACITY GAP (CCG)

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Adamawa | 45% | 34% | 15% | 7% |
| **State per population group** | Adamawa Non-displaced | 47% | 33% | 14% | 6% |
| | Adamawa IDP | 43% | 37% | 17% | 3% |
| | Adamawa Returnee | 35% | 33% | 16% | 16% |

- Overall in Adamawa State, 21% of HHs had a CCG severity score of 3-4. Returnee HHs were the most affected population groups with 31% of HHs with a CCG severity score of 3-4.
- The LGAs with the highest proportion of HHs with CCG severity score of 3-4 were Madagali (52%), Michika (37%) and Demsa (35%). HHs in Madagali and Michika seemed to resort to high levels of negative coping strategies in addition to being among the most conflict-affected areas in Adamawa.
- In 3 LGAs of Adamawa State (Mubi South, Madagali, Maiha), more than 60% of HHs were using a “high” amount of negative strategies to cope with the lack of food.
- In all Adamawa LGAs except for Yola North and Mubi North, less than 30% of HHs reported not using any negative strategies to cope with the lack of water. The most commonly reported strategies were to travel farther to fetch water and to reduce the water consumption for washing and bathing.
- In Madagali LGA, 73% of HHs reported borrowing money as a coping strategy for lack of resources or livelihoods in the month prior to data collection; 66% reported purchasing food on credit or borrowing food.

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# MSNA YOBE FINDINGS

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# MULTI-SECTOR NEEDS INDEX (MSNI)

Map: % of HHs with an MSNI severity score of 3-4:

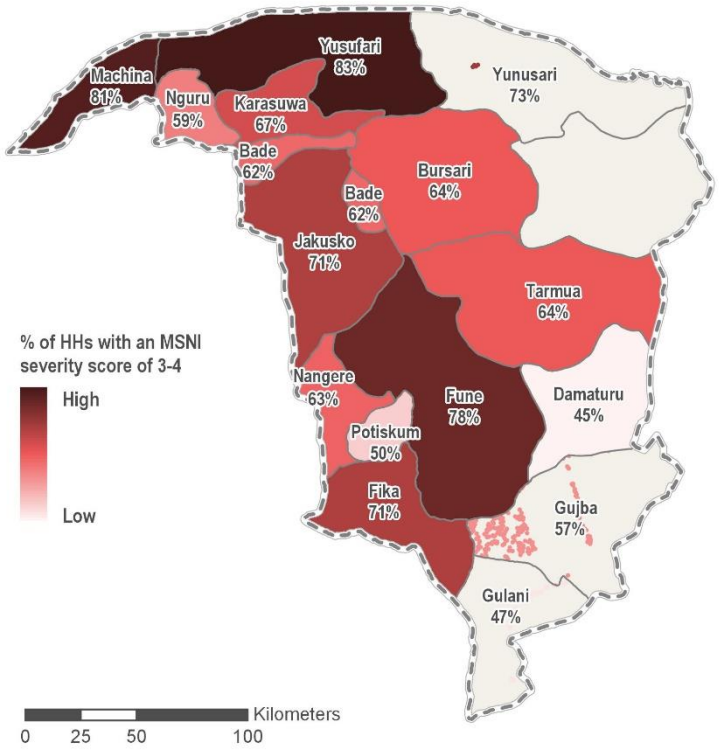


Table: % of HHs by MSNI severity score in Yobe State:

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| State Overall | Yobe | 2% | 35% | 40% | 22% |
| State per population group | Yobe Non-displaced | 3% | 35% | 40% | 23% |
| | Yobe IDP | 0% | 34% | 53% | 13% |
| | Yobe Returnee | 2% | 49% | 45% | 4% |
| LGA | Bade | 1% | 37% | 55% | 7% |
| | Bursari | 1% | 35% | 46% | 18% |
| | Damaturu | 9% | 45% | 35% | 11% |
| | Fika | 2% | 26% | 46% | 25% |
| | Fune | 1% | 21% | 43% | 36% |
| | Gujba | 0% | 43% | 43% | 14% |
| | Gulani | 1% | 52% | 46% | 1% |
| | Jakusko | 0% | 29% | 42% | 29% |
| | Karasuwa | 1% | 32% | 43% | 24% |
| | Machina | 1% | 18% | 38% | 43% |
| | Nangere | 1% | 37% | 35% | 27% |
| | Nguru | 5% | 36% | 44% | 15% |
| | Potiskum | 4% | 47% | 37% | 13% |
| | Tarmua | 1% | 35% | 31% | 33% |
| | Yunusari | 1% | 27% | 61% | 12% |
| | Yusufari | 0% | 18% | 33% | 50% |

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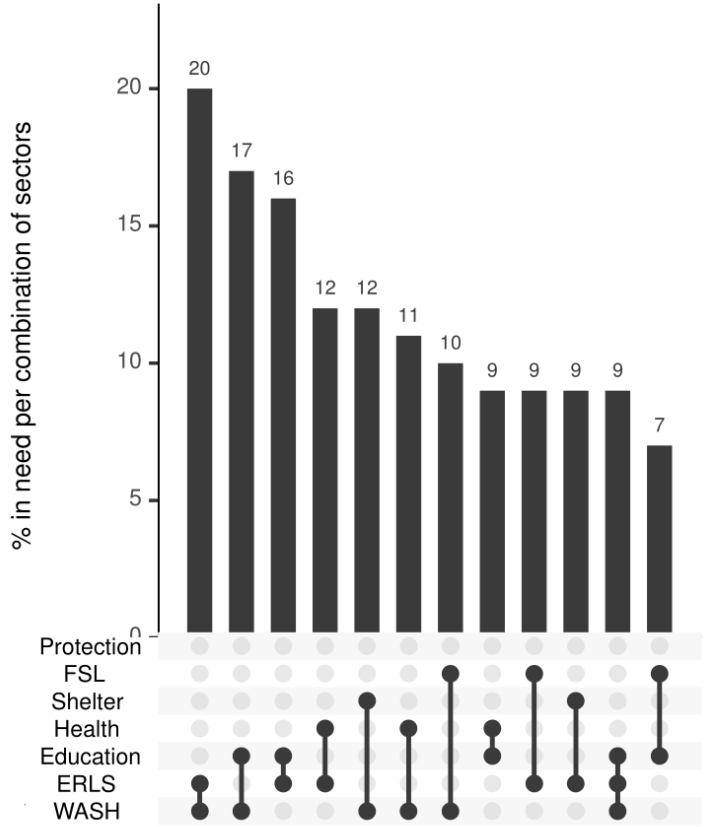
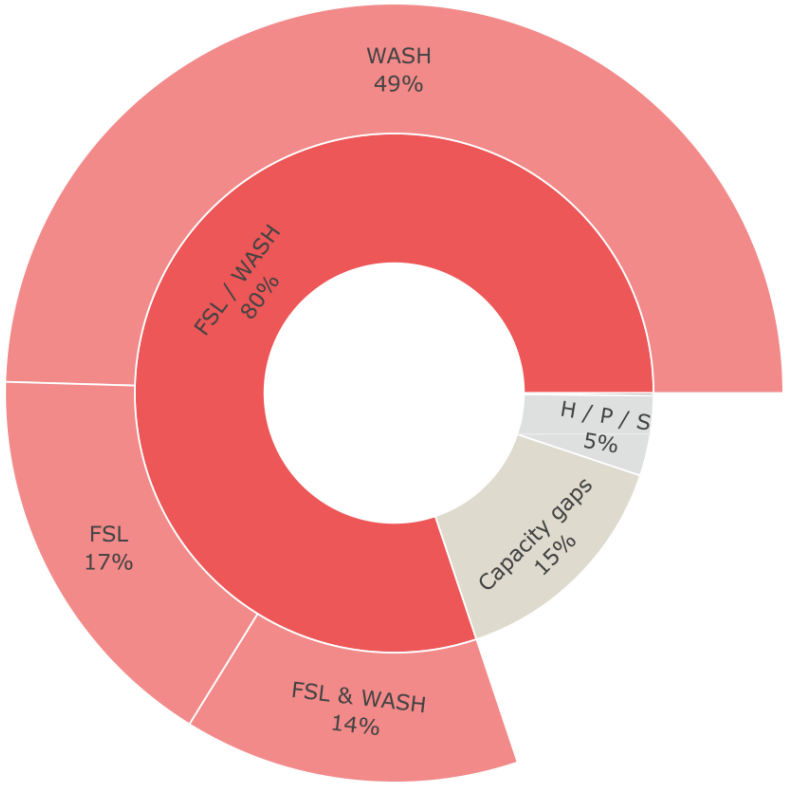
# MULTI-SECTOR NEEDS INDEX (MSNI)

