NIGERIA

2019 Nigeria Multi-Sector Needs Assessment

November 2019

INTER-SECTOR WORKING GROUP

REACH Informing
more effective
humanitarian action

Assessment conducted in the framework of:

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View of the main Pulka IDP camp, Gwoza LGA, during MSNA data collection. ©Orsolya Jenei/IMPACT

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

As the protracted crisis in North-East Nigeria progressed in its tenth year, and despite a sustained number of humanitarian actors responding to the crisis, humanitarian needs in Borno, Adamawa and Yobe States remained dire and multi-faceted in 2019. The conflict has resulted in an estimated 7.1 million individuals in need of humanitarian assistance in 2019 – more than 50% of the entire estimated population of the three affected States.[1] Moreover, over 80% of internally displaced persons (IDPs) were located in Borno State only, the epicentre of the protracted crisis, with a majority living in urban host communities, making it difficult for actors to reach them and to plan responses appropriate to urban contexts. In addition to this humanitarian landscape in accessible areas, for 2020 the humanitarian community has identified approximately 1 million individuals staying in hard-to-reach areas with limited to no access to humanitarian assistance.[2]

The humanitarian crisis has been exacerbated by mass population movements, a breakdown in basic infrastructure, muli-faceted poverty, and chronic long-term underdevelopment in the Northeast. The fluid situation makes comprehensive, up-to-date data necessary to efficiently and effectively respond to humanitarian needs of affected populations. To address this need, the United Nationals Office for the Coordination of Humanitarian Affairs (UNOCHA)'s Inter-Sector Working Group (ISWG) conducted in 2019 the second crisis-wide Multi-Sector Neeeds Assessment (MSNA) across Borno, Adamawa, and Yobe (BAY) States, with support from REACH and in collaboration with six data collection partners (ACTED, CARE, Catholic Relief Services (CRS), PLAN International, Malteser International, and Translators Without Borders on tool translation) as well as two-ad-hoc partners (e-Health and Mercy Corps).

The MSNA was conducted to inform the analysis of the Humanitarian Needs Overview (HNO) and prioritization as well as resource allocation within the Humanitarian Response Plan (HRP). The overall objective was to better understand the needs and vulnerabilities of crisis affected populations in Northeast Nigeria in response to the lack of consistent reponse-wide information in the BAY States through evidence-based household information. The assessment was funded by the European Civil Protection and Humanitarian Aid Operations (ECHO). Data collection took place between 17 June and 30 July 2019 covering IDP, returnee and non-displaced households in all accessible areas of Borno, Adamawa, and Yobe States.

A total of 8,019 household surveys and 1,010 key informant interviews were conducted across accessible areas in 59 LGAs (out of 65) in the northeast. The indicative key informant interviews were conducted to gain a better area-level understanding of the settlements assessed, and some information is feeding into the inter-sectoral analysis, especially on the impact of the crisis. The household surveys were done with a stratified cluster sampling, with the primary strata being the LGA and the basic unit of cluster selection, the settlement. Population groups targeted included non-displaced, IDP and returnee households, as long as they were reported present in a given LGA. The overall findings for all population groups are generalizable with a 90% confidence interval and 10% margin of error at the LGA level except in four LGAs.[3] Findings overall for each population groups are generalized at the state level but may not be generalized to each population group within the LGA, due to insufficient sample sizes. It is important to note that not all LGAs were completely accessible at the time of data collection and some were thus not included in the sampling frame. Due to security concerns, 6 LGAs were not covered at all, while in 11 LGAs, only garrison towns were included.[4] As such, findings are only generalizable to areas included in the sampling frame (see map below).

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[1] OCHA, Humanitarian Needs Overview 2019 Nigeria
[2] OCHA, Global Humanitarian Overview 2020, Nigeria chapter
[3] Findings are generalizable with a 90% confidence interval and 11% margin of error in Madagali, Magumeri, and Song LGAs; while results should be considered indicative only in Yunusari LGA.
[4] Those LGAs include: Madagali in Adamawa State; Yunusari in Yobe State; Bama, Damboa, Dikwa, Gubio, Gwoza, Kala-Balge, Mafa, Monguno, Ngala LGAs in Borno State.

Map 1: 2019 Nigeria MSNA Sampling Coverage:
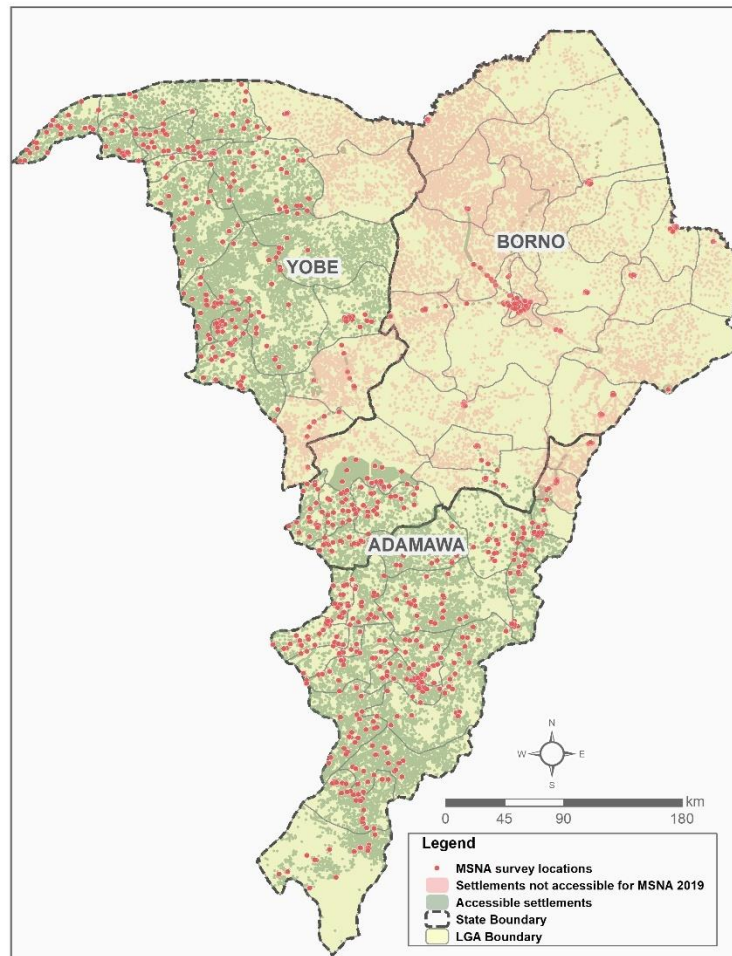
Findings below were drawn from an analytical framework proposed by REACH at the global level for the implementation of all Multi-Sector Needs Assessments, and incorporates elements from the global draft Joint Inter-sectoral Analysis Framework (JIAF). The end result of this analytical framework, the Multi-Sector Needs Index (MSNI) draws on several components such as the impact of the crisis on households; the living standard gaps (LSG, sectoral analysis); and the capacity gaps (negative coping strategies). The MSNI categorizes households in minimal (1), stress (2), severe (3) or extreme (4) severity of needs.

Limitations rose throughout the assessment and should be taken into consideration when reading the findings in this report: enumerators teams only interviewed heads of households, which may skew some responses; some recall periods especially in the food security sector were aligned with Ramadan period and thus could account for small deviations in reports of households' food consumption patterns for instance; the sampling only focused on those accessible areas that were safe to survey: this means that the sampling frame in Borno State was eventually more urban than the sampling in Adamawa and Yobe States, this should be kept in mind when comparing State results. Similarly, the findings are not to be interpreted for those hard-to-reach areas that could not be assessed, in which households may have different needs. Finally, REACH facilitated for the first time in Nigeria an MSNA data collection with 5 other implementing partners – this could lead to some small discrepancies in the final data collected.
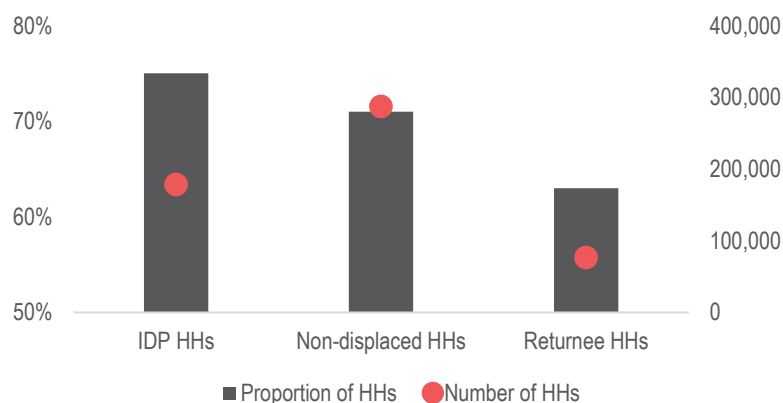
Humanitarian Needs

Overall, the 2019 Nigeria MSNA identified an estimated 6.91 million of individuals with an MSNI score of 3 or 4 (severe or extreme severity of needs) – with the epicentre of the crisis reflected in the 3.13 million individuals with severe or extreme severity of needs in Borno State (or 72% of all households), followed by 2.23 million in Adamawa State (71% of all households), and 1.55 million in Yobe State (63% of all households).

Looking at the MSNA composite indicator expressing the severity of the impact of the crisis on households, Borno IDP households were the most severely impacted population group compared to other groups or other States. Particularly high proportions of households in four LGAs in Borno State were found to have been severely impacted, including in Bama (57%), Konduga (31%), Kala/Balge (24%), and Mafa (15%).[5]

Most extreme needs found in Borno State

Across Borno, multi-sectoral needs varied depending on geographical areas and population groups. An overall 72% of households were found to be experiencing extreme or severe multi-sectoral humanitarian needs (MSNI severity score of 3-4), including 57% facing severe needs and 15% extreme needs. This corresponds to close to 550,000 households estimated with severe or extreme severity of needs. Adding up estimates of household size for each population group, the 2019 Nigeria MSNA identified 3.13 million individuals with severe or extreme severity of needs in Borno State alone.[6] A breakdown by population groups indicates the highest proportion of households with severe or extreme severity of needs among IDP households (75%). However, projecting these figures on the estimated population numbers in Borno State,[7] that has the highest number of households among the three States assessed, showed that in terms of absolute numbers, the non-displaced population group had the highest number of individuals with severe or extreme severity of needs.

Figure 1: % of households and caseload of people with severe or extreme severity of need (MSNI score of 3 or 4), by population group in Borno State

Overall, 44% of households with a severe or extreme severity of needs had their humanitarian needs primarily driven by an LSG (of severity score 3 or 4) in water, sanitations and hygiene (WASH), 23% primarily driven by an LSG in food security and livelihoods (FSL), and 16% primarily driven by a combination of WASH and FSL LSG. The primary driver of the remaining 17% of households with severe or extreme humanitarian needs was capacity
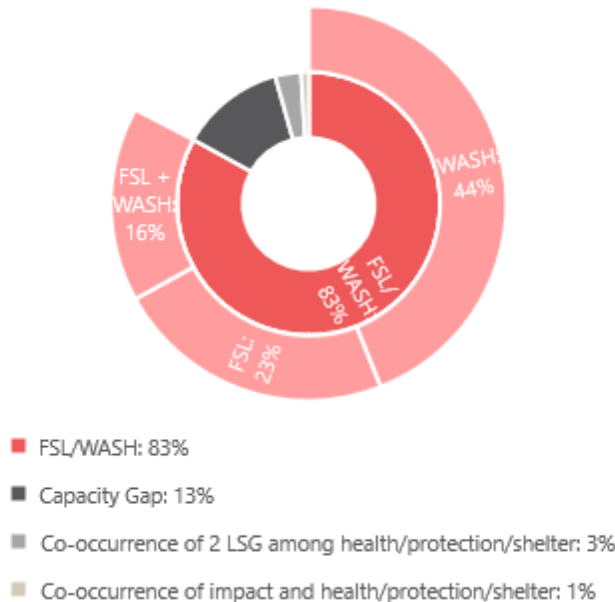
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[5] To inform on how the crisis impacted affected populations, REACH is consultation with partners especially the Information Management unit of OCHA designed a composite indicator – this indicator – incorporating elements of the draft JIAF – is looking at three sub-components of crisis impact: 1. Impact on people, 2. Impact on systems and services, 3. Impact on access to assistance. Combining those indicators, households are then classified in 4 different categories as explained in the methodology section above.

[6] The final number is determined by using the initial sampling household figures, and multiplying it for each State and population group by the average household size found during data collection.

[7] The population figures for the Nigeria 2019 MSNA sample were obtained using a mix of Vaccination Tracking System datasets (retrieved from: http://vts.eocng.org/population/LGA?s=&l=&gender=MF&from=0&to=100) mainly for non-displaced populations, and IOM Displacement Tracking Matrix datasets for IDP and returnee populations (retrieved from: https://displacement.iom.int/nigeria - the round used for MSNA sampling was Round 26 datasets).

gaps (13%), a co-occurrence of LSG in shelter and health (3%), or a co-occurrence of shelter or health or protection LSG, and high impact (severity score of 3 or 4) from the crisis (1%). Compared to non-displaced households, a higher proportion of IDP and returnee households were primarily deriving their severe or extreme severity of needs from an FSL LSG (32% and 26% respectively vs. 14% for non-displaced). IDP households were also the only population group in which some households derived severe of extreme severity of needs from a co-occurrence of high impact from the crisis and an LSG in health, shelter or protection (4%).

Figure 2: MSNI primary driver for households overall with severity scores of 3 or 4 in Borno State

- ■ FSL/WASH: 83%
- ■ Capacity Gap: 13%
- ■ Co-occurrence of 2 LSG among health/protection/shelter: 3%
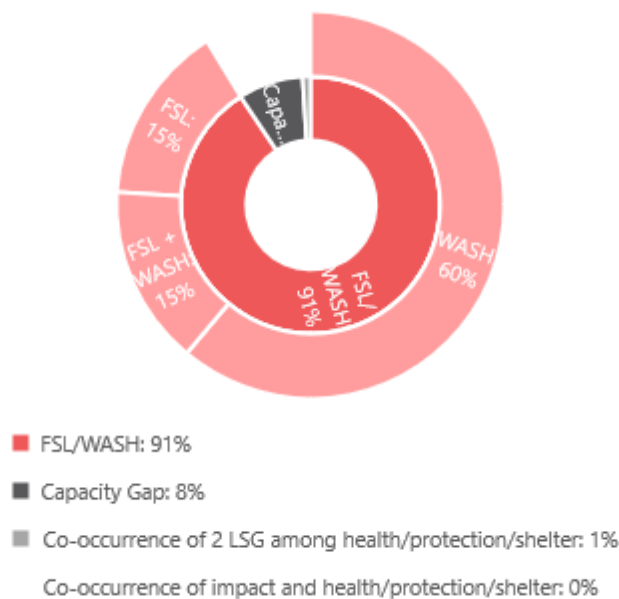- ■ Co-occurrence of impact and health/protection/shelter: 1%

Needs can be broken down geographically into two categories in Borno – Southern Borno, more rural, where needs were primarily driven by WASH LSG, in particular lack of sanitation/hygiene basic services and water infrastructure, and the rest of the State where needs were more prone to be driven by FSL LSG and capacity gaps. When looking outside of Southern Borno, the most affected LGAs in Borno State were Bama, Konduga, Magumeri and Maiduguri Metropolitan Council (MMC), with respectively 81%, 78%, 76% and 75% of households with severe or extreme severity of needs. Bama is a good example of the humanitarian situation in garrison towns in Borno State: only the main urban centres are accessible within Bama LGA, due to persisting insecurity in neighbouring rural areas, and while affected populations in urban centres might have an easier access to humanitarian actors and assistance, there is still a very high proportion of households with severe or extreme needs. This shows on the one hand that humanitarian needs especially of new arrivals from hard-to-reach areas are dire, notably in terms of food security and access to basic services, and prone to persist as long as displacement waves continue to occur;[8] on the other hand, should humanitarian assistance decrease or be stopped in those urban centres, the needs of affected populations would grow even higher.