Most common combination of sectors in which households were found to have LSG severity scores of at least 3:



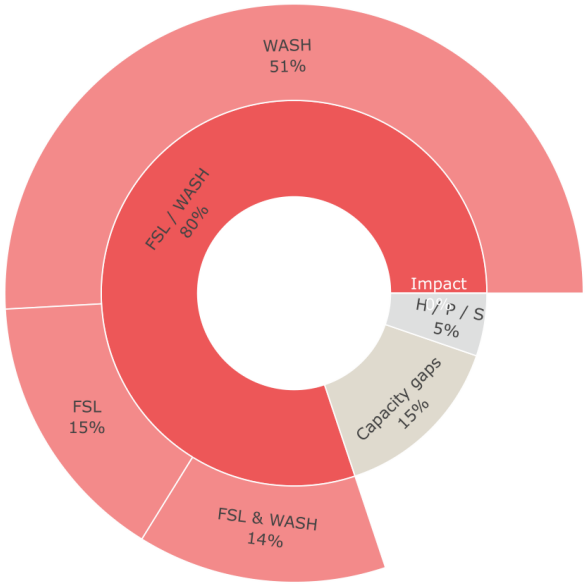

% of HHs with an MSNI severity score of 3-4, by driving composite indicator in Yobe State, overall:



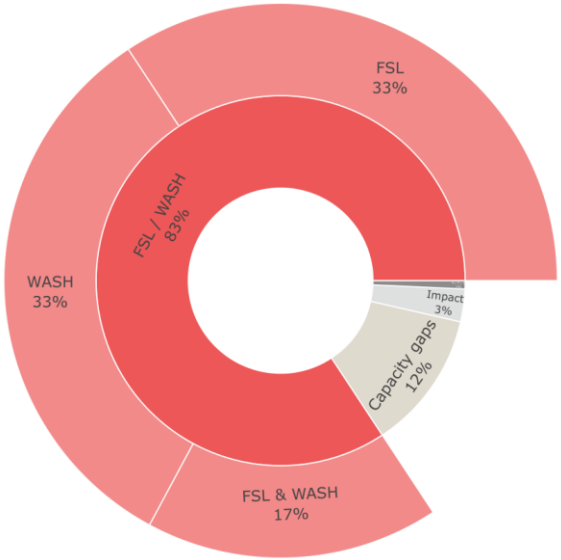
# MULTI-SECTOR NEEDS INDEX (MSNI)

% of HHs with an MSNI severity score of 3-4, by driving composite indicator in Yobe State, by population group:

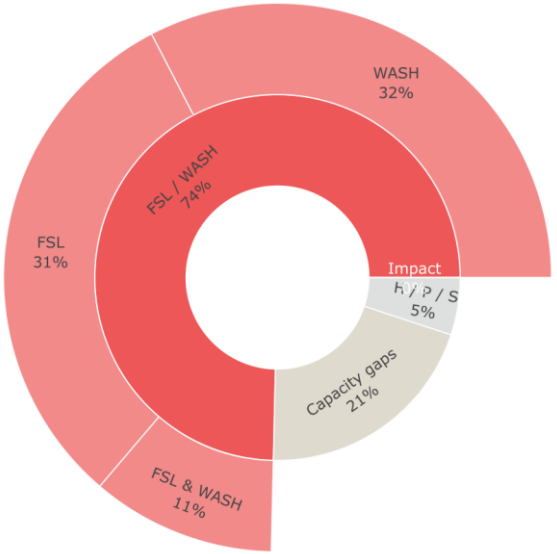
Non-displaced HHs:




IDP HHs:




Returnee HHs:

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# VULNERABILITY INDEX & IMPACT INDEX

## VULNERABILITY INDEX

| | | |
|---|---|---|
| **State Overall** | Yobe | 12% |
| **State per population group** | Yobe Non-displaced | 10% |
| | Yobe IDP | 29% |
| | Yobe Returnee | 20% |

- IDP HHs were the most affected population group in terms of vulnerability in Yobe.
- The LGAs with the highest proportions of vulnerable HHs were Bursari (23%), Gulani (22%), Karasuwa (22%).
- In Yobe State, LGAs with highest proportions of vulnerable HHs were also where high coping capacity gaps were found.

## IMPACT INDEX

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 79% | 20% | 1% | 0% |
| **State per population group** | Yobe Non-displaced | 82% | 17% | 0% | 0% |
| | Yobe IDP | 16% | 65% | 18% | 0% |
| | Yobe Returnee | 78% | 22% | 0% | 0% |

- IDP HHs in Yobe were more severely affected by shocks and events compared to other population groups – with 19% of those HHs with am impact severity score of 3-4.