Persisting severe structural needs in Adamawa State

Overall in Adamawa, 71% of households experienced severe or extreme severity of needs, making it the second most affected State covered in the MSNA. This corresponded to close to 430,000 households estimated with severe or extreme severity of needs. For 60% of them, this severe or extreme severity of needs was primarily driven by an LSG in WASH, for 15% by an FSL LSG and for 15% by an LSG in both sectors. Specifically, in Adamawa State, WASH needs were widespread due to a severe prevalence of reported use of unimproved water sources such as open wells, as well as surface waters; practice of open defecation for both children and adults; and lack of access to, or usage of, soap.

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[8] REACH (Jan 2020) Situation Overview: Humanitarian Needs and Conflict Dynamics in Hard-to-Reach Areas of Borno State

Figure 3: MSNI primary driver for households overall with severity scores of 3 or 4 in Adamawa State

■ FSL/WASH: 91%

■ Capacity Gap: 8%

■ Co-occurrence of 2 LSG among health/protection/shelter: 1%

Co-occurrence of impact and health/protection/shelter: 0%

An analysis per population group showed that proportions of households with severe or extreme severity of needs were fairly consistent across the board (73% of returnee households, 71% of non-displaced households and 68% of IDP households). This might be an indication that needs in Adamawa were less determined by affected populations' status, but exacerbated by longer term structural and socio-economic drivers such as chronic underdevelopment, little access to assistance[9] or recovery, and heightened flooding hazard during rainy season,[10,11] notably in more rural communities.

The situation of returnee households in Adamawa was of particular interest. Based on population figures, the returnee population of Adamawa State was mostly residing in Northern Adamawa LGAs, especially those bordering Borno State and still experiencing relatively frequent security incidents such as Madagali or Michika.[12] In the case of returnees, WASH needs were less prevalent in driving severe and extreme multi-sectoral needs, and capacity gaps, on the contrary, were more prevalent. This showed that, despite deep structural and underdevelopment needs across the State, there were still some geographical pockets affected by the ongoing conflict as well.

Lower reported needs in Yobe State

Overall in Yobe State, 63% of households were found to have severe or extreme humanitarian needs, the lowest proportion compared to the other two States. For 49% of those households, this severe or extreme severity of needs was primarily driven by an LSG in WASH, for 17% by an FSL LSG and for 14% by a combination of both. The remaining 20% households had needs driven by capacity gaps (15%) and a co-occurrence in LSG in health and shelter (5%). This needs profile was similar to that of households in Adamawa State, with some structural needs identified through WASH LSG, but in lower proportions. This was especially the case in rural areas, and more so in Northern LGAs where nomadic populations are suffering from desertification and the decrease of available arable land for livelihoods. This situation also meant that food insecurity was also more prevalent in those

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[9] Across Adamawa State, less than 10% of households reported receiving any assistance in the 6 months prior to data collection in every LGA – the lowest rate compared to the other two states.
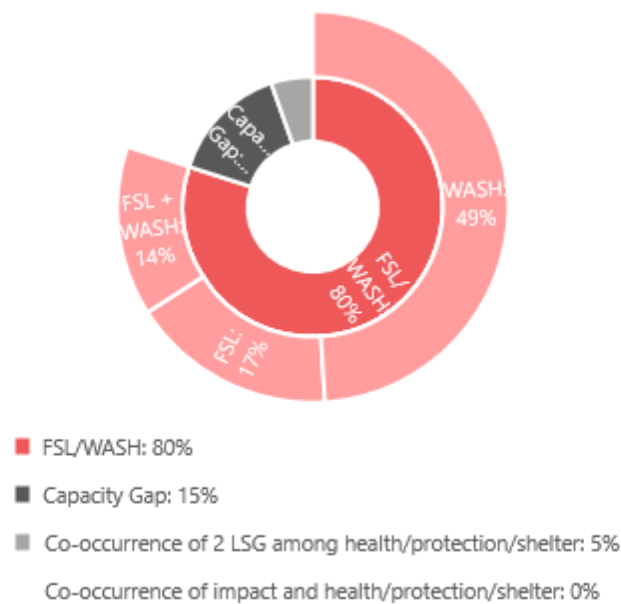
[10] For example of yearly damage of flood in Adamawa State, see the "Adamawa State Flood Snapshot as of 18 November 2019" from OCHA

[11] Adamawa State has historically been a challenging environment for water needs and infrastructure (or lack thereof) – for a detailed understanding of geographical water-related issues see for instance Okoru, D.B. et al., "The State of Water Supply in Rural and Peri-Urban Communities in Adamawa State, Nigeria" in *Journal of Multidisciplinary Engineering Science and Technology,* 2015.

[12] Based on higher proportion of households reporting experiencing security incidents in this area compared to other areas of the State, as well as secondary data e.g. Premium Times Nigeria (Jan 2020) "Many killed as troops engage Boko Haram in Adamawa"

areas.[13] The LGAs with the highest proportions of households with severe or extreme multi-sectoral needs were Yusufari (83%) and Machina (81%), both in Northern Yobe in more or less arid setting.

Figure 4: MSNI primary driver for households overall with severity scores of 3 or 4 in Yobe State

- FSL/WASH: 80%
- Capacity Gap: 15%
- Co-occurrence of 2 LSG among health/protection/shelter: 5%
   Co-occurrence of impact and health/protection/shelter: 0%

The highest proportion of households with severe or extreme severity of needs in Yobe were IDP households (66%), compared to 63% of non-displaced households and 49% of returnee households. Out of those 66% of IDP households with a severe or extreme severity of needs, 33% had their needs primarily driven by a WASH LSG, 33% by an FSL LSG, and 17% by a combination of both. Compared to other groups, IDP households were more prone to food insecurity, and in that resembled more the needs profile of affected populations in Borno State or returnee households in Adamawa State. Indeed, a common characteristic from population figures was that IDP households resided primarily in urban centres but also in areas neighbouring Borno State in Eastern Yobe (Damaturu, Gujba, Gulani, Tarmua LGAs), which were still suffering from security incidents and including hard-to-reach areas.

Household vulnerabilities

Borno State hosted the highest proportion of vulnerable households with 16% vulnerable overall. Following Borno, Yobe State hosted 12% of vulnerable households; finally, Adamawa State hosted the smallest proportion of vulnerable households (8%). In each State, the population that experienced one or several displacements (IDP and returnee households) tended to be more vulnerable than non-displaced households. This could be explained by the fact that households in displacement are usually more prone to being female- or child-headed[14] and to include members with illnesses or vulnerabilities.

In general, a more thorough analysis on the interplay between vulnerability in the households and severe/extreme multi-sectoral needs should be conducted, to establish a proper link or not between those two variables, in order to deepen our understanding of those most vulnerable households in the BAY States.

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[13] See CH analysis from October 2019 with Geidam and Yunusari LGAs e.g. in the North classified as Phase 3. Retrieved from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/11/CH-FINAL-FINAL-FICHE_OCT-2019.pdf
[14] For instance, see "The impact of the conflict on female-headed households in the North East", UNHCR Protection Monitoring Thematic Report, June 2018 for reporting on the Nigerian context in particular. Among the reasons reported to explain the prevalence of female-headed households among displaced households, included men affected by security incident in previous area, or detained, or male and female separated during the displacement.

Conclusion

Households across the BAY States in 2019 continued to suffer from severe and extreme multi-sectoral needs, as a result of the ongoing conflict, a deteriorating access to humanitarian assistance, multiple displacements, chronic underdevelopment and recurring seasonal natural hazards. Therefore, those needs will most likely persist and could aggravate in 2020, eroding livelihoods, hindering service access and placing pressure on host communities and resources. In light of this, there are still many information gaps to be filled, especially on more complex analysis and linkages between vulnerabilities and severity of needs, or the effect of those drivers and humanitarian needs on households' and individuals' physical and mental wellbeing. REACH is recommending to pursue effective coordination through the relevant OCHA platforms and with as many partners as possible to conduct another MSNA in 2020 to efficiently respond to those persisting information gaps and to provide evidence-based information for future planning and programming.

CONTENTS

List of Acronyms

4Ps	Pantawid Pamilyang Pilipino Program
BAY	Borno, Adamawa and Yobe
CBO	Community Based Organisation
CCCM	Camp Coordination and Camp Management
CFW	Cash for Work
CRS	Catholic Relief Services
DILG	Department of Interior and Local Government
DSWD	Department for Social Welfare and Development
ECHO	European Civil Protection and Humanitarian Aid Operations
FCS	Food Consumption Score
FDG	Focus Group Discussion
FSL	Food Security and Livelihoods
GSC	Global Shelter Cluster
H2R	Hard to Reach
HH	HouseHold
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IFRC	International Federation of Red Cross and Red Crescent Societies
IDP	Internally Displaced Person
IMWG	Information Management Working Group
IOM	International Organisation for Migration
ISWG	Inter-Sector Working Group
JIAF	Joint Inter-Sectoral Analysis Framework
KII	Key Informant Interview
LSG	Living Standards Gap
MHPSS	Mental Health and Psychosocial Support
MMC	Maiduguri Metropolitan Council
MSNA	Multi-Sector Needs Assessment
MSNI	Multi-Sectoral Needs Index
MUAC	Mid-Upper Arm Circumference
NFI	Non-Food Items
UNOCHA	United Nations Office for Coordination of Humanitarian Activities
ODK	Open Data Kit
PSU	Primary Sampling Unit
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene

Geographical Classifications

State	Admin 1 level – Highest form of governance below the national/federal level
LGA	Admin 2 level – Governance level below State level; primary geographical unit of analysis of 2019 Nigeria MSNA
Ward	Admin 3 level – Administrative level below LGA level
Settlement	Admin 4 level – Administrative level below ward level, and lowest harmonized level of geographical analysis in Nigeria

List of Figures, Tables and Maps

INTRODUCTION

As the protracted crisis in North-East Nigeria progressed in its tenth year, and despite a sustained number of humanitarian actors responding to the crisis, humanitarian needs in Borno, Adamawa and Yobe (BAY) States remained dire and multi-faceted in 2019. The conflict has resulted in an estimated 7.1 million individuals in need of humanitarian assistance in 2019 – more than 50% of the entire estimated population of the three affected States.[15] Moreover, over 80% of internally displaced persons (IDPs) were located in Borno State only, the epicentre of the protracted crisis, with a majority living in urban host communities, making it difficult for actors to reach them and to plan responses appropriate to urban contexts. In addition to this humanitarian landscape in accessible areas, for 2020 the humanitarian community has identified approximately 1 million individuals staying in hard-to-reach areas with limited to no access to humanitarian assistance.[16]

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The MSNA was conducted to inform the analysis of the Humanitarian Needs Overview (HNO) and prioritization as well as resource allocation within the Humanitarian Response Plan (HRP). The overall objective was to better understand the needs and vulnerabilities of crisis affected populations in Northeast Nigeria in response to the lack of consistent reponse-wide information in the BAY States through evidence-based household information. The assessment was funded by the European Civil Protection and Humanitarian Aid Operations (ECHO). Data collection took place between 17 June and 30 July 2019 covering IDP, returnee and non-displaced households in all accessible areas of Borno, Adamawa, and Yobe States.

This report is stuctured as follows:
- Methodology;
- Findings;
  - o Drivers of the crisis;
    - ▪ Events and Shocks;
    - ▪ Demographics and Household Vulnerabilities.
  - o Humanitarian conditions;
    - ▪ Most extreme needs found in Borno State;
    - ▪ Persisting severe structural needs in Adamawa State;
    - ▪ Lower reported needs in Yobe State.
- Conclusion;
- Annexes.

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[15] OCHA, Humanitarian Needs Overview 2019 Nigeria
[16] OCHA, Global Humanitarian Overview 2020, Nigeria chapter

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METHODOLOGY

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The MSNA was implemented through a crisis-wide statistically representative household survey across the BAY States, with the aim to cover all accessible areas and all target populations: non-displaced, IDP and returnee households. A stratified, two-stage cluster sampling was used, with the main strata being the LGAs, which was the commonly agreed upon main geographical unit of analysis for OCHA's HNO analysis. Clusters were selected based on the proportions of the target populations within the clusters to ensure the findings were accurate across population groups. Findings were generated according to a series of data analysis plans outlined below, each adding a layer of understanding on severity of needs, and based on indicators selected and refined by a common work between REACH and all sectors, sub-sectors, and the OCHA Nigeria Information Management (IM) Unit for inter-sectoral elements of the survey, subsequently endorsed by the ISWG.

Main Objective & Research Questions

As defined in the available research terms of reference, the main objective of the study was to provide a strong evidence base of information on multi-sectoral humanitarian needs of affected populations in BAY States of north-east Nigeria and inform multi-sector humanitarian programming for 2020.

To achieve this main objective, the research questions were as follows:
- 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?" *[inter-sectoral analysis]*
- What are the characteristics and vulnerabilities of the households?
- What are the causes and triggers of household displacement, and movement intentions?
- What are the nutrition challenges experienced by small children and mothers?
- What are the challenges of accessing health services for households and what is the vaccination status of children?
- What are the issues related to water quantity and use, hygiene practices, menstrual cycle management and access to sanitation for households?
- What are the issues related to shelter and Non-Food Items (NFIs) for households?
- What are the issues related to food quantity and access, availability of firewood/fuel and practices of agriculture for households?
- What are the issues related to household livelihoods and access to essential public infrastructure?
- What are the issues related to access to education in the household?
- What are the issues related to safety and security, legal documentation and movement restrictions for households?
- How is the access to child- and woman-protection services in the area, and what are the issues related to mental health in the households?
- What are the issues related to access to information and assistance? What are the specific issues related to protection mainstreaming?
- What are the environmental and security challenges experienced in the accessible communities?
- What are the challenges related to accessing services and infrastructure in the accessible communities?

Scope

Geographical scope and populations of interest

As the objective of the MSNA was to cover all accessible areas in the BAY States, all settlements with at least 5 households[17] were included, inclusive of camp settings using the International Migration Organisations

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[17] At least 5 households identified from initial population figures used for the sampling frame – the rationale for this exclusion of settlements with fewer than 5 households was that population figures were mostly drawn (especially in host communities) from satellite imagery coupled, in some places but not all, with

Displacement Tracking Matrix. The crisiwide scope was agreed upon with OCHA and the ISWG in order to inform as best as possible the HNO analysis, and to include as much of the crisis-affected population as possible. The target population was non-displaced, internally displaced and returnee households. In total, data was collected in 59 LGAs out of 65 in the BAY States, the remaining 6 not being assessed in this study due to insecurity or no partner organization on the ground at the time of data collection[18].

Map 2: 2019 Nigeria MSNA Sampling Coverage:

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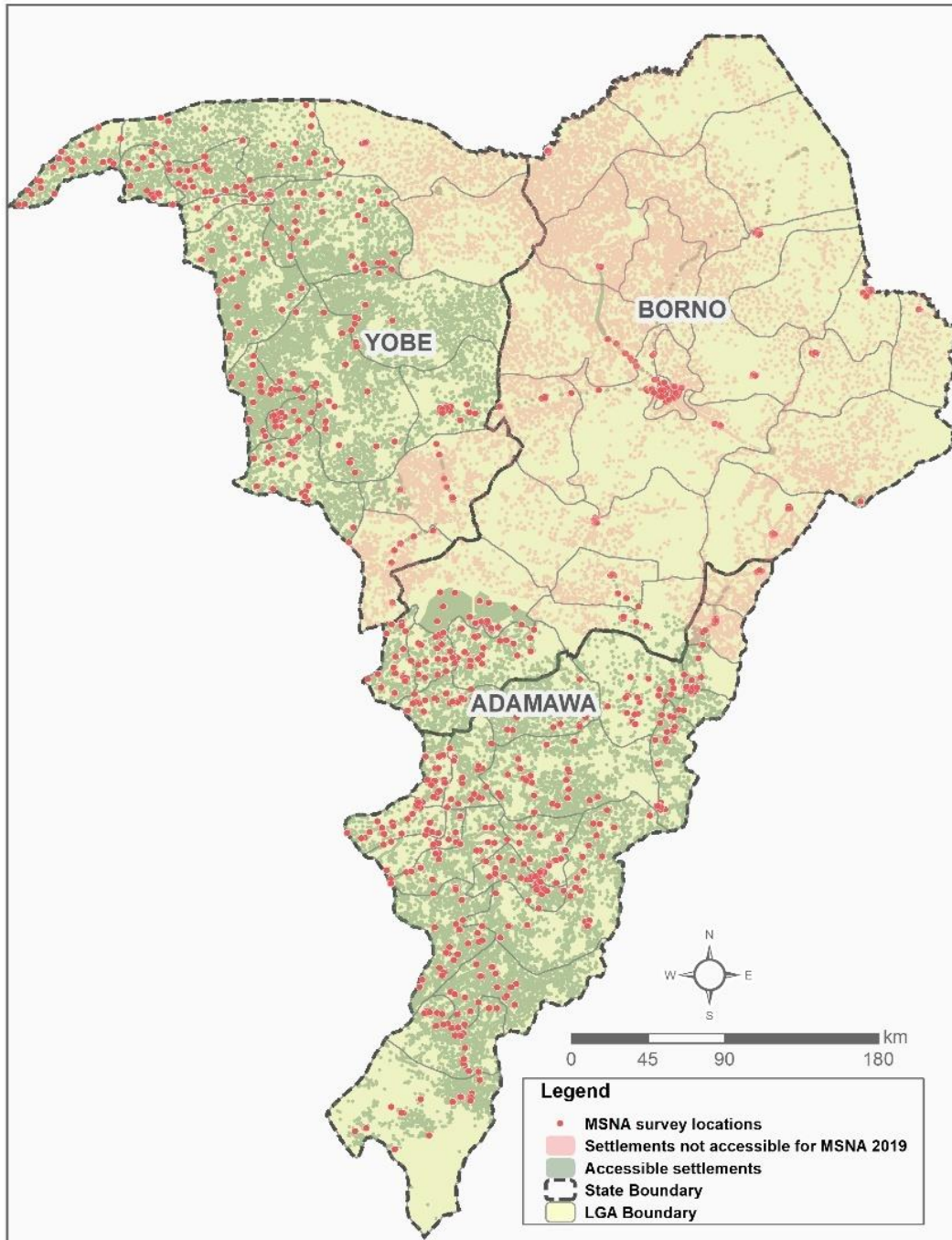
human observation/confirmation. Based on previous studies and experiences, those places were likely to actually host no household at all or very few, and thus could have created further issues with the MSNA sampling frame during data collection.