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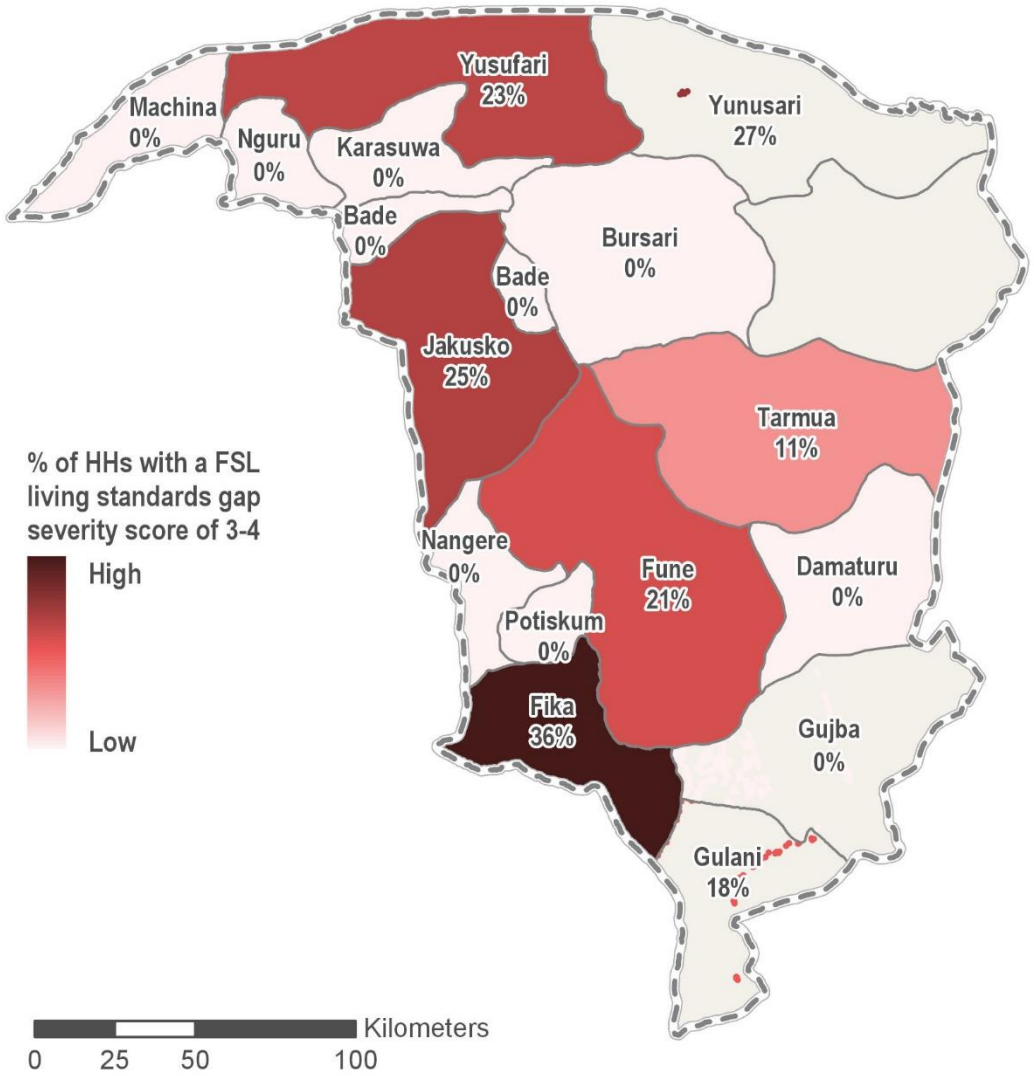
# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS (FSL)

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# LIVING STANDARDS GAP (LSG) – FOOD SECURITY & LIVELIHOODS (FSL)

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 38% | 43% | 19% | 0% |
| **State per population group** | Yobe Non-displaced | 38% | 43% | 19% | 0% |
| | Yobe IDP | 28% | 38% | 30% | 3% |
| | Yobe Returnee | 38% | 41% | 20% | 0% |

- IDP HHs were found to have more severe FSL LSG than other populations in Yobe State.
- The LGAs with the highest proportions of HHs with an FLS LSG severity scores of 3-4 were Fika (36%), Machina (33%), and Yunusari (27%).
- The LGAs with the highest proportions of HHs with a “poor” & “borderline” food consumption score (FCS) were Yunusari (46%), Fika (46%), and Gulani (44%).
    - Such a situation in Yunusari LGA could be explained by the presence of returnees/populations with limited access to food in remote location and with limited actor presence.
- In four LGAs (Damaturu, Fika, Nguru, Potiskum), over 75% of HHs reported their main food source to be local markets. LGAs that are more affected by shocks (such as incidents or displacement) showed a reliance of local markets compared to other food sources, such as one own’s cultivations.
- In a majority of LGAs, more than 30% of HHs did not have access to a market, the highest proportions being in Yusufari and Bade LGAs.

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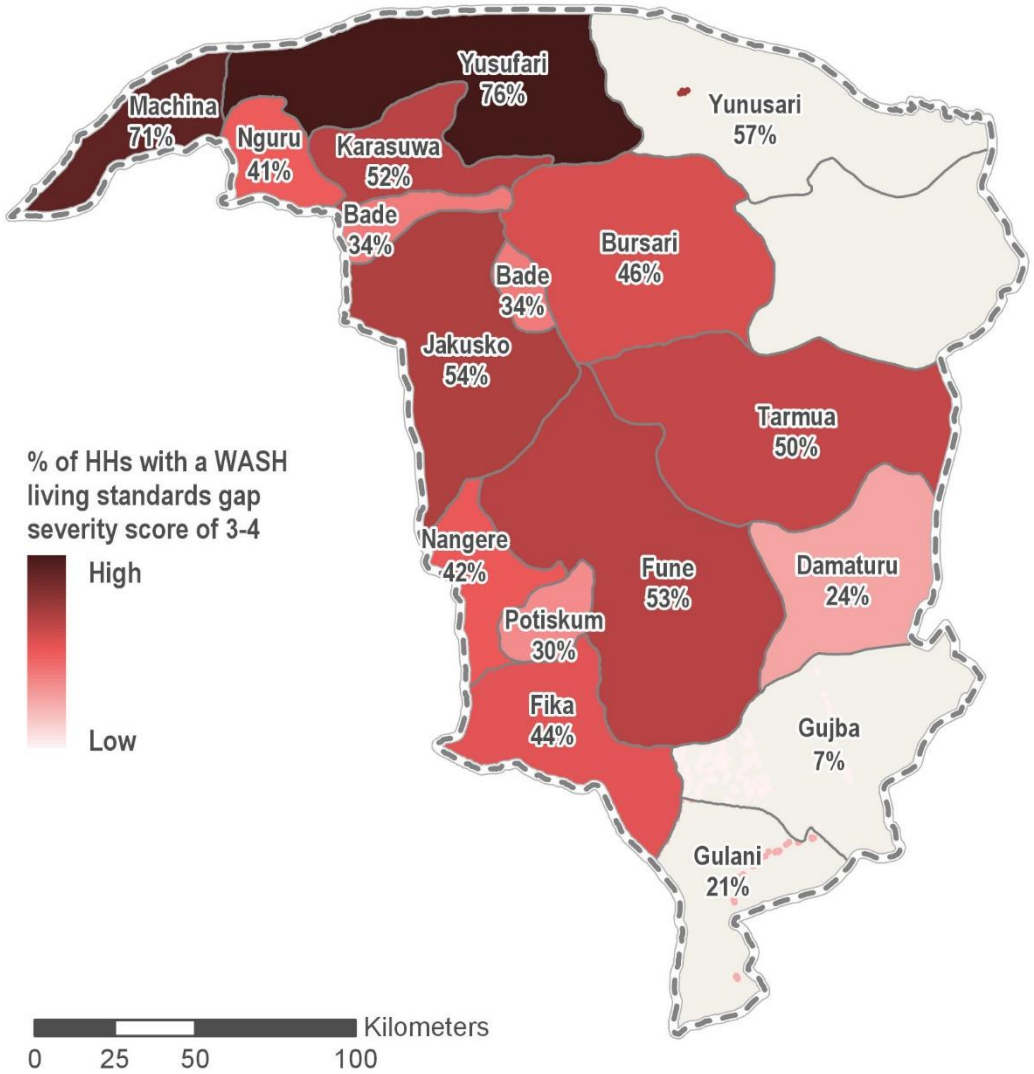
# LIVING STANDARDS GAP (LSG) – WASH