[18] LGAs that could not be assessed were Geidam, Guzamala, Kukawa, Nganzai, Abadam and Marte LGAs.

Thematic scope

In addition to covering all the sector-specific areas of interest included under the research questions above, the MSNA tool also covered some cross-sectoral themes to enable further understanding of affected populations' vulnerabilties and needs. These additional themes included demographics, displacement, assistance and accountability to affected populations, information and communication.[19]

Sampling Strategy

Household surveys: For the main data collection, a stratified, two-stage cluster sampling was used. The LGAs were the strata, while the primary sampling unit (PSU) was defined as the settlement/camp, and the secondary sampling units were households within those locations. Each PSU was considered to be a location for one specific population group. This means that the same community with both IDPs, and non-displaced populations could in some occasions be considered two separate units. At the sampling design, the population was sampled at a confidence level of 95% with a 5% margin of error at the LGA level[20]. Following data checks and deletion of some surveys due to concerns over data quality, the final sample has a 90% confidence level with a margin of error of 10% at LGA level.[21]

Two rounds of sampling have been conducted for the PSUs: 1) probability proportional to size sampling of clusters at the LGAs level, irrespective of population group and 2) a "top-up" sampling of additional clusters to ensure the minimum sample for each population group was reached within each State. Additionally, a set of "reserve" clusters were sampled in the event that too many locations were found to be abandoned, inaccessible or did not host the intended population group in a given LGA.

Households to interview were randomly selected in each of the clusters, through randomly generated GPS points which were included in phones for enumerators and supervisors prior to the start of each day of data collection. More GPS points were generated than the number of surveys needed to reach the intended confidence level and margin of error, to account for potential empty spaces, wrong population group, absent household at the time of visit, etc.

Find a more detailed table with survey numbers per LGA and for each population group in annex to this report.

Key informants surveys: In addition to the main data collection, a short questionnaire was administered to at least one key informant (KI) per settlement/cluster assessed. Generally administered before household surveys, this KI questionnaire served the purpose of outreach to local/traditional authorities, in addition to try and gather some area-level information on access to basic services and main infrastructure in the clusters visited (relating to the last research question aforementioned). In total, 1,010 key informants were interviewed. This sampling was purposive and data should be considered indicative only.

Final Sampling Frame: In total, 8,019 household surveys in 1,114 settlements/clusters were conducted and kept for analysis. Representative data was collected in all but one LGAs covered for the overall population of the LGA. Findings can be generalized to the population in each LGA with a 90% confidence level and a 10% margin of error, with the exception of Madagali, Magumeri, and Song LGAs which have a confidence level of 90% and a margin of error of 11%. Only in Yunusari LGA should findings be considered indicative only as the number of household surveys kept for analysis (post-data cleaning) is too low to yield representative results. As discussed previously, hard-to-reach areas and 6 LGAs have been excluded from this sampling frame, and findings cannot be generalized to those areas.

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[19] Specific outputs related to assistance, accountability to affected populations, and information and communication, are forthcoming
[20] The population figures for the Nigeria 2019 MSNA sample were obtained using a mix of Vaccination Tracking System datasets (retrieved from: http://vts.eocng.org/population/LGA?s=&l=&gender=MF&from=0&to=100) mainly for non-displaced populations, and IOM Displacement Tracking Matrix datasets for IDP and returnee populations (retrieved from: https://displacement.iom.int/nigeria - the round used for MSNA sampling was Round 26 datasets).
[21] The initial expected level of representativeness in some LGAs was affected by some record deletion at a second stage of data cleaning and therefore the results for those LGAs did not meet the initially expected precision levels. This was the case for 3 LGAs (Madagali, Magumeri and Song LGAs), for which the margin of error was 11%; and Yunusari LGA, for which results should be considered indicative only.

Primary data collection

Data was collected between 17 June and 30 July 2019 by REACH and five data collection partners' teams[22], previously trained on the MSNA process and questionnaire.

Training and data protection strategy

An overarching Training of Trainers (ToT) was facilitated by OCHA and REACH for REACH teams and partners in Maiduguri during the week of 10 June 2019. Subsequently, trickle-down trainings were organised in Adamawa State (Yola town) and Yobe State (Damaturu town), as well as in "fly locations" (data collection locations only accessible through helicopter flights in Borno State and therefore for which enumerators could not be trained in Maiduguri) in Borno State.

The ToT was divided in four parts:
- Explaining REACH work, the MSNA approach, and its main objective [½ day];
- In-depth explanation of the methodology (sampling, targets, reporting structure for partner organisations to the main REACH team) and questionnaires [2 days];
- "Side sessions" including [1 ½ days]:
  - Sessions on protection mainstreaming and do-no-harm: approaching the household, ensuring confidentiality, referral systems e.g. for malnutrition cases;
  - Sessions from sector coordinators or technical experts: on nutrition and Mid-Upper Arm Circumference (MUAC) from a nutrition sector expert, on psychosocial/mental health indicators from the mental health and psychosocial support (MHPSS) working group coordinator, on grave protection concerns and trafficking indicators from IOM counter-trafficking team, on explosive hazards from the Mine Action sub-sector coordinator;
  - Staff from Translators Without Borders also attended parts of the training as spectators, providing inputs and clarifications on the tool.
- Piloting of the tools in a camp setting in Maiduguri [1 day].

As per REACH's internal data protection guidelines,[23] only one person within the REACH team was downloading incoming data on a daily basis in order to limit access to household identifiers (including for the household survey: GPS points, individual household member's personal information, need for referral induced from data; and for the KI survey: names, GPS points, contact information of the KIs). A daily round of raw data checks was conducted to check occasional content mistakes, enumerators repeated errors/patterns, geo-checks for GPS sampling locations and population groups intended; subsequently, the database officer was contacting the respective REACH geographical focal points for follow-up with REACH or partner organisations' field teams. Cleaning issues were logged for transparency and ease of reference on a daily basis too; although a second, more in-depth round of data quality check was conducted after the end of the data collection to further refine the final dataset.

Primary data collection fieldwork

As discussed in previous sections, REACH and partners' teams implemented a household survey using a stratified, two-stage cluster sampling. For each team, the structure adopted was to have a REACH focal point per "geographical" area (3 in Borno State, and at least 2 for each of the other two States), with a team leader and from 10 to 15 enumerators per team. On average, it took 3 to 5 days to collect the target number of surveys per LGA.

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[22] These five data collection partners do not include Translators without Borders, whose support focussed on the design of the data collection tool.
[23] See research terms of reference for more information on the data management plan.

MSNA Analysis

Overview

The MSNA analysis process was performed in 3 consecutive layers, and was based entirely on indicators that were selected through consultations with sectors and OCHA, as well as based on a process that was also extensively presented and discussed with all relevant stakeholders.

Descriptive statistics: As mentioned above this first layer of analysis consisted in calculating descriptive statistics for each of the indicator included in the study. The results were disaggregated for all relevant geographical areas and population groups, i.e. at the LGA level overall, at the State level overall, and at the State level per population group.

Composite and inter-sectoral analysis (Multi-Sector Needs Index – MSNI): The second and third layers of analysis consisted in the sector-specific composite analysis as well as the final inter-sectoral analysis resulting in the MSNI. These were conducted following consultations with each sector and with the inter-sectoral IM team from OCHA on the sector-specific composite indicators, as well as the vulnerability, impact and capacity gap indices.

This report focuses on composite and inter-sectoral analysis, with only some occasional descriptive findings included where and when relevant. The analytical framework used is explained in more details below.

MSNA analysis framework

The Multi-Sector Needs Index (MSNI) is an analysis approach proposed by REACH for the 2019 MSNAs, which incorporates some elements of the draft Joint Inter-Sectoral Analysis Framework (JIAF), an analytical framework being developed at global level aiming to enhance understanding of needs of affected populations at a more inter-sectoral level. The Nigeria MSNA analysis tried to follow as much as possible the draft JIAF:

1. Context informed by a secondary data review developed jointly with sectors through the Information Management Working Group (IMWG);
2. Event and Shock pillar (called in this report "Primary drivers") also informed by the secondary data review and primary data collection on household vulnerabilities; the Impact pillar informed by a composite indicator looking at impact on people, on systems and services, and on access;
3. Humanitarian Conditions pillar informed by the sectoral analysis as well as inter-sectoral indicators such as the coping capacity gap;
4. The fourth and final pillar on Forecasted Needs informed by secondary data review.

The MSNI is the final decision tree analysis from the MSNA analytical framework that allows for categorization of household severity of needs. It aims to measure households' overall severity of humanitarian needs vis-à-vis their living standards, capacity gaps, and impact. It estimates severity of humanitarian needs (intensity) and proportion of households in each severity category (magnitude). The severity of needs is based on a 1 to 4 severity scale and assigned to a household level, once again trying to be as close as possible to the JIAF: 1 for no or minimal level, 2 for stress level, 3 for severe level, and 4 for extreme level.

This MSNI analysis is considered an interim approach until the JIAF is fully endorsed and implemented at the global level.

Challenges and Limitations

Limitations rose throughout the assessment and should be taken into consideration when reading the findings in this report:

- Enumerators teams only interviewed one person in the households, usually the head of household or someone able to provide information on the household. This may skew some responses, as the views of other members in the households – potentially as much or more vulnerable – might not be represented.

- Findings relating to a subset of the population may have a lower confidence level and a wider margin of error, as such they should be considered indicative only.

- Some recall periods built within the questionnaire, especially in the food security sector, were aligned with the Ramadan period and thus could account for small deviations in reports of households' food consumption patterns in the first week of data collection for instance;

- The sampling only focused on accessible areas in the BAY States: this means that – due to large parts of Borno State being hard-to-reach – the sampling frame in Borno State was eventually more urban than in Adamawa and Yobe States, and representing areas that were more prone to include basic services. This should be kept in mind when analysing Borno-only results, as well as comparing results between States.

- Similarly, hard to reach areas were not included in the sample frame of this assessment. As such, findings cannot be generalized to hard-to-reach areas and households living in those areas may have different needs. In this report, the findings relating to the humanitarian situation in hard-to-reach areas are derived from REACH's Hard-to-Reach (H2R) activity,[24] which uses a different methodology and notably only presents indicative results that are not statistically generalizable.

- REACH facilitated for the first time in Nigeria an MSNA data collection with five other implementing partners with the anticipated logistical and management hurdles this could represent. This could have led to some small discrepancies in the data collected.

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[24] REACH's Hard to Reach Nigeria Project Terms of Reference

Drivers of the Crisis

Events & Shocks

Armed conflict and natural hazards are two widespread drivers of the current humanitarian crisis in the BAY States. The current situation caused by these drivers has been exacerbated by a lack of humanitarian access to certain areas,[25] with approximately 1 million people in hard-to-reach areas, a breakdown of basic service infrastructure, and multiple displacements of affected populations.[26]

Furthermore, seasonal events such as intense flooding during the rainy season have caused damage to shelters, increased concerns about food insecurity and water-borne diseases, and a breakdown in farming livelihoods.[27] Conversely, areas in the northern parts of Yobe and Borno have seen severe water shortages combined with a shrinking of accessible land to farm and graze due to desertification.[28] Another effect of the crisis includes secondary and tertiary displacements that lead to a strain on host communities and basic services, increasing the reliance on humanitarian aid.

Before 2009, the Northeast was already hosting "a population among the most underdeveloped and vulnerable in the country",[29] with limited access to resources and weak infrastructure. Based on the findings from this assessment, these underlying structural issues still exist and were the main drivers of needs especially outside of conflict-affected areas in the BAY States (e.g. more rural areas of Adamawa and Yobe, as well as in a few Southern LGAs in Borno).

Demographics and Household Vulnerabilities

Average household sizes was found to be similar in two of the States assessed, Borno and Adamawa. In Borno State, the average household size was 5.8 members, and was roughly similar across all assessed population groups: IDP households (5.5), returnee households (5.6) and non-displaced households (5.9). In Adamawa State, the average household size was 5.2, with a lower average size for IDP households (4.5), while this figure was 5.1 for non-displaced households and 6.2 for returnee households. The lower average household size within IDP populations in those two States might be linked to the higher proportions of IDP households mentioning missing, or being separated from, household members during displacement or because of security incidents.

As it was already observed during the 2018 Nigeria MSNA, the average household size in Yobe was higher than in both other States, with an average of 7.1 people per household overall according to this year's assessment. Returnee households were the largest with an average of 7.8 members, followed by IDP households (7.2) and non-displaced households (7.1). This specificity should be kept in mind for partners delivering assistance in Yobe State.

During this MSNA, household vulnerability was determined through a vulnerability index designed in coordination with the OCHA information management / inter-sectoral unit. Criteria included a consideration for **household composition:** female- and child-headed households,[30] households reporting a member with a disability or chronic illness, isolated households[31], age-dependent households[32] and households with pregnant or lactating women were

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[25] See e.g. "Humanitarian Access" section on the ACAPS Nigeria profile

[26] Between December 2018 and 2019 alone, at least three major displacement waves occurred in Borno State alone, from Kukawa LGA to Monguno and Maiduguri town, ACF France (January 2019), "Nigeria: New attacks in Borno force more than 50,000 to flee"; from Damboa rural areas to Damboa town, OCHA (May 2019), "Flash Update No. 1 - Displacement to Damboa LGA"; and from Rann LGAs to adjacent areas (Ngala town and Cameroon), Amnesty (February 2019), "Nigeria: Deadliest Boko Haram attack on Rann leaves at least 60 people murdered". Those displacement waves only accounted for more than 100,000 individuals displacing.

[27] See examples of sources on floods in August on this link: Reliefweb (August 2019); another source from WHO (September 2019), "Nigeria rushes into current flash flooding to mitigate health hazards"

[28] Umar, Y. et al (May 2018). "Impact of desertification on agricultural land in Northeast Yobe State" in *Journal of Global Ecology and Environment* (2018).

[29] World Bank (2016), "North East Nigeria: Recovery and Peacebuilding Assessment – Synthesis Report"

[30] Child defined as under the age of 18.

[31] Household with only one member.

[32] For the purpose of this MSNA, the threshold for "high" age dependency ratio was placed at 75%, meaning that more than 75% of household members were "dependent" (less than 15 years old or more than 65 years old) compared to other, "independent" household members.

considered vulnerable. In addition, a **geographical consideration** was added: households residing in a location determined through the *Cadre Harmonisé* analysis to be "food insecure" (phase 3 and above) were also considered vulnerable.[33]

As shown in Figure 5, Borno State was found to be hosting the highest proportion of vulnerable households (16%). Following Borno, Yobe State hosted 12% of vulnerable households; finally, Adamawa State hosted the smallest proportion of vulnerable households (8%). In each state, a higher proportions of households that experienced one or several displacements (IDP and returnee households) was found to be vulnerable than non-displaced households, as demonstrated in Figure 6 for Borno State.