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# LIVING STANDARDS GAP (LSG) – WASH

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 21% | 39% | 24% | 16% |
| **State per population group** | Yobe Non-displaced | 20% | 38% | 25% | 17% |
| | Yobe IDP | 29% | 39% | 25% | 7% |
| | Yobe Returnee | 24% | 54% | 20% | 1% |

- Overall in Yobe State, 41% of households had a WASH LSG severity score of 3-4. Out of all the HHs, non-displaced HHs were the most affected with 42% of HHs with a severity score of 3-4.
- The LGAs with the highest proportions of HHs in WASH LSG severity scores 3-4 were Yusufari (76%) and Machina (71%).
- In Fika, Fune, Nangere and Tarmua LGAs, between 30 and 45% of HHs reported using open wells (unimproved water source) as a main source of water for drinking, bathing and cooking. In Fika and Tarmua LGAs, between 10% and 16% of HHs reported using surface water.
- High proportions of HHs mentioned washing hands without any soap – in 11 LGAs this was the case for over 50% of HHs, including in Yusufari (80%), Machina (72%) and Jakusko (74%).
- Similarly, high proportions of HHs in Machina, Yunusari and Yusufari LGAs were practicing open defecation – this was the case for over 50% of HHs (practice by both adults and children).
- Linking between health and WASH sectors, in Gulani, Gujba and Nguru respectively 17%, 18% and 14% of HHs reported at least 1 HH member that had shown signs of diarrhoea in the 2 weeks prior to data collection.

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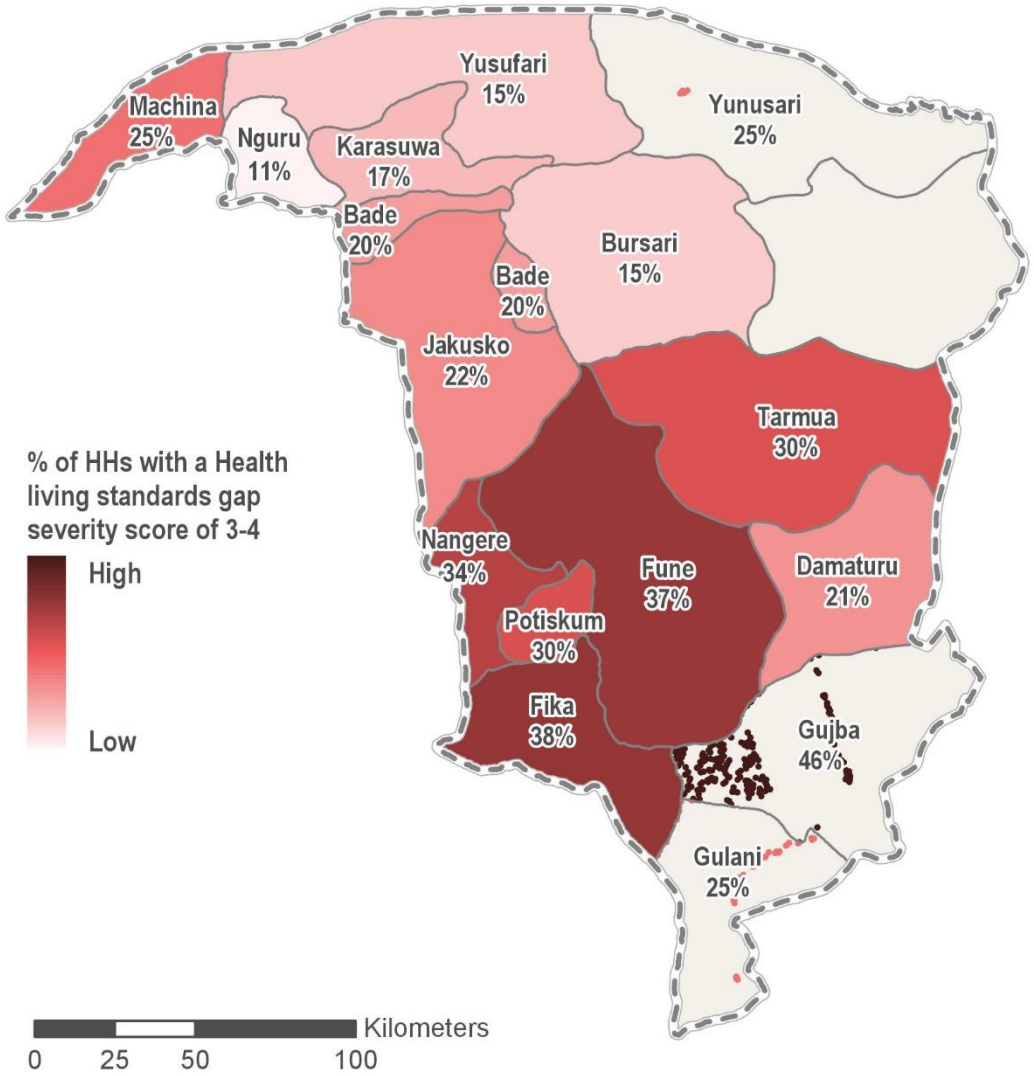
# LIVING STANDARDS GAP (LSG) – HEALTH

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# LIVING STANDARDS GAP (LSG) – HEALTH

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 33% | 40% | 23% | 3% |
| **State per population group** | Yobe Non-displaced | 32% | 41% | 24% | 4% |
| | Yobe IDP | 40% | 39% | 21% | 1% |
| | Yobe Returnee | 40% | 34% | 24% | 2% |

- Overall in Yobe State, 27% of HHs had a health LSG severity score of 3-4. Again, non-displaced HHs were the most affected population group, with a higher proportion of HHs (27%) with a health LSG severity score of 3-4 than IDP HHs (22%) and returnee HHs (26%).
- The LGAs with the highest proportion of HHs with a health LSG severity score of 3-4 included Gujba (46%), Fika (38%) and Fune (37%).
- On average there seemed to be a high disease prevalence in Yobe State, with 10 LGAs where over 50% of HHs reported one member of the household ill in the two weeks prior to data collection.
- Most commonly reported barriers to accessing health services: 39% of HHs in Gulani, 22% in Fune and 16% in Fika mentioned the **unavailability of medicines** as a barrier
- In terms of vaccination coverage, the worst situation in Yobe State seemed to be in Tarmua and Gujba LGAs, where respectively 21% and 16% of HHs included at least 1 child with no vaccination for measles, pentavalent and polio.
- Damaturu was the only LGA in Yobe State with a majority (63%) of HHs where a woman had given birth the year prior to data collection reported the birth was attended by a skilled birth attendant. In some LGAs, the proportion of those HHs where the birth was attended by a skilled attendant was as low as 10% or less (Jakusko, Nangere, Tarmua).