Figure 5: % of vulnerable households overall, per State:
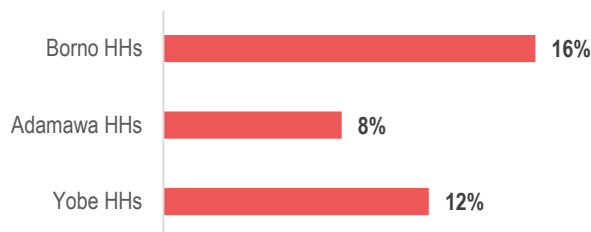
Figure 6: % of vulnerable households in Borno State, per population group:

Looking at specific criteria within the vulnerability index, female-headed households were most commonly found in Borno State (21%), followed by Yobe (12%) and Adamawa (10%). Female-headed households were more common among IDP households in all states, as well as among returnee households in Borno State (see Figure 7 below).

Figure 7: % of female-headed households, per State and population group:

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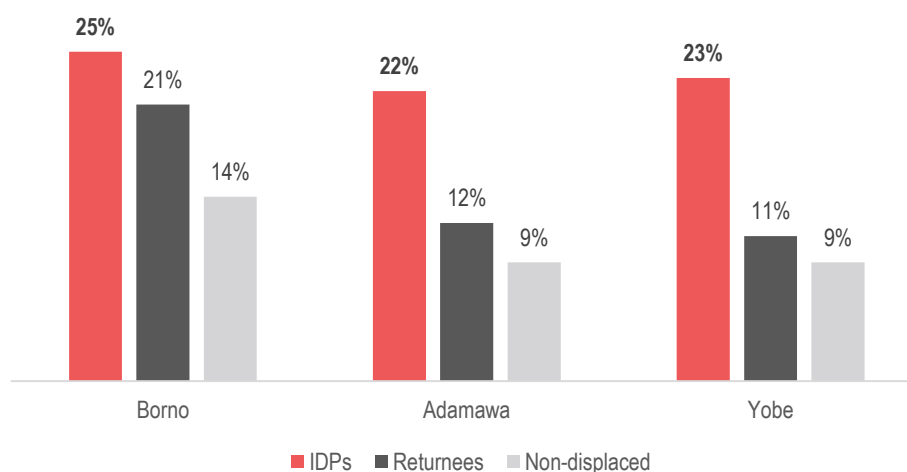
[33] See e.g. CH analysis from October 2019.

The proportion of child-headed households overall across the three States was similar, ranging from 4% in Borno State to 5% in Adamawa and Yobe States. However, this proportion rose when looking at returnee households, notably in Adamawa (11%) and Borno (7%) States. Returnee populations in both States refer to affected households recently returning to their areas of origins. Due to the context in the North East, these areas of origin are still likely experiencing conflict and instability, such as garrison towns in Borno State, and North-eastern LGAs (Michika, Madagali LGAs) in particular in Adamawa State. Due to the nature of insecurity, households directly affected by the conflict are more likely to have adult members missing than households that are not. This high proportion of households reporting adult members missing increases the likelihood of child headed households.

Overall, Yobe State had the highest percentage of households reporting a member with a disabled or chronically ill member (12%), followed by Adamawa (8%), and Borno (5%). By population group, returnee households in all three states had high proportions reporting a disabled or chronically ill household member in the household. The most affected population group was IDP households in Yobe, with 31% of them including a disabled or chronically ill household member.

The age-dependency ratio is a measure of the number of 'dependent' in the household (defined as non-working age members i.e. below 15 and above 64 during this assessment) compared with the number of 'independent' household members (defined as working age members i.e. between the ages of 15 and 64). Therefore, the higher the percentage is, the more vulnerable the household can be due to the relatively higher burden on those working age members to support non-working age members, than in households with a lower proportion of non-working age members.[34] For the purpose of this assessment, an age-dependent household is defined as a household with more than 75% of 'dependent' household members. Out of the three states, Borno had the highest percentage of age-dependent households (59%), followed closely by Yobe (56% - which could be explained by the larger average household size, including children or elderly) and Adamawa with only 35%. The lower results in Adamawa State might be due to relatively less disruption to livelihoods and stability compared to the other two States, leading to fewer households reporting missing or separated household members. These missing or separated household members may be of working age, increasing the ratio of dependent members to independent members, although further research is needed to better understand this finding. Additionally, 63% of Borno IDP and returnee households were calculated to be age-dependent. A higher proportion of displaced households classified as age-dependent might be even more worrisome as those households are more likely to have lost a source of livelihoods and therefore the independent household members might have more difficulties meeting the needs of those dependent (and potentially more vulnerable) members.

Finally, another characteristic of vulnerability taken into account in this assessment was the presence in households of pregnant and lactating women. The highest proportion was found in Yobe State with 42% of households including pregnant or lactating women, while in Borno this rate was 38% and in Adamawa 35%. When looking across population groups, this proportion was roughly similar for all groups in Borno and Yobe States, only in Adamawa State the rate was lower for IDP households (18%) compared to other population groups (34% and 36% respectively for returnee and non-displaced households).

As a general concluding observation on household vulnerability, in each State, higher proportions of households that experienced one or several displacements (IDP and returnee households) were found to be vulnerable than non-displaced households. These displaced populations had a higher prevalence of vulnerability indicators, including female-headed households and child-headed households. This is potentially due to the initial reason for displacement or the negative effects of displacement. In general, a more thorough analysis on the interplay between household vulnerability and severe/extreme multi-sectoral needs should be conducted, in order to deepen our understanding of most vulnerable households in the BAY States.

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[34] For more information on age-dependency, refer to this explanation from Investopedia.

Table 1: % of households including other vulnerability criteria (exclusive of female-headed households) among the accessible population, per State and population group:

	% of child-headed households	% of households with disabled or chronically ill member	% of age-dependent households	% of households with pregnant or lactating women
Borno State	**4%**	**5%**	**59%**	**38%**
IDP HHs	3%	5%	63%	40%
Returnee HHs	7%	6%	63%	40%
Non-displaced HHs	4%	6%	55%	37%
Adamawa State	**5%**	**8%**	**35%**	**35%**
IDP HHs	2%	9%	34%	18%
Returnee HHs	11%	15%	44%	34%
Non-displaced HHs	5%	7%	34%	36%
Yobe State	**5%**	**12%**	**56%**	**42%**
IDP HHs	6%	31%	61%	44%
Returnee HHs	1%	21%	69%	49%
Non-displaced HHs	5%	11%	55%	41%

Humanitarian needs

Overall, the 2019 Nigeria MSNA identified an estimated 6.91 million of individuals with an MSNI score of 3 or 4 (severe or extreme severity of needs) – with the epicentre of the crisis reflected in the 3.13 million individuals with severe or extreme severity of needs in Borno State (or 72% of all households in Borno), followed by 2.23 million in Adamawa State (71%), and 1.55 million in Yobe State (63%).[35] These final figures were calculated by using datasets from the Vaccination Tracking System[36] for non-displaced populations, and Round 26 of International Organisation of Migration's Displacement Tracking Monitoring datasets for internally displaced and returnee populations.

Figure 8: Proportion and number of households with severe or extreme severity of need (MSNI score of 3 or 4), per State and overall:
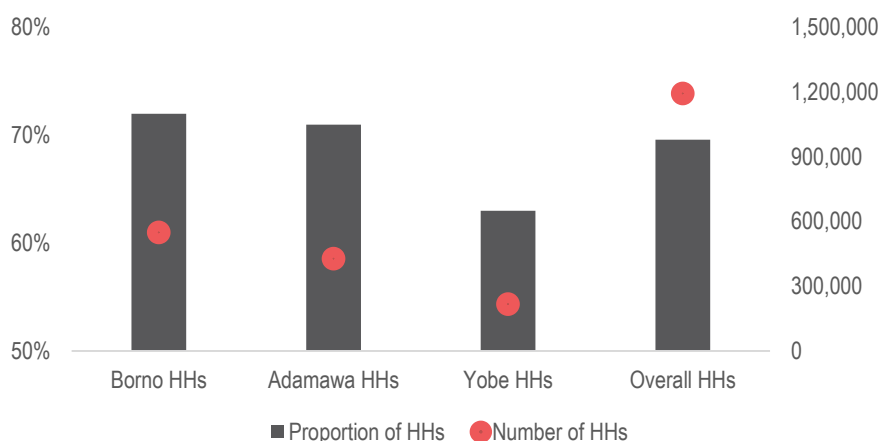
Looking at the MSNA composite indicator showing the severity of the impact of the crisis on households, figure 8 shows Borno IDP households were the most severely impacted population group compared to other groups or other States. Particularly high proportions of households in four LGAs in Borno State were found to have been severely impacted, including in Bama (57%), Konduga (31%), Kala/Balge (24%), and Mafa (15%).[37]

In Borno and in those LGAs in particular, this impact severity score was mostly driven by displacement of households and movement restrictions (when it came to impact on *people*), no access to basic services (when it came to impact on *systems and services)* and households living in locations where explosive hazards were reported, in addition to lower access for aid providers and commercial services than in other States and/or LGAs (when it came to impact on *access*).

Most extreme needs found in Borno State

Across Borno, multi-sectoral needs varied depending on geographical areas and population groups. An overall 72% of households were found to be experiencing extreme or severe multi-sectoral humanitarian needs (MSNI severity score of 3-4), including 57% facing severe needs and 15% extreme needs. This corresponds to close to 550,000 households estimated with severe or extreme severity of needs. Adding up estimates of household size for each population group, the 2019 Nigeria MSNA identified 3.13 million individuals with severe or extreme severity of needs in Borno State alone.

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[35] The final number is determined by using the initial sampling household figures, and multiplying it for each State and population group by the average household size found during data collection.

[36] Vaccination Tracking System can be accessed here.

[37] To inform on how the crisis impacted affected populations, REACH is consultation with partners especially the Information Management unit of OCHA designed a composite indicator – this indicator – incorporating elements of the draft JIAF – is looking at three sub-components of crisis impact: 1. Impact on people, 2. Impact on systems and services, 3. Impact on access to assistance. Combining those indicators, households are then classified in 4 different categories as explained in the methodology section above.

Overall, 44% of households with a severe or extreme severity of needs had their humanitarian needs primarily driven by an LSG (of severity score 3 or 4) in water, sanitations and hygiene (WASH), 23% primarily driven by an LSG in food security and livelihoods (FSL), and 16% primarily driven by a combination of WASH and FSL LSG. The primary driver of the remaining 17% of households with severe or extreme humanitarian needs was a capacity gap (severity score of 3 or 4 - 13%), a co-occurrence of LSG in shelter and health (3%), or a co-occurrence of shelter or health or protection LSG and high impact (severity score of 3 or 4) from the crisis (1%).

Figure 9: MSNI primary driver for households overall with severity scores of 3 or 4 in Borno State
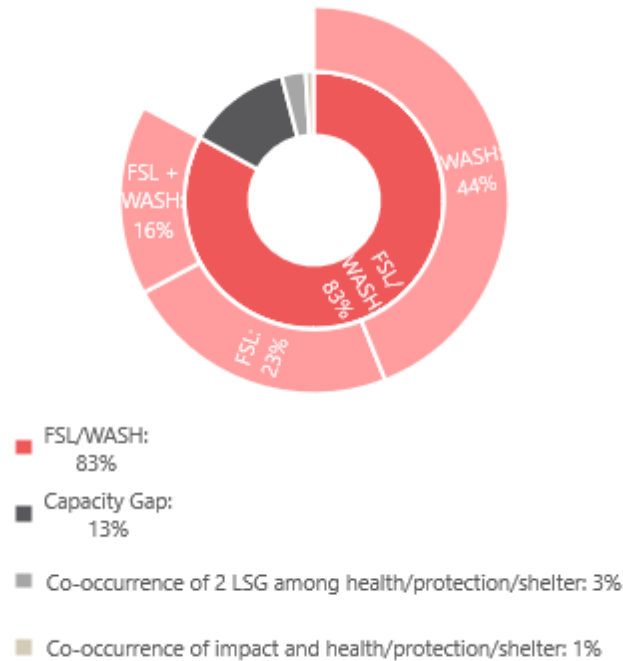
Figure 10 shows a breakdown by population groups, indicating the highest proportion of households with severe or extreme severity of needs are IDP households (75%). Projecting these figures on the estimated population numbers in Borno State, that has the highest number of households among the three States assessed, show that in terms of absolute numbers, the non-displaced population group had the highest number of individuals with severe or extreme severity of needs.

Figure 10: Proportion and number of households with severe or extreme severity of need (MSNI score of 3 or 4), by population group in Borno State
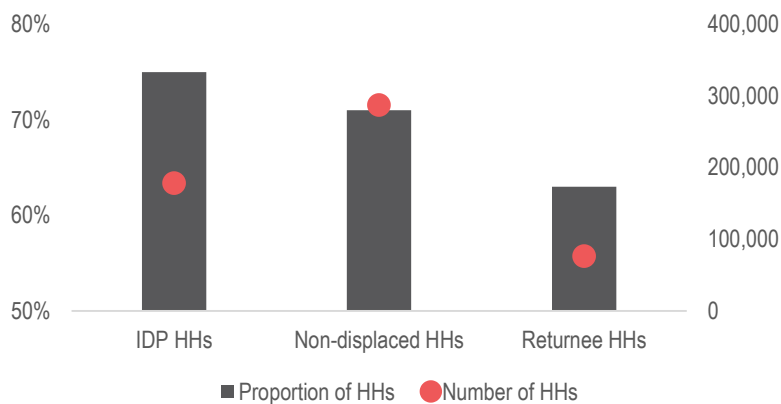
There was a clear geographical divide when it came to primary drivers of severe and extreme needs in Borno State. At the LGA level, proportion of households with extreme and severe humanitarian needs were found to be the highest in Bayo (86%), Shani (85%), Chibok (82%), and Bama (81%) LGAs. Two factors should be considered when looking at geographical disaggregation of results in Borno State, including the sampling frame already aforementioned and the presence of aid actors in the area. Firstly, the sampling in Central, East and North Borno was primarily in urban centres (areas accessible for data collection), which have a larger number of humanitarian actors present and tend to have more access to basic services, such as improved water sources (hand pumps and boreholes) and, to some extent, food and non-food items either through distributions or on markets. Conversely, in South Borno,[38] high needs could be rooted in longer-term, structural issues in the area, especially around WASH and health services and infrastructure. Although this area is less prone to security incidents[39], it still had a significant presence of IDP households in urban communities and fewer resources (both basic services and actors present) to mitigate the socio-economic strain that such an IDP presence could represent[40].

Reflecting this divide, the primary driver of severe and extreme humanitarian needs in South Borno was mainly an LSG in WASH, impacting mostly non-displaced populations; while in the rest of the State, severe and extreme needs tended to be more driven by an LSG in food security, as shown on the maps below. As mentioned above, in South Borno, the MSNA sampling frame was able to capture more rural areas, that were found to be affected by more underlying development issues such as weak water and hygiene infrastructure, likely driving severe or extreme WASH LSG scores in these LGAs".