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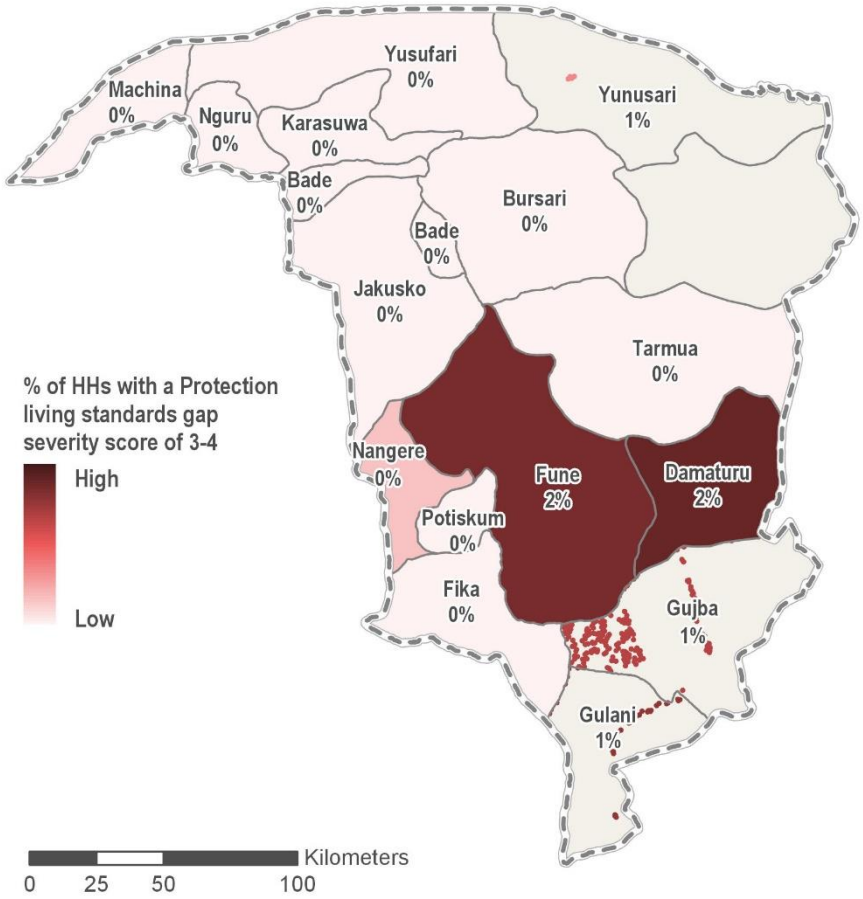
# LIVING STANDARDS GAP (LSG) – PROTECTION




While the sectoral LSG composite indicator for Protection was informed by the Protection sector and sub-sectors, it resulted in low % overall and compared to other sectoral LSG. Explanations for this include:

- General under-reporting of protection information through HH surveys;
- Low interplay of indicators within the Protection LSG composite indicator;
- Low prevalence of protection issues in some specific areas.

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# LIVING STANDARDS GAP (LSG) – PROTECTION

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| State Overall | Yobe | 82% | 17% | 1% | 0% |
| State per population group | Yobe Non-displaced | 84% | 16% | 0% | 0% |
| | Yobe IDP | 65% | 34% | 1% | 0% |
| | Yobe Returnee | 67% | 30% | 2% | 0% |

- Overall, IDPs and returnees had the highest proportion of HHs with a protection LSG severity score of 3-4. However, one should take the result from this composite indicator with caution, and prefer to look at basic descriptive statistics to highlight protection concerns in specific LGAs.
- Some LGAs showed widespread protection LSG such as Damaturu, Gulani, and Fune where respectively 34%, 32% and 30% of HHs had a severity score of 2-4.
- 5% of HHs in Gulani and 4% of HHs in Gujba and Yunusari reported that at least 1 adult was missing from the HH – additionally, 2% of HHs in Karasuwa LGA reported so for at least 1 child in the HH.
- Although most Yobe State HHs were not impeded by movement restrictions, high proportions of HHs in Damaturu (29%), Bade (28%), and Gujba (26%) reported restrictions at night.
- In some more conflict-affected areas, documentation was an issue with notably 37% of HHs reporting lack of legal documentation for at least one adults and birth certificates for at least one child in Gulani LGA.
- Highlighting some Housing, Land and Property issues, 8% of HHs in Bursari LGA reported being at risk of eviction.