Map 3: % of HHs in Borno State with an LSG severity score in WASH of 3 or 4, overall:
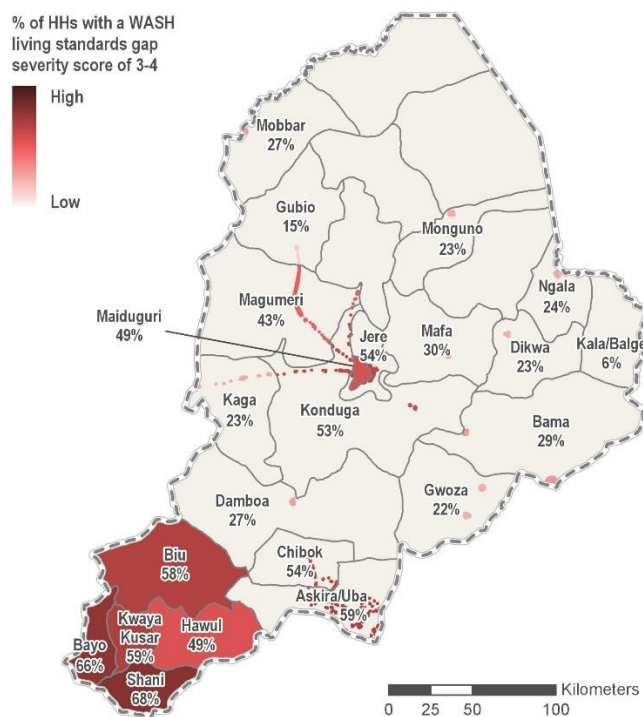
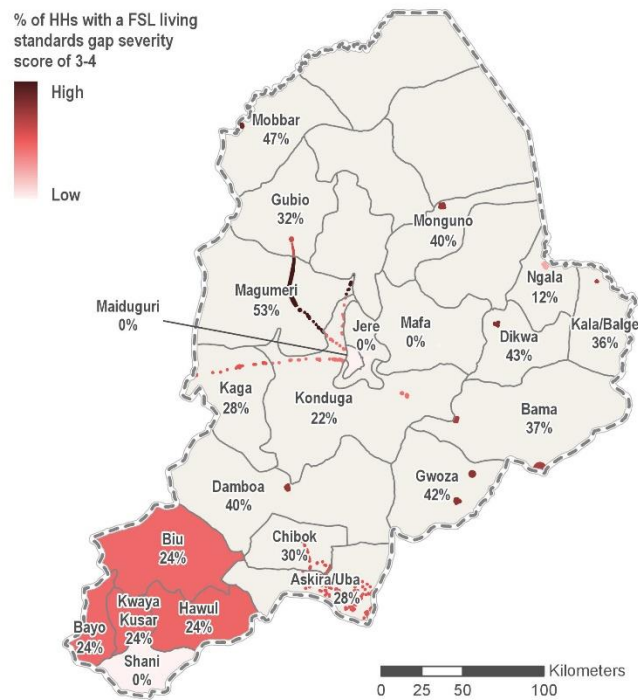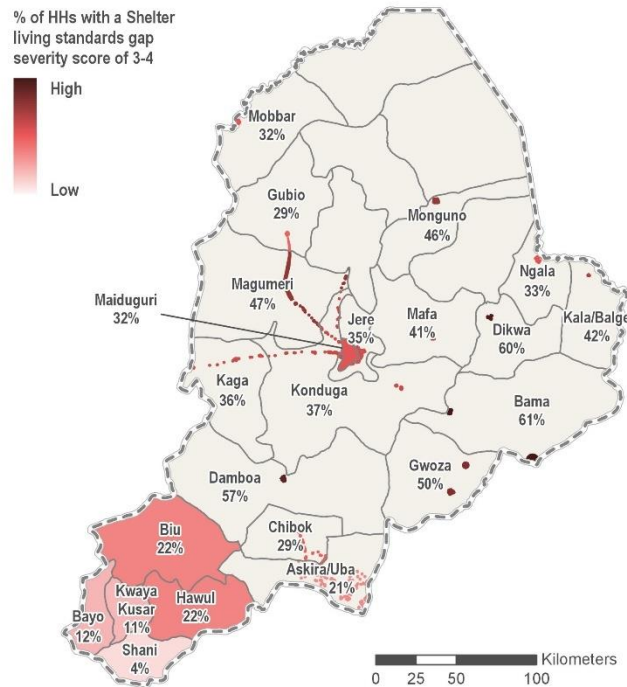[38] Askira-Uba, Bayo, Biu, Chibok, Hawul, Kwaya-Kusar, Shani LGAs

[39] See figure "Map of Violent Activities Associated with Boko Haram (1st January 2016 – 2nd February 2019)" from The New Normal: Continuity And Boko Haram's Violence In North East Nigeria" by ACLED

[40] IOM Displacement Tracking Matrix datasets for IDP and returnee populations (The round used for MSNA sampling was Round 26 datasets).

Map 4: % of HHs in Borno State with an LSG severity score in FSL of 3 or 4, overall:

% of HHs with a FSL living standards gap severity score of 3-4

High

Low

Mobbar
47%

Gubio
32%

Monguno
40%

Magumeri
53%

Ngala
12%

Maiduguri
0%

Jere
0%

Mafa
0%

Dikwa
43%

Kala/Balge
36%

Kaga
28%

Konduga
22%

Bama
37%

Damboa
40%

Gwoza
42%

Biu
24%

Chibok
30%

Askira/Uba
28%

Bayo
24%

Kwaya
Kusar
24%

Hawul
24%

Shani
0%

Kilometers
0   25   50   100

Map 5: % of HHs in Borno State with an LSG severity score in shelter of 3 or 4, overall:

% of HHs with a Shelter living standards gap severity score of 3-4

High

Low

Mobbar
32%

Gubio
29%

Monguno
46%

Magumeri
47%

Ngala
33%

Maiduguri
32%

Jere
35%

Mafa
41%

Dikwa
60%

Kala/Balge
42%

Kaga
36%

Konduga
37%

Bama
61%

Damboa
57%

Gwoza
50%

Biu
22%

Chibok
29%

Askira/Uba
21%

Bayo
12%

Kwaya
Kusar
1.1%

Hawul
22%

Shani
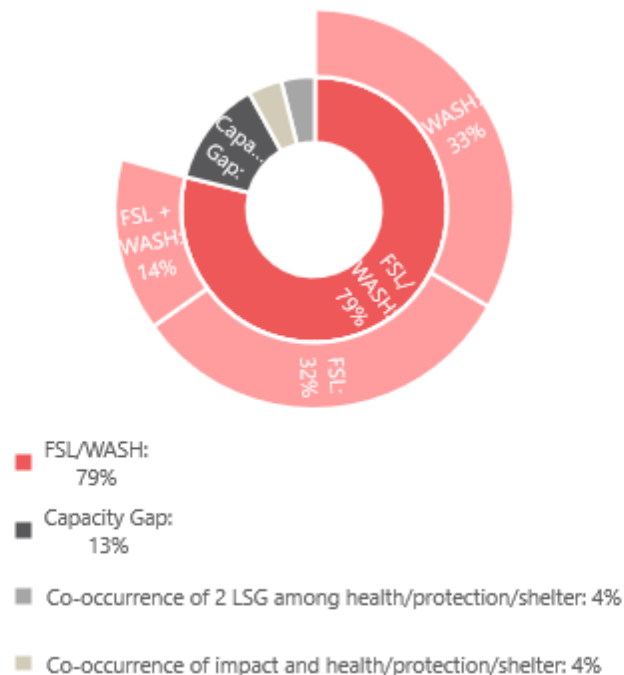4%

Kilometers
0   25   50   100

Case Study: Borno IDP households

A breakdown by population group reveals extreme or severe humanitarian needs amongst 75% of IDP households, 63% of returnee households, and 71% of non-displaced households.

Of those IDP households with severe or extreme needs, 33% primarily derived their needs from an LSG in WASH, 32% from an LSG in FSL, and 14% from a combination of both. This showed that compared to non-displaced households in Borno State, IDP households were more prone to food insecurity (32% compared to 14% of non-displaced) and lower WASH LSGs (33% compared to 55% of non-displaced). In addition, 13% of IDP households derived severe or extreme needs from capacity gaps, 4% from a co-occurrence of severe or extreme shelter, protection or health LSG, and 4% from a co-occurrence of severe or extreme impact of the crisis and shelter, health or protection LSG.

Compared to other households in Borno State, a large proportion of IDP households were found to have severe and extreme shelter LSG (58% compared with 38% of returnee households and 22% of non-displaced households). Severe or extreme shelter LSG scores were predominantly due to displacement from original homes, inadequate and damaged shelters,[41] and risk of eviction (17% of IDP households compared to 10% of non-displaced households, although returnee households were the most likely to report being at risk of eviction, at 19%).

Figure 9: MSNI primary driver for IDP households with severity scores of 3 or 4 in Borno State

- FSL/WASH: 79%
- Capacity Gap: 13%
- Co-occurrence of 2 LSG among health/protection/shelter: 4%
- Co-occurrence of impact and health/protection/shelter: 4%

Furthermore 5% of Borno IDP households were found to have a severe or extreme LSG in protection. Although the proportion is not high, it is the highest across the three states and all population groups.[42] This result was driven by higher proportions of households experiencing conflict-related incidents and movement restrictions in Central and

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[41] For instance, some IDP households were residing in overcrowded camps. See e.g. ECHO Daily Flash of 8 February 2019, on "Overcrowded Internally Displaced People Camps".

[42] Within the 2019 Nigeria MSNA, low protection results were found when aggregating the analysis to a composite level. While, as mentioned in the methodology, the sectoral LSG composite indicator for Protection was informed by the Protection sector and subsectors together with REACH, it resulted in low percentages 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.

More in-depth analysis of protection concerns and coordinated work with the sector and sub-sectors on composite analysis will need to be conducted in the next assessment.

East Borno LGAs where a large number of IDPs resided (Dikwa 27%, Ngala 25%, Bama 22% and Gubio 19%). Higher proportions of IDP households reported missing household members due to the conflict and displacement. The LGAs in which the largest proportion of households reported at least one adult missing were Bama (28%), Gwoza (21%) and Dikwa (19%), whilst the LGAs in which the largest proportions of households reported at least one children missing were Kala-Balge (34%), Damboa (16%) and Dikwa (14%). Finally, high proportions of households in Central and East Borno also reported lacking personal identification documents, with Bama (30%), Monguno (29%) and Magumeri (26%) containing high percentages of households with at least one child AND one adult missing documentation.

South Borno LGA: Chibok was foud to be particularly effected by instability, structural issues and low humanitarian access,[43] with 82% of households having severe or extreme humanitarian needs. These needs were primarily driven for 51% of those households by an LSG in WASH, for 21% by an LSG in FSL, and for 16% by a co-occurrence of both WASH and FSL LSGs. Chibok was an unique case in South Borno in that it was affected like other South Borno LGAs by deep WASH structural issues, lesser access to a broad range of services, as well as by regular conflict-related security incidents.[44] High WASH scores in Chibok LGA were driven by inadequate handwashing practices (only with water), the use of unimproved water sources (mostly open wells), and reliance on negative coping strategies due to a lack of water. The dire humanitarian needs in Chibok LGA were further worsened by the aforementioned insecurity and reduced humanitarian access to the area. Only 10% of households in Chibok reported receiving humanitarian assistance in the six months prior to data collection, despite the LGA being similarly conflict-affected as some neighbouring Central and East Borno LGAs.

East Borno LGA: In Bama LGA, 81% of households had severe or extreme humanitarian needs, the higher proportion in Borno State, excluding South Borno LGAs for the more structural reasons aforementioned. These needs were primarily driven for 39% of households by an LSG in FSL, for 28% by an LSG in WASH, and for 7% by a co-occurrence of both. The remaining 26% of households primarily derived their needs from either capacity gaps (10%), a co-occurrence of 2 LSG among health, protection and shelter (8%); or a co-occurrence of severe or extreme impact from the crisis and an LSG in health, protection or shelter (8%).

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[43] In Chibok LGA too some areas could not be accessed by MSNA data collection teams due to security concerns, a situation that happened only in Biu and Chibok LGAs in South Borno.
[44] There have been regular attacks and abductions in Chibok LGAs since several years with the mass abduction of the "Chibok girls" (see https://www.hrw.org/news/2019/04/15/nigeria-5-years-after-chibok-children-still-risk) or more recently indiscriminate attacks and setting ablaze of houses (see https://punchng.com/bharam-attacks-chibok-as-parents-bbog-mark-2000-days-of-girls-abduction/ or https://www.voanews.com/africa/7-killed-nigeria-jihadist-attack-christmas-eve)

Figure 10: MSNI primary driver for households with severity scores of 3 or 4 in Bama LGA, Borno State:
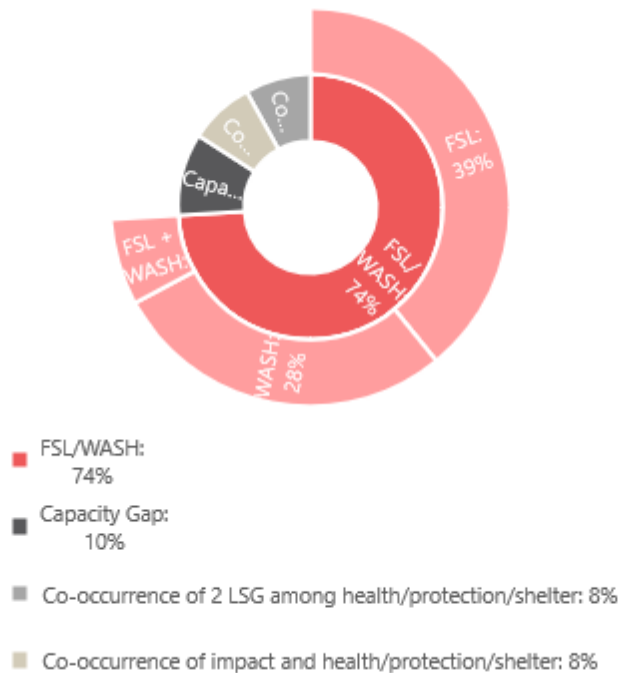
In Bama, the widespread FSL LSG was driven by 60% of households with a borderline or poor food consumption score (FCS)[45], a dependence on humanitarian actors to provide food, and little access to markets. Bama had the highest proportion of households with LSG in protection, with 15% of households with a severe or extreme LSG in protection. Households in Bama experienced regular conflict-related security incidents, movement restrictions, and missing or detained family members. These protection issues could furthermore perpetuate needs in other sectors, like food security and livelihoods by restricting access to markets, farming land, and other income-generating sources. In addition (read more in the hard-to-reach section below), heightened protection risks and continued displacement within the LGA towards urban centres meant that new arrivals were putting a strain on already overstretched resources and capacity in accessible areas.

Comparison with Yobe and Adamawa

Compared to the two other States, Borno had the highest proportions of households with severe or extreme food security LSG (severity scores of 3 or 4 – 27%), as well as severe and extreme protection LSG with 3% of households affected. These high food security and needs could be the result of harsh movement restrictions in conflict-affected areas in Central, East and North Borno, as well as higher proportions of households reporting higher proportions of missing/detained family members, and reliance on humanitarian services, such as food distributions.

Furthermore, 34% of households overall in Borno State were found to have severe and extreme LSG in shelter and non-food items – while this proportion decreased to 23% in Yobe and 10% in Adamawa. Those needs were especially prevalent among IDP (54%) and returnee households (28%).

Humanitarian situation in hard-to-reach areas:[46] This sub-section relates to findings from REACH's situation monitoring of humanitarian needs in hard-to-reach areas from June to September 2019. The methodology is different from the MSNA analytical framework, and these findings should only be considered indicative.

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[45] Developed by WFP, The FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups. For more, see International Dietary Data Expansion Project explanation

[46] For more details on the methodology and findings from the REACH Humanitarian Situation Monitoring in Hard-to-Reach (H2R) Areas mentioned here, access https://www.impact-repository.org/document/reach/40c7c9ea/REACH_NGA_Situation-Overview_H2R_3January2020.pdf. Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in H2R areas through monthly multi-sector interviews in accessible LGA capitals with the following typology of Key Informants (KIs): 1) KIs who are newly arrived IDPs who have left a H2R settlement in the last one to three months; 2) KIs who

Main findings from the assessment included that food insecurity was widespread with low proportion of assessed settlements reporting subsistence farming as a source of food, high proportion of assessed settlements where non-displaced households ate one meal a day and high proportions assessed settlements in which negative food-related coping strategies were used. Map 6 illustrates the worsening humanitarian situation, with an increased proportion of assessed settlements reporting people eating wild foods as a coping strategy for food shortages in each LGA. Food insecurity was found to be the worst in assessed hard-to-reach settlements in East Borno LGAs (Gwoza and Bama LGAs), echoeing some above-mentioned results from the MSNA in Bama LGA notably. Similarly, in many assessed hard-to-reach settlements KIs reported that comunities experienced security incidents leading to the death of at least one civilian; and low levels of access to basic amenities and services in health, WASH, shelter and education.

Although the MSNA analytical framework could not be mirrored to the indicative data coming out of hard-to-reach areas, one could assume that low living standards and extreme coping strategies used could place most of those areas on a severe to extreme scale when it came to severity of humanitarian needs.

During data collection, displacement was found to be happening on an almost continuous basis from hard-to-reach areas to accessible urban centres (see map in Annex iv for origins and destinations of IDPs), with the dire humanitarian landscape and persisting conflict as the key drivers of displacement. It likely indicates that a continuous strain is placed on already overstretched urban centres and formal IDP sites in accessible areas, and therefore necessitates high levels of humanitarian assistance until the situation in the vicinity of those urban centres stabilizes. Should humanitarian assistance decrease or be stopped in those urban centres, one could expect the needs of affected populations to increase significantly. Qualitative data also highlighted that many of the non-displaced households in assessed hard-to-reach settlements were reportedly unable to make the journey to accessible urban centres where they could gain access to humanitarian assistance and other services. Those non-displaced households mostly included vulnerable individuals such as women, children, as well as old and ill people.

**Map 6: Proportion of assessed settlements reporting that people eat wild foods:**
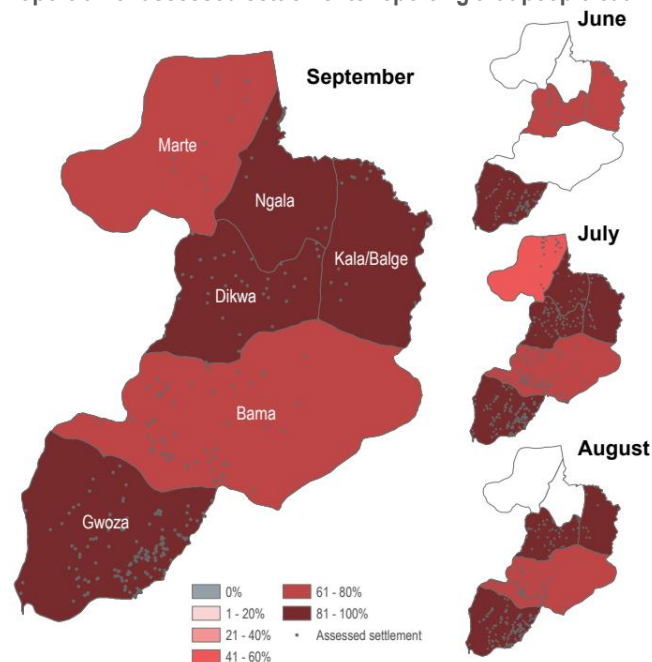
have had contact with someone living in or having been in a H2R settlement in the month prior to data collection (traders, migrants, family members, etc.) From 1 June to 30 September 2019, REACH interviewed 5,950 KIs who had recent knowledge of conditions in 683 unique settlements. Information for this assessment was collected in 6 accessible LGA capitals in Borno: Bama, Dikwa, Gwoza, Maiduguri, Monguno, and Ngala, and represents knowledge of settlement conditions ranging from 1 March to 30 September 2019.

**Persisting severe structural needs in Adamawa State**

Across Adamawa, 71% of households were found to be experiencing extreme or severe multi-sectoral humanitarian needs (MSNI severity score of 3-4), including 42% facing severe needs and 29% extreme needs. This corresponds to close to 430,000 households estimated with severe or extreme severity of needs. Adding up estimates of household size for each population group, the 2019 Nigeria MSNA identified 2.23 million individuals with severe or extreme severity of needs in Adamawa State.[47] A breakdown by population groups indicated the highest proportion of households with severe or extreme severity of needs among returnee households (73%). However, projecting these figures on the estimated population numbers in Adamawa State[48] showed that in terms of absolute numbers, the non-displaced population group had the highest number of individuals with severe or extreme severity of needs by far.

Figure 11: Proportion and number of households with severe or extreme severity of need (MSNI score of 3 or 4), by population group in Adamawa State
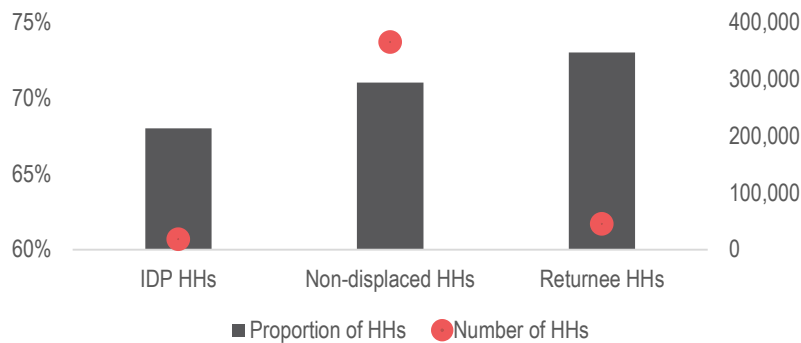
Overall, 60% of households with a severe or extreme severity of needs had their humanitarian needs primarily driven by an LSG in WASH, 15% primarily driven by an LSG in FSL, and 15% primarily driven by a combination of WASH and FSL LSG. The primary driver of the remaining 9% of households with severe or extreme humanitarian needs was capacity gaps (8%), or a co-occurrence of 2 LSG in protection, shelter and health (1%).

Figure 12: MSNI primary driver for households overall with severity scores of 3 or 4 in Adamawa State

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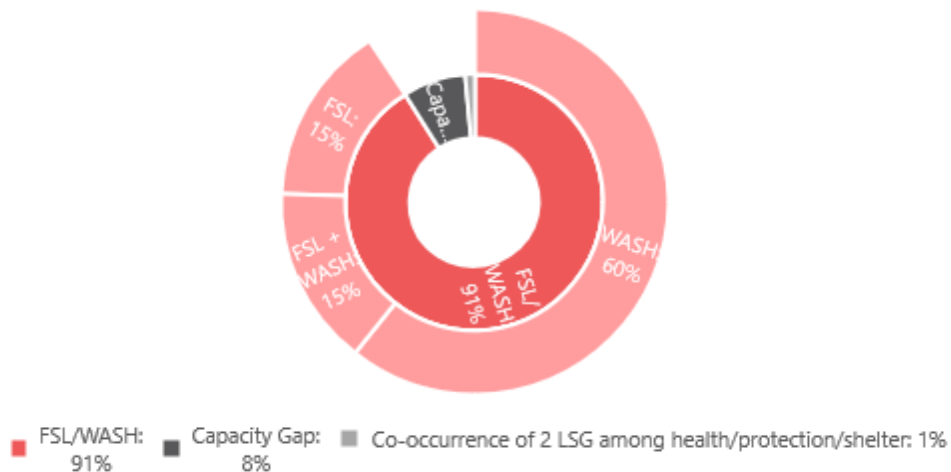
[47] The final number is determined by using the initial sampling household figures, and multiplying it for each State and population group by the average household size found during data collection.
[48] The population figures for the Nigeria 2019 MSNA sample were obtained using a mix of Vaccination Tracking System datasets (retrieved from: http://vts.eocng.org/population/LGA?s=&l=&gender=MF&from=0&to=100) mainly for non-displaced populations, and IOM Displacement Tracking Matrix datasets for IDP and returnee populations (retrieved from: https://displacement.iom.int/nigeria - the round used for MSNA sampling was Round 26 datasets).

An analysis per population group showed that proportions of households with severe or extreme severity of needs were fairly consistent across the board (73% of returnee households, 71% of non-displaced households and 68% of IDP households). This might be an indication that needs in Adamawa were less determined by affected populations' status, but exacerbated by longer term structural and socio-economic drivers such as chronic underdevelopment, little access to assistance[49] or recovery, and heightened flooding hazard during rainy season,[50,51] notably in more rural communities.

The MSNA revealed particular widespread WASH needs across the State, since as mentioned above 3 out of 4 households with severe or extreme humanitarian needs had their needs primarily driven by either WASH LSG or a co-occurrence of WASH and FSL LSGs. Moreover, as can be seen on the map below, in some LGAs 75% or more of households had severe or extreme LSG in WASH, such as Mayo-Belwa (85%), Song (82%) or Fufore (75%), with non-displaced households being especially affected by those needs. The severe or extreme LSG scores in WASH for non-displaced communities could be associated with underlying structural needs and chronic underdevelopment, especially in rural areas, and revolve around widespread use of unimproved water sources or surface water, non-use of soap for handwashing, and widespread practice of open defecation by children and adult alike.

WASH needs were found to be lower in areas including the State capital and Northeastern LGAs. Reasons for this include (but are not limited to) better services and infrastructure in urban centres (Yola and Mubi), and the presence of more aid providers in LGAs such as Mubi North/South, Michika and Madagali. However, like in Borno, it should be noted that results may appear better in Michika and Madagali LGAs because MSNA data collection teams only had access to urban settlements, and less or not at all to rural ones, due to persisting security concerns.

Map 7: % of HHs in Adamawa State with an LSG severity score in WASH of 3 or 4, overall:
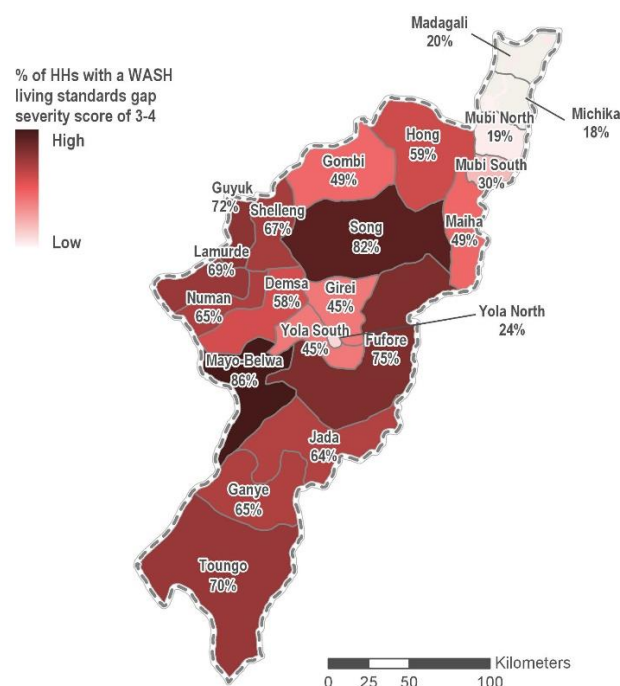
At the LGA level, Mayo-Belwa LGA was the most affected LGA in Adamawa with 90% of households with severe of extreme humanitarian needs. For 72% of those, the needs were primarily driven by an LSG in WASH, reflecting the immense structural needs in this region. Almost one in two households in the LGA were found to have an extreme LSG in WASH. Unpacking this composite indicator, main drivers of these scores were 63% of households

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[49] Across Adamawa State, less than 10% of households reported receiving any assistance in the 6 months prior to data collection in every LGA – the lowest rate compared to the other two states.
[50] For example of yearly damage of flood in Adamawa State, see the "Adamawa State Flood Snapshot as of 18 November 2019" from OCHA
[51] Adamawa State has historically been a challenging environment for water needs and infrastructure (or lack thereof) – for a detailed understanding of geographical water-related issues see for instance Okoru, D.B. et al., "The State of Water Supply in Rural and Peri-Urban Communities in Adamawa State, Nigeria" in *Journal of Multidisciplinary Engineering Science and Technology,* 2015.

in the LGA using surface water as a source of water for household use (drinking, cooking and bathing) and 31% used open wells, an unimproved source of water. In addition, for more than 35% of households, fetching water (including the time to reach the water source and to come back, as well as queueing if need be) took more than 30 minutes. More than half (54%) of households were affected by either adult or child open defecation and 50% of households did not use soap for handwashing, with most of this group reporting they wash their hands with "water only" (the source of which was normally unimproved sources or surface water). These needs can become even more concerning during the rainy season with the use of unreliable surface water and widespread practice of open defecation. This further creates health concerns with potential breakouts of waterborne illnesses, such as cholera.


Case Study: Adamawa Returnee Households

Overall in Adamawa, 73% of returnee households were found to have severe or extreme humanitarian needs. For 50% of those, their needs were pimarily driven by an LSG in WASH, for 24% by an LSG in FSL, and for 12% by a co-occurrence of these two LSGs. The remaining 14% of households drew their needs primarily from capacity gaps (11%), or a co-occurrence of LSG in health and shelter (3%). Adamawa returnee households were the most likely to have capacity gaps with 31% of those households with a severe or extreme capacity gap score. High proportions of households in LGAs in the Northern and Northeastern parts of the state, where the majority of returnee households are concentrated, reported the use of negative coping strategies notably related to the lack of fuel, and lack of food or resources to buy food. This may be linked to the high proportion of recent returnees in areas with persisting insecurity contributing to a lack of access to basic services. Furthermore, LGAs where returnees resided were mostly those still prone to conflict-related security incidents[52], with some LGAs still including hard-to-reach areas, such as Madagali and Michika LGAs. This means that many areas were suffering from both deeply rooted structural and conflict related needs, especially in LGAs neighbouring Borno State.

In Madagali, 78% of households suffered from severe or extreme humanitarian needs, the highest proportion for any LGA within Adamawa. For those households, needs were primarily driven by an LSG in FSL (55%) or a co-occurrence of LSG in WASH and FSL (15%) – highlighting concerning food insecurity in this LGA. Indeed, 77% of households had a borderline or poor FCS – a concerning result second only to Dikwa LGA in neighbouring Borno State. Of the 49% households reporting needing land for cultivation in Madagali LGA, 77% reported not having access to enough land or any land at all due to insecurity, the highest proportion across all LGAs assessed.

Moreover, for 16% of households, severe or extreme humanitarian needs were primarily driven by capacity gaps. In Adamawa, Madagali had the largest proportion of households with capacity gaps with 25% of households found to have an extreme (score 4) capacity gap. This could be reflected in the high proportion of households in Madagali that reported begging as a source of income and reducing the number of meals to conserve fuel or resources.

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[52] IOM Displacement Tracking Matrix datasets for IDP and returnee populations (retrieved from: https://displacement.iom.int/nigeria - the round used for MSNA sampling was Round 26 datasets).

Figure 13: **MSNI primary driver for households overall with severity scores of 3 or 4 in Madagali LGA, Adamawa State**
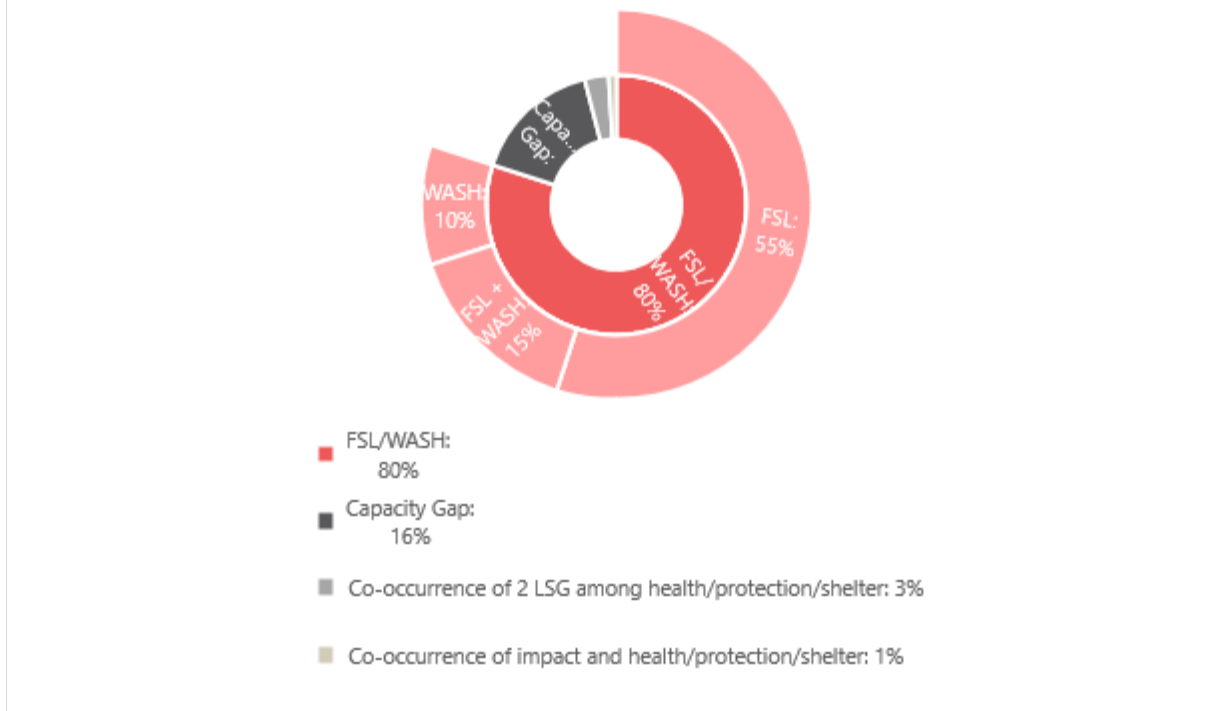
Lower reported needs in Yobe State

Across Yobe State, multi-sectoral needs were found to be generally lower than in both other States. An overall 63% of households were found to be experiencing extreme or severe multi-sectoral humanitarian needs (MSNI severity score of 3-4), including 41% facing severe needs and 22% extreme needs. This corresponds to close to 220,000 households estimated with severe or extreme severity of needs. Adding up estimates of household size for each population group, the 2019 Nigeria MSNA identified 1.55 million individuals with severe or extreme severity of needs in Yobe State.[53] A breakdown by population groups indicated the highest proportion of households with severe or extreme severity of needs among IDP households (66%). However, projecting these figures on the estimated population numbers in Yobe State[54] shows that in terms of absolute numbers, the non-displaced population group had the highest number of individuals with severe or extreme severity of needs by far.