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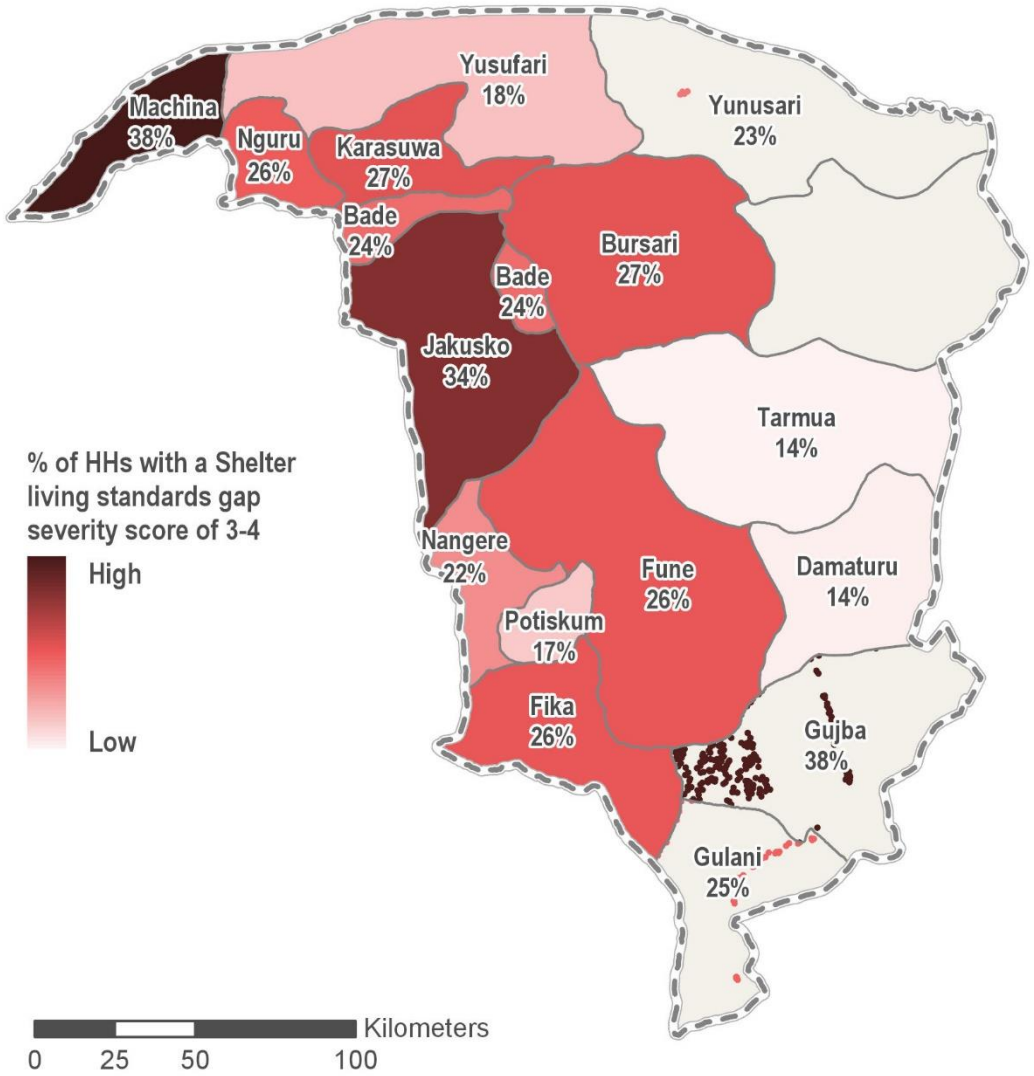
# LIVING STANDARDS GAP (LSG) – SHELTER

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# LIVING STANDARDS GAP (LSG) – SHELTER

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 28% | 48% | 23% | 1% |
| **State per population group** | Yobe Non-displaced | 29% | 48% | 22% | 1% |
| | Yobe IDP | 18% | 49% | 31% | 3% |
| | Yobe Returnee | 27% | 53% | 18% | 1% |

- Overall, 23% of HHs in Yobe State had a Shelter LSG severity score of 3-4.
    - IDP HHs were the most affected population group with 34% of HHs with a Shelter LSG severity score of 3-4.
- The LGAs with the highest proportions of HHs with severe or extreme shelter needs were Machina (38%), Gujba (38%), and Jakusko (34%).
- A majority of HHs resided in either traditional houses or masonry houses, but in some LGAs high proportions of HHs also reported living in makeshift structures, including in Tarmura (33%) and Machina (24%).
- In 9 LGAs, over 40% of HHs reported living in damaged shelters, with the highest proportions in Machina (58%) and Nangere (51%).
- 17% of HHs in Damaturu LGA reported that they do not have any NFI needs. The main NFIs needed in Yobe were blankets, sleeping mats and jerry cans, with over 70% of HHs in 6 LGAs reporting the need for blankets.

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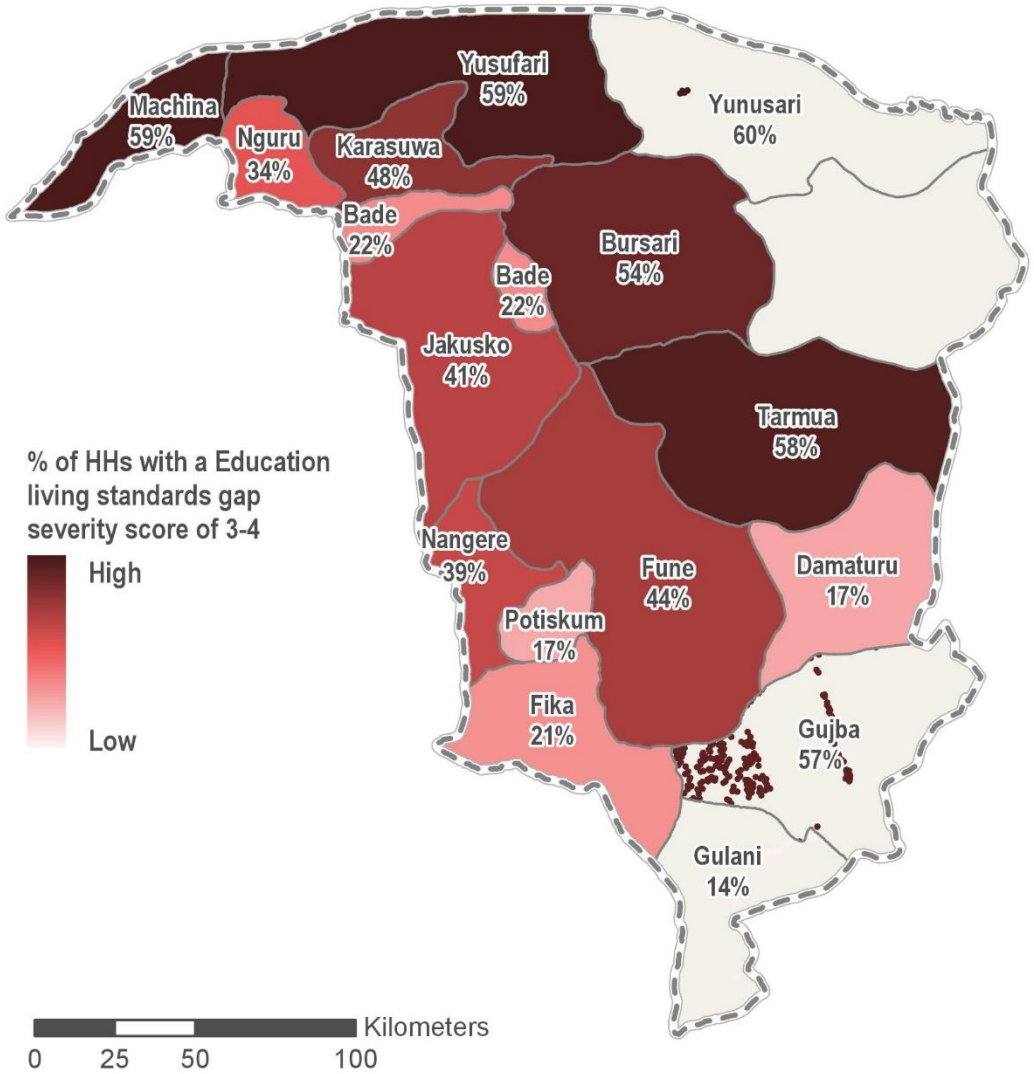
# LIVING STANDARDS GAP (LSG) – EDUCATION

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# LIVING STANDARDS GAP (LSG) – EDUCATION