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[53] The final number is determined by using the initial sampling household figures, and multiplying it for each State and population group by the average household size found during data collection.
[54] The population figures for the Nigeria 2019 MSNA sample were obtained using a mix of Vaccination Tracking System datasets (retrieved from: http://vts.eocng.org/population/LGA?s=&l=&gender=MF&from=0&to=100) mainly for non-displaced populations, and IOM Displacement Tracking Matrix datasets for IDP and returnee populations (retrieved from: https://displacement.iom.int/nigeria - the round used for MSNA sampling was Round 26 datasets).

Figure 14: Proportion and number of households with severe or extreme severity of need (MSNI score of 3 or 4), by population group in Yobe State
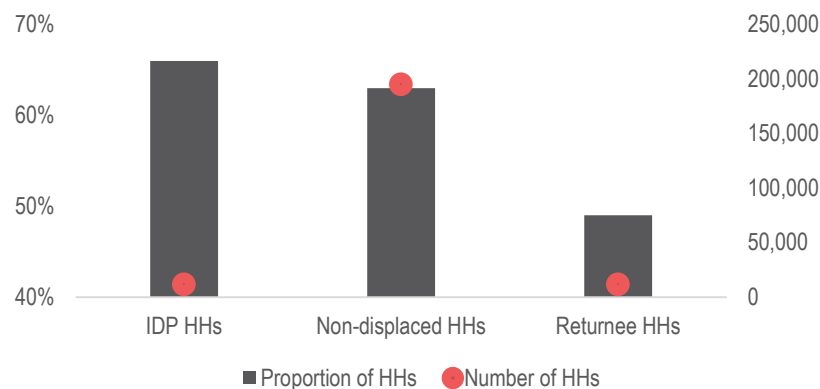
Overall, 49% of households with a severe or extreme severity of needs had their humanitarian needs primarily driven by an LSG (of severity score 3 or 4) in WASH, 17% primarily driven by an LSG in FSL, and 14% primarily driven by a combination of WASH and FSL LSG. The primary driver of the remaining 20% of households with severe or extreme humanitarian needs was capacity gaps (15%), and a co-occurrence of two LSGs in protection, shelter, and/or health (5%).
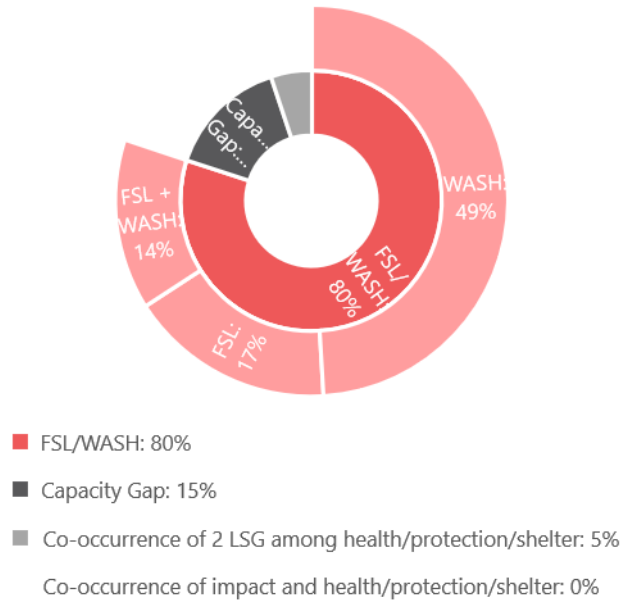
The primary drivers of severe and extreme humanitarian needs were similar to that of households in Adamawa State, with some structural needs identified through WASH LSG, but in lower proportions. This was especially the case in rural areas, and more so in Northern LGAs where nomadic populations are suffering from desertification and the decrease of available arable land for livelihoods.[55] This situation also meant that food insecurity was also more prevalent in those areas.[56]

At the LGA level, across Yobe, 60% or more households in 11 LGAs suffered from severe or extreme humanitarian needs. The highest percentages of households were reported in Yusufari (83%), Machina (81%), Fune (78%), and Yunusari (73%). It is important to note that Machina, Yusufari and Yunusari LGAs were examples of such LGAs in Northern Yobe facing a similar needs profile as Adamawa Atate, with nomadic populations suffering from desertification and the decrease of available arable land.

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[55] Eze, J.N. Drought occurrences and its implications on the households in Yobe State, Nigeria. Geoenviron Disasters 5, 18 (2018). https://doi.org/10.1186/s40677-018-0111-7
[56] See CH analysis from October 2019 with Geidam and Yunusari LGAs e.g. in the North classified as Phase 3. Retrieved from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/11/CH-FINAL-FINAL-FICHE_OCT-2019.pdf

Figure 15: MSNI primary driver for households overall with severity scores of 3 or 4 in Yobe State

- ■ FSL/WASH: 80%
- ■ Capacity Gap: 15%
- ■ Co-occurrence of 2 LSG among health/protection/shelter: 5%
- Co-occurrence of impact and health/protection/shelter: 0%

Yobe was the State where the highest proportion of households with severe or extreme humanitarian needs drew their needs from capacity gaps (15% vs. 13% in Borno and 8% in Adamawa), As seen on the map 8 below, in a majority of LGA in the State between 20 and 30% of households were found to have severe to extreme capacity gap scores. In almost all LGAs, close to or more than 50% of households resorted to "high" use of food-related coping strategies; and again close to a majority or more of households used water-related coping strategies such as reducing the amount of water for washing and bathing, and fetching water further than usual.

Map 8: % of HHs in Yobe State with a capacity gap score of 3 or 4, by LGA:
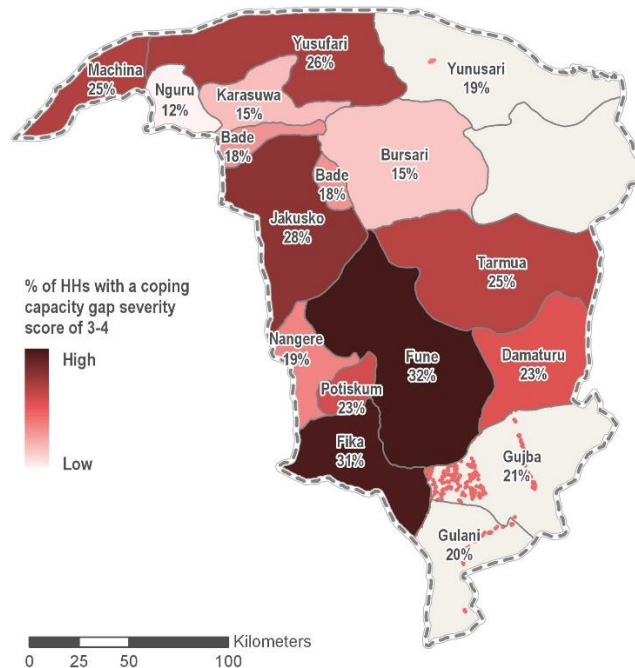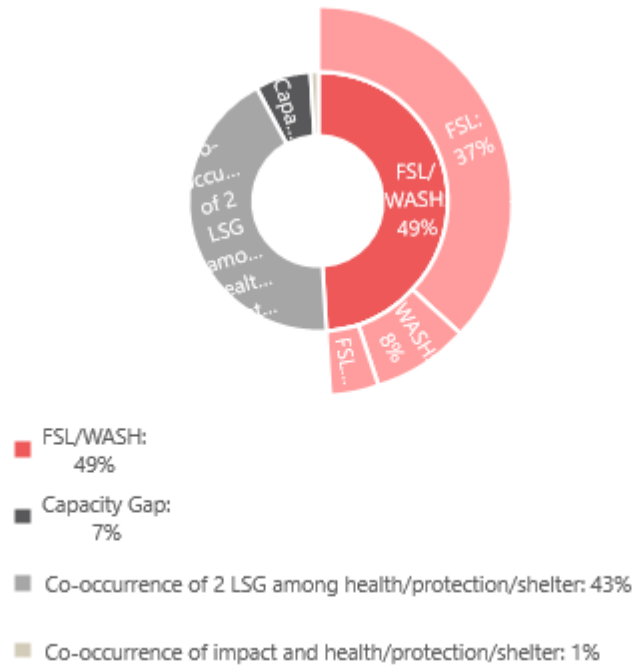
Case Study: Yobe IDP Population

The population group most affected by severe or extreme severity of needs in Yobe was IDP households (66%), compared to 63% of non-displaced households and 49% of returnee households. Out of those 66% of IDP households with a severe or extreme severity of needs, 33% had their needs primarily driven by a WASH LSG, 33% by an FSL LSG, and 17% by a combination of both. Compared to other groups, IDP households were more prone to food insecurity, and in that resembled more the needs profile of affected populations in Borno State or returnee households in Adamawa State. Indeed, a common characteristic from population figures was that IDP households resided primarily in urban centres but also in areas neighbouring Borno State in Eastern Yobe (Damaturu, Gujba, Gulani, Tarmua LGAs), which were still suffering from security incidents and included hard-to-reach areas. Furthermore, in Yobe, only 10% of IDPs resided in formal sites, which could indicate that this population group face the same challenges as host/non-displaced populations.[57] This could explain the similarly high proportion of households with severe of extreme humanitarian needs from both population groups as they could compete for the same resources in an already constrained environment.

Gujba LGA is an interesting case study, as it hosts a high number of IDPs (compared to other population groups) and with the primary drivers of humanitarian needs being notably different from those of non-displaced populations in the State. More than half (57%) of households in Gujba LGA had severe or extreme humanitarian needs. These needs were primarily driven for 43% of households by a co-occurrence of LSG in at least two of protection, health and shelter, and for 37% by an LSG in FSL. Severe or extreme humanitarian needs were driven for a further 8% by an LSG in WASH, for 7% by capacity gaps, for 4% by a combination of LSG in WASH and FSL, and for 1% of households by a co-occurrence of impact of the crisis and an LSG in health, protection or shelter. Gujba had the highest proportions of households with health and shelter LSGs out of all LGAs in Yobe with 46% of households in Gujba having severe or extreme health LSG, and 38% severe or extreme shelter LSG. These severe or extreme LSGs in both sectors may be caused or exacerbated by consistent insecurity of the region and perpetual displacement of IDP households. In this, IDP households in Yobe had quite similar needs profiles as returnee households in Adamawa State or conflict-affected households in Borno State. This was also the case in neighbouring Gulani or Tarmua LGAs, which presented a similar humanitarian landscape to Gujba. It should be kept in mind that for areas in Yobe neighbouring Borno state, data collection was concentrated in urban and secure areas. Needs outside of these areas may well be higher, in particular in terms of WASH and FSL LSGs given low or no humanitarian access to these areas, but could not be assess due to the lack of access for data collection partners.

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[57] DTM NGA Round 27

Figure 16: MSNI primary driver for households overall with severity scores of 3 or 4 in Gujba LGA, Yobe State:

FSL/WASH:
49%

Capacity Gap:
7%

Co-occurrence of 2 LSG among health/protection/shelter: 43%

Co-occurrence of impact and health/protection/shelter: 1%

The situation of non-displaced populations in Yobe State was quite different with a slighlty lower proportion of non-displaced households found to have extreme or severe humanitarian needs when compared to IDP households, and a slightly higher prevalence of food insecurity. This may be due to climate change and the effects of existing WASH needs on the availability of arable farming land (with agriculture accounting for a key element of livelihoods in Yobe). The needs of non-displaced populations in Yobe State more closely resembled the needs of non-displaced populations in Adamawa State, rather than the other population groups within Yobe State. Overal, 63% of non-displaced households were found to have severe or extreme humanitarian needs. These needs were primarily driven for 51% of non-displaced households by an LSG in WASH, for 15% by an LSG in FSL, and for 14% by a co-occurrence of WASH and FSL LSGs. This was followed by 15% of non-displaced households primarily deriving their needs from a capacity gap.

Factors such as limited access for humanitarian actors in rural areas, large nomadic populations and long-term chronic development needs may be contributing to the LSG in WASH and higher propotions of non-displaced households using negative coping strategies. For instance in Yusufari LGA, 92% of non-displaced households with severe or extreme humanitarian needs had their needs primarily driven by an LSG in WASH or a combination of WASH and FSL (68% and 24% of non-displaced households within Yusufari respectively). Scores for these composite indicators for non-displaced households were mainly explained by very high proportions of households practicing open defecation, with 75% of these households reporting adults practising open defecation and 82% of households reporting children practicing open defecation; not having access to soap (80% of households), and to a lesser extent using unimproved water sources such as open wells (30%).

The proportion of non-displaced households with severe or extreme WASH LSG (42%) was much higher than of IDP households (32%) and returnee households (21%). The majority of LGAs in Yobe were mostly populated by non-displaced households, with these LGAs reportedly receiving very little humanitarian assistance. This lack of humanitarian assistance may have been a contributing factor to these large WASH needs. In Fune, Busari, Potiskum and Nangere LGAs, 10% or less households reported receiving aid in the 6 months prior to data collection. Once again, while needs could appear lower in Yobe State, it could also be linked to households resorting to many negative coping strategies to cope with the lack of basic services in the absence of aid providers.

CONCLUSION

The 2019 MSNA in Nigeria aimed to provide a strong evidence base of information on multi-sectoral humanitarian needs of affected populations in BAY States of North-East Nigeria and inform multi-sector humanitarian programming for 2020. The 2019 MSNA had a reduced geographical scope compared to the 2018 MSNA (LGAs such as Geidam, Guzamala, Kukawa, Nganzai LGAs could not be assessed in 2019, in addition to Abadam and Marte LGAs already inaccessible in 2018), which in itself indicates a worsening security landscape in North-East Nigeria.

Large proportions of households across the BAY States were affected by persisting conflict in the region, lack of humanitarian access, multiple displacements, chronic underdevelopment and natural hazards, resulting in more than two thirds of households (an estimated 6,91 million individuals) found to have severe or extreme humanitarian needs. With 72% of households with severe or extreme humanitarian needs (3,13 million individuals), Borno State remains the most affected despite the large humanitarian response. IDP households in Borno in particular (75%) were found to be the most affected population group across all States assessed. In addition, large parts of the State could not be accessed and thus assessed at the time of data collection; nevertheless findings from REACH humanitarian situation monitoring in hard-to-reach areas point to high proportions of households in those areas likely affected and struggling to meet their needs.

High proportions of households were also found to have severe or extreme humanitarian needs in Adamawa and Yobe States (72% and 63% of households, respectively), although these needs were primarily driven by more structural drivers, especially revolving around WASH services and infrastructure, as well as lack of basic services. However, the conflict and its consequences were also spilling over to the neighbouring States, with LGAs and population groups in North Eastern Adamawa and Eastern Yobe particularly affected.

All the needs and drivers identified through this assessment will most likely persist and could worsen in 2020, eroding livelihoods, hindering service access and placing pressure on local communities and resources. In addition, several important information gaps remain and could be explored in further assessments and analysis to enable a deeper understanding of needs profiles and their evolution for affected households, such as the interplay of vulnerabilities and multi-sectoral needs; indicators directly relating to the physical and mental well-being of affected populations (e.g. malnutrition, mortality, or other grave protection concerns); and how those needs and multi-sectoral ones in general evolve over the course of time. As a result, REACH is recommending to conduct another MSNA in 2020 through coordination with the relevant OCHA platforms and with as many partners as possible in order to provide evidence-based information for future planning and programming to efficiently respond to the needs of affected populations. The continuation of such assessments will also allow for some limited trends analysis to be conducted across years.

ANNEXES

Annex i: Published Technical Documentation

Link to published research terms of reference:

https://www.impact-repository.org/document/reach/6e870065/REACH_NGA_Terms-of-Reference_2019-Multi-Sector-Needs-Assessment_final.pdf

Link to published dataset:

https://www.impact-repository.org/document/reach/582b3e5a/reach_nga_2019_msna_datasets_junjul2019.xlsx

Annex ii: Published 2019 Nigeria MSNA Outputs
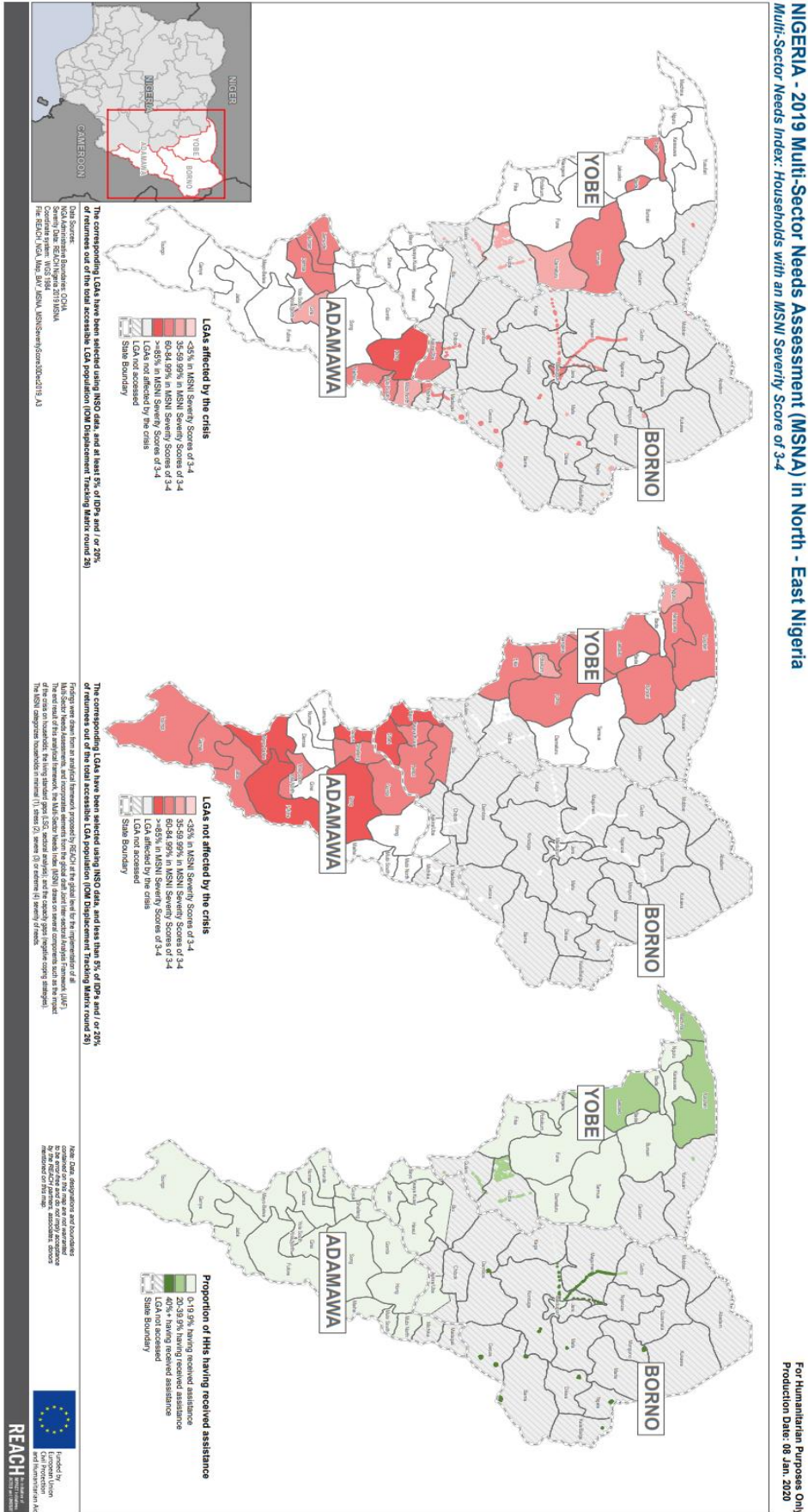
Link to published standalone executive summary: http://bit.ly/38eAWwB

Link to published State-level factsheets:

- Borno State: http://bit.ly/375gzRU

- Adamawa State: http://bit.ly/2Q9E19Y

- Yobe State: http://bit.ly/2EMBywX

Annex iii: Multi-Sector Needs Index: Households with an MSNI Severity Score 3-4

Standalone map accessible on this link: http://bit.ly/2u5mCIi

NIGERIA - 2019 Multi-Sector Needs Assessment (MSNA) in North - East Nigeria
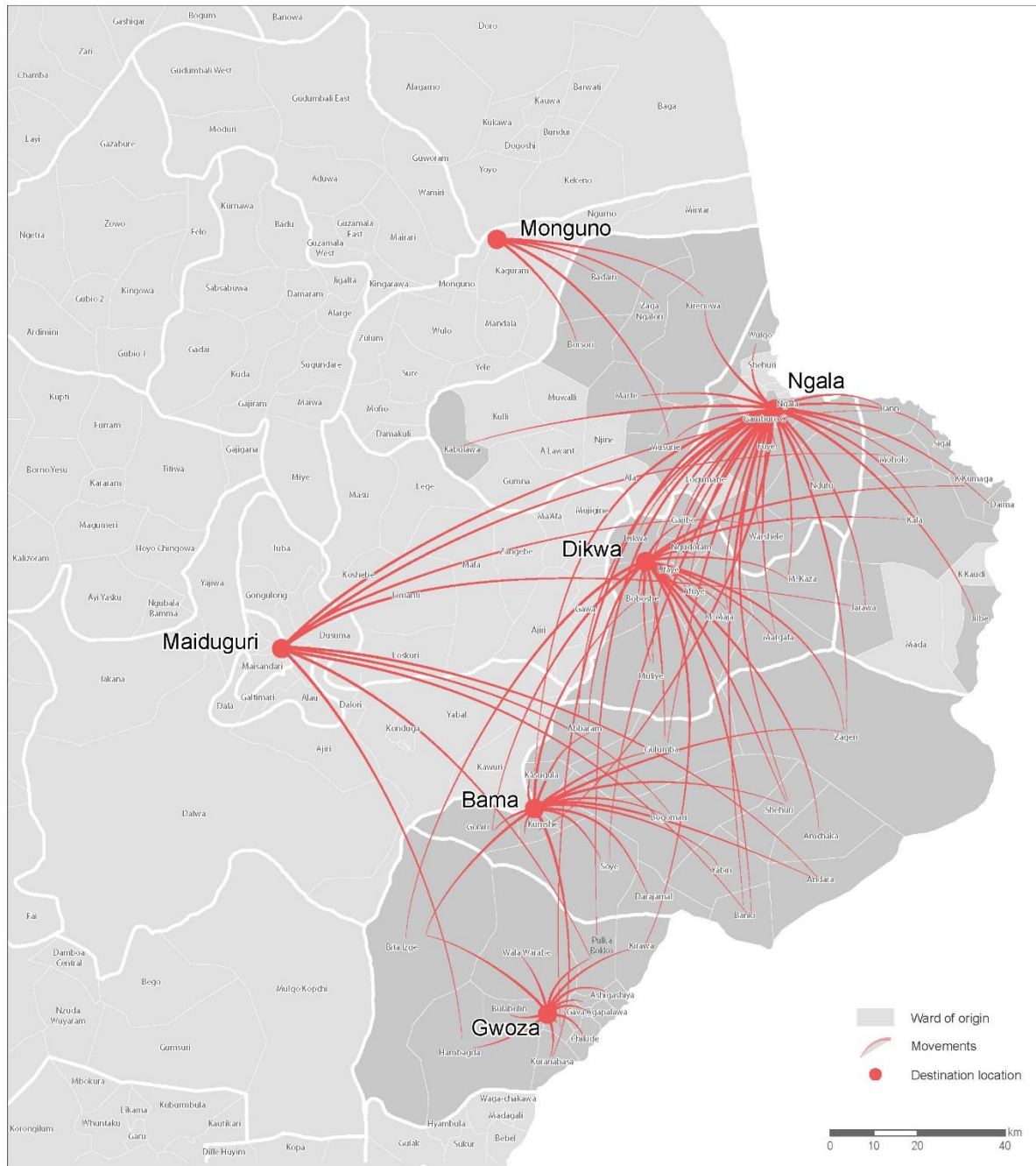Multi-Sector Needs Index: Households with an MSNI Severity Score of 3-4

Annex iv: Hard-to-Reach Displacement and Origins Map

NIGERIA - Borno State

For humanitarian use only
Production date : 12 Nov 2019

Hard to reach (H2R) - Origin - destination movements of IDPs - 01 June 2019 until 30 September 2019

Ward of origin

Movements

Destination location

km
0   10   20   40

Data sources:
Admin boundaries: HDX / OCHA
Origin-Destination information: REACH

Coordinate System:GCS WGS 1984
File: REACH_NGA_Map_Borno_STM_H2R-June19-
     Sept19_orig-dest_12Nov2019_A4
Contact: reach.mapping@impact-initiatives.org

Note: Data, designations and boundaries contained on this
map are not warranted to be error-free and do not imply
acceptance by the REACH partners, associated, donors
mentioned on this map.

This map only shows wards of origin from LGAs in
which more than 5% of existing settlements were
reported on by respondents from 1 June to 30
September 2019. For full information on the
methodology, please see H2R factsheets or
situation overviews at: www.reachresourcecen-
tre.info

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Annex v: Training of Trainers Agenda

DAY 1 – 10TH June, 2019

TIME	TOPIC	PRESENTER
8:30 – 9 am	Arrival of Guests	
9 – 10 am	Introducing REACH Initiative and REACH 2.0	*REACH MSNA Team*
10 – 11 am	Overview of MSNA 2019	*REACH MSNA Team*
11 – 11:30 am	Tea Break	
11:30 – 12:30 pm	2019 MSNA Methodology	*REACH MSNA Team*
12:30 – 1:30pm	Sampling and Target areas	*REACH MSNA Team*
1:30 – 2:30 pm	Lunch Break	
2:30 pm – 3 pm	Field Implementation	*REACH MSNA Team*
3 – 4 pm	MSNA Field Implementation Reporting	*REACH MSNA Team*

DAY 2 – 11TH June, 2019

TIME	TOPIC	PRESENTER
8:30 – 9 am	Arrival of Guests	
9 – 9:30 am	2019 MSNA: Overview, methodology, and objectives	*REACH MSNA Team*
9:30 – 10:00 am	MSNA: Communicating with Communities and the principle of Do no Harm	*REACH MSNA Senior Field Team*
10:00 – 11:00 pm	2019 MSNA: Household Survey tool	*REACH MSNA Senior Field Team*
11 – 11:30 am	Tea Break	
11:30 – 1:30pm	2019 MSNA: Household Survey tool	*REACH MSNA Senior Field Team*
1:30 – 2:30 pm	Lunch Break	
2:30 – 3:30 pm	Introduction to Nutrition assessment	*UNICEF Nutrition Specialist*
3:30 – 4:15 pm	Assessing mental health and psychosocial support needs	*MHPSS Working Group Coordinator*
4:15 – 5:00 pm	Human trafficking and labour exploitation	*Counter trafficking unit, IOM*

Please note, that 12th of June is a public holiday, thus the workshop resumes the 13th June, Thursday.

DAY 3 – 13TH June, 2019

TIME	TOPIC	PRESENTER
8:30 – 9 am	Arrival of Guests	
9 – 10 am	2019 MSNA: Key Informant Interview (KII) tool	*REACH MSNA Senior Field Team*
10:00 – 11:00 am	Geo-localization training	*REACH MSNA Team*
11:00 – 11:30 am	Tea Break	
11:30 – 14:30 pm	Kobo tools pilot	*REACH MSNA Senior Field Team*

14:30 – 15:30 am	Lunch Break	
15:30 – 16:30 pm	Field data collection - Debrief	*REACH MSNA Senior Field Team*

DAY 4 – 14ᵀᴴ June, 2019

| TIME	TOPIC	PRESENTER
8:30 – 9 am	Arrival of Guests	
9 –11:30 am	Explosive hazards awareness training	*UNMAS/Mine Action Sub-Sector Coordinator*

Annex vi: How to Read a Sunburst Graph

The sunburst diagram shows hierarchical data. Every level of the hierarchy is represented by one ring or circle with the innermost circle as the top of the hierarchy. The innermost circle represents the proportion of households categorised with a MSNI severity score of at least 3 (or, in the case of groups/areas of particular concern, the proportion of households categorised with the highest MSNI severity score). The ring immediately surrounding the innermost circle shows the proportion of households whose MSNI severity score (of at least 3) was *primarily* driven by:

a) **Living Standard Gap (LSG) in food security/ livelihoods or WASH**; OR

b) **Capacity gap**; OR

c) **Co-occurring LSGs in health and shelter, or health and protection, or shelter and protection**; OR

d) **LSG in health, or shelter, or protection and have been severely impacted by the event/shock**.

The outer ring breaks down the primary divers of the MSNI severity score (above) even further, by showing the breakdown of the proportion of households:

i. Within a) (above) whose needs were driven by an LSG in food security, or WASH, or both;

ii. Within c) whose needs were driven by co-occurring LSGs in either health and shelter, or health and protection, or shelter and protection, or all three sectors

iii. Within d) whose needs were driven by an LSG in health, or shelter, or protection, in addition to an impact of the event/shock on households.
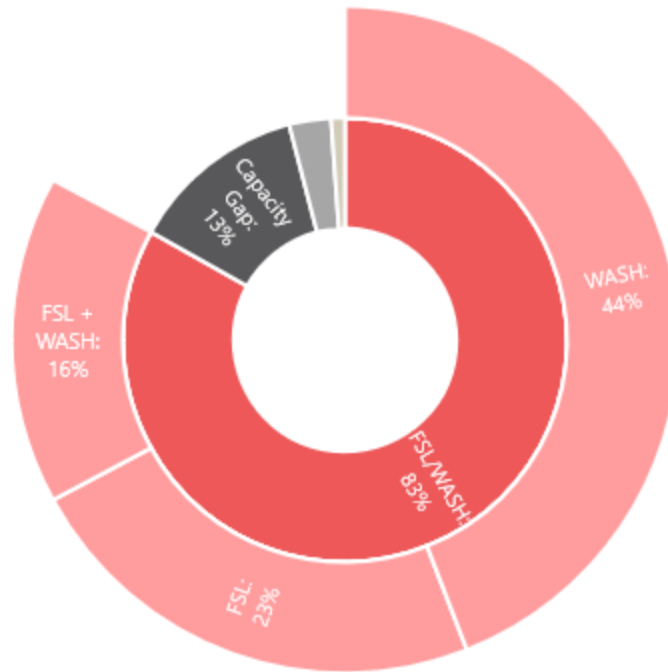
"In Borno, 72% of households overall were found to have severe or extreme humanitarian needs (MSNI severity score 3 or 4). For a majority of those households (83%) these needs were primarily driven by a living standards gap (LSG) in FSL and/or WASH, with in particular 44% of households whose needs were primarily driven by an LSG in WASH, 23% of households whose needs were primarily driven by an LSG in FSL, and 16% by combined LSGs in FSL and WASH. For 13% of households with an MSNI severity score of 3 or 4, those needs were primarily driven by capacity gaps, which entail a high reliance on negative coping strategies. The remaining 4% of households with an MSNI severity score of 3 or 4 had needs primarily driven by a co-occurrence of at least two LSGs in health, protection, shelter (2%) and the added impact of the crisis with two of the previous LSGs (2%)"