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 31% | 32% | 35% | 1% |
| **State per population group** | Yobe Non-displaced | 31% | 32% | 36% | 1% |
| | Yobe IDP | 34% | 35% | 27% | 4% |
| | Yobe Returnee | 51% | 30% | 19% | 0% |

- Overall in Yobe, 36% of HHs with school-aged children* had an Education LSG severity score of 3-4.
    - Non-displaced HHs were the most affected with 37% of them in an Education LSG severity score of 3-4.
    - LGAs with the highest proportion of HHs found to have an Education LSG severity score of 3-4 were Yunusari 60%, Yusufari 59%, and Machina 59%.
- In Yobe, the LGAs with the highest proportions of HHs where no child was attending formal education at the time of data collection were Yunusari (57%), Gujba (57%), Yusufari (57%) and Machina (56%).
- Furthermore, in all LGAs in Yobe, over 35% of HHs reported including at least one child that never attended formal education.
- The most commonly reported barrier for children to accessing education services were school fees, distance and lack of appropriate clothing/uniform.
    - The LGAs with the highest proportions of HHs with school fees reported as a barrier were Potiskum (49%), Fika (41%) and Nguru (36%).
- 5% of HHs with school-aged children in Yusufari reported that early marriage was a barrier to accessing education for girls.

*All "HH" level information should read as "HH with school-aged children"

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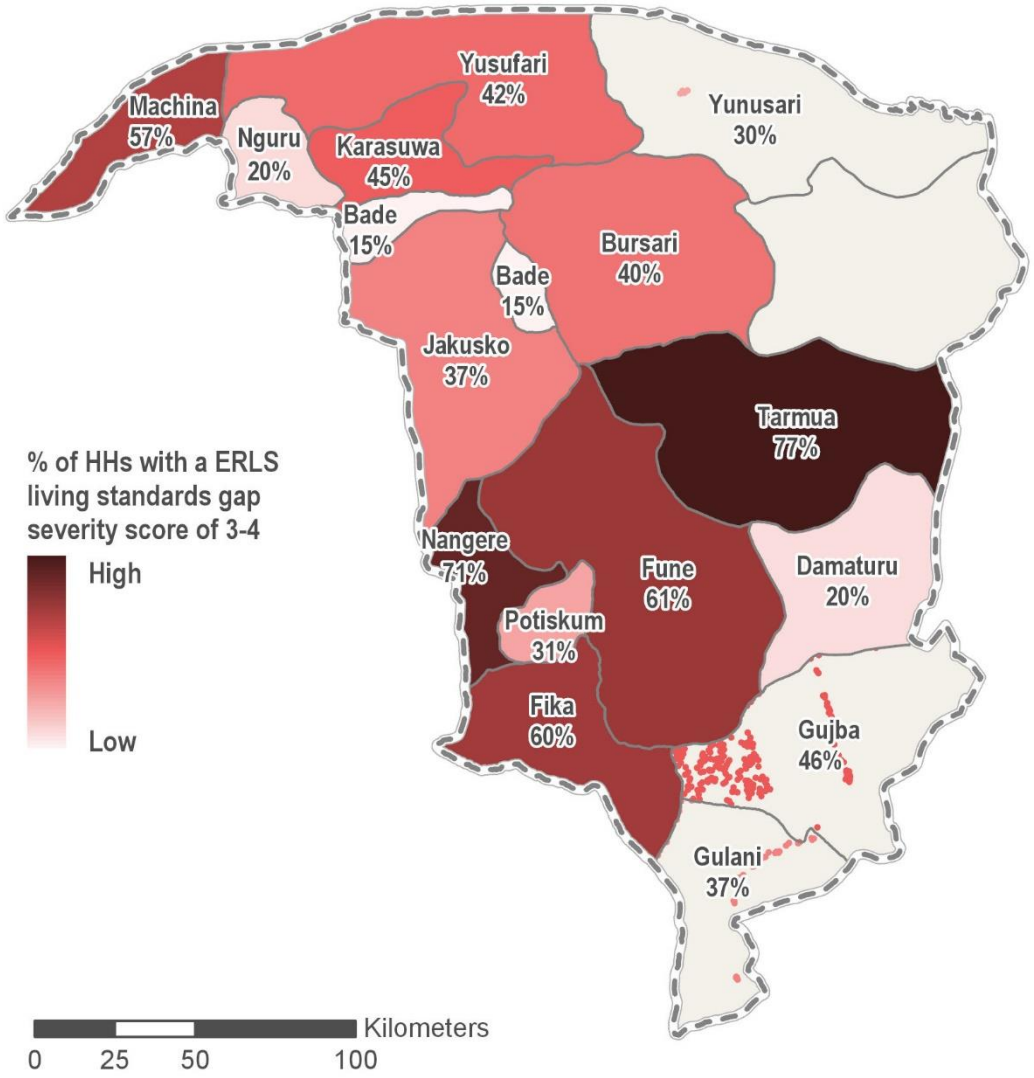
# LIVING STANDARDS GAP (LSG) – EARLY RECOVERY & LIVELIHOODS

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# LIVING STANDARDS GAP (LSG) – EARLY RECOVERY & LIVELIHOODS (ERLS)

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| State Overall | Yobe | 10% | 48% | 38% | 4% |
| State per population group | Yobe Non-displaced | 10% | 47% | 38% | 4% |
| | Yobe IDP | 15% | 47% | 36% | 2% |
| | Yobe Returnee | 6% | 71% | 21% | 2% |

- Overall in Yobe State, 42% of HHs had an ERLS LSG severity score of 3-4. Non-displaced HHs were the most affected with 43% having an ERLS LSG severity score of 3-4, very close to IDP HHs (38%).
- The LGAs with the highest proportion of HHs with a high ERLS LSG severity score of 3-4 were Tarmua (76%), Nangere (71%), Fune (61%), and Fika (60%).
- In Yobe, prevalence of debt in HHs was high: in 12 LGAs, over 50% of households reported being in debt of money. The most affected LGAs were Gujba (62%), Fune (62%), Damaturu (62%) and Fika (62%).
- Compared to other LGAs, higher proportions of HHs in 3 LGAs mentioned having no income, including Potiskum (11%), Bursari (9%) and Gulani (8%).
- The LGAs with the highest proportions of HHs with no access to physical cash were Bursari (33%), Nangere (31%), and Tarmua (28%).
- In 8 LGAs, over 80% of households reported not having access to waste management services

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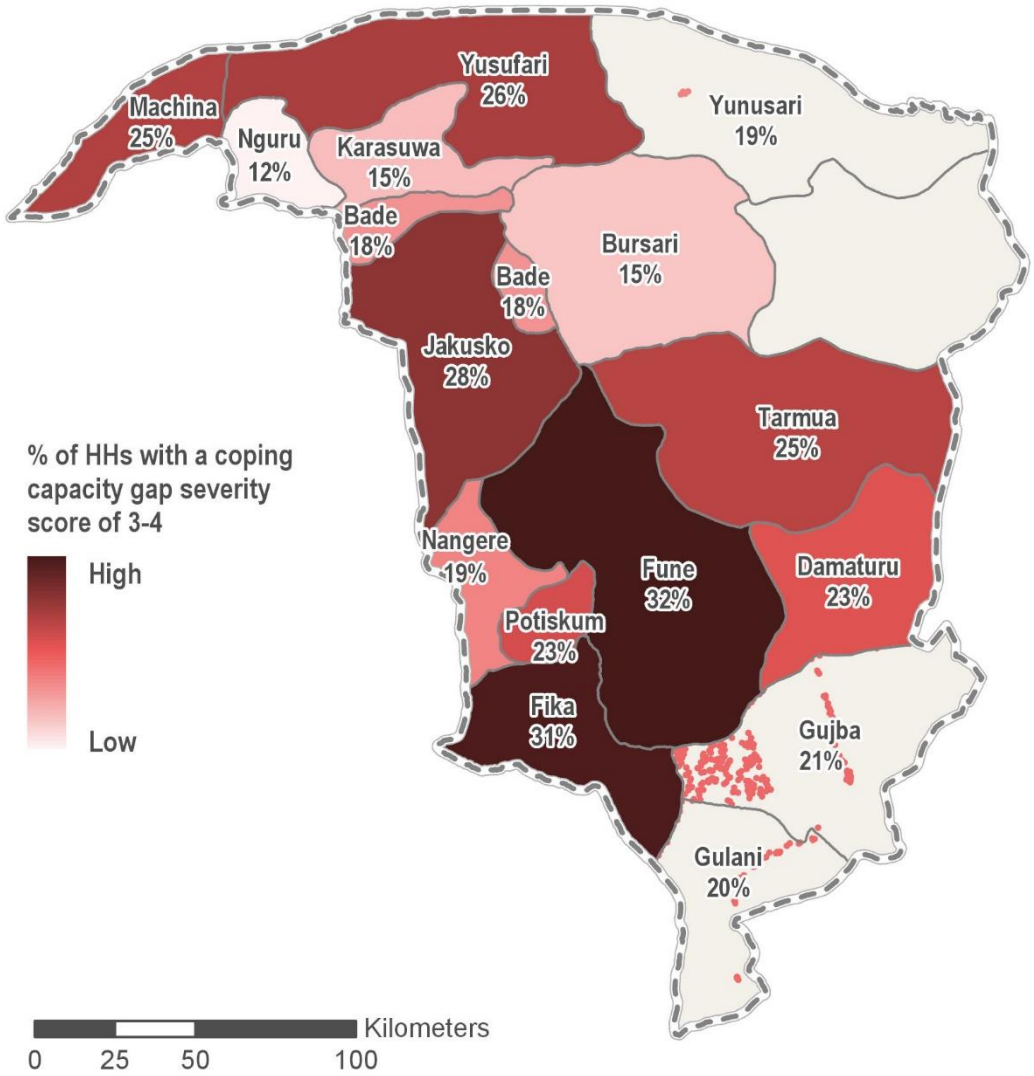
# COPING CAPACITY GAP

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# COPING CAPACITY GAP (CCG)

| | | Severity Score 1 | Severity Score 2 | Severity Score 3 | Severity Score 4 |
|---|---|---|---|---|---|
| **State Overall** | Yobe | 41% | 36% | 16% | 7% |
| **State per population group** | Yobe Non-displaced | 42% | 35% | 16% | 7% |
| | Yobe IDP | 32% | 51% | 13% | 4% |
| | Yobe Returnee | 36% | 44% | 18% | 2% |

- Overall in Yobe State, 23% of HHs had a CCG severity score of 3-4. Non-displaced HHs were the most affected with 23% with a CCG severity score of 3-4.
- The LGAs with the highest proportions of HHs with a CCG severity score of 3-4 were Fune (32%), Fika (31%) and Jakusko (27%).
- In 7 LGAs in Yobe, over 50% of HHs were using negative coping strategies when consuming food. .
- High proportions of HHs (50% or more) borrowed money when resources were low. This was the case in all but 1 LGA, including Yusufari (69%), Machina (67%), and Yunusari (66%).
- The two most commonly reported coping strategies when there was not enough water in the HH was first to reduce the quantity of water used for bathing, and then to fetch water further away. The third most commonly reported option was to reduce the quantity of water used for drinking.

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# 04 | NEXT STEPS

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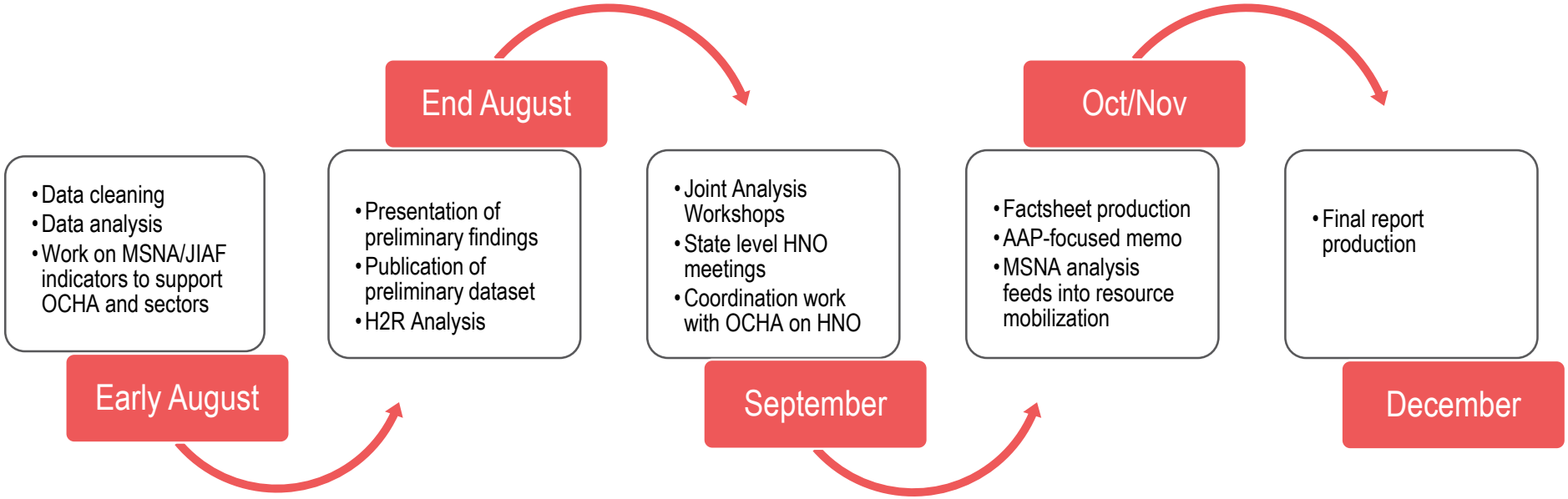
# Next Steps - Timeline

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# Thank you for your attention.


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