Nigeria

Nigeria 2020 Multi-Sector Needs Assessment

Final Report

December 2020

INTER-SECTOR WORKING GROUP

REACH Informing more effective humanitarian action

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INTER-SECTOR WORKING GROUP

FUNDED BY:

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

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Executive Summary

Rationale and Methodology

North East Nigeria continues to experience significant humanitarian needs, following over 11 years of conflict affecting the Lake Chad region. The 2020 Humanitarian Needs Overview (HNO) identified 7.9 million individuals in the three states of Borno, Adamawa and Yobe (collectively, the "BAY" states) to be in need of humanitarian assistance.[1] Partners have faced increasing access restrictions to these areas since the middle of 2019. This situation has been further exacerbated by the COVID-19 pandemic since early 2020. As a result, the humanitarian community has experienced decreased capacities to comprehensively identify the scale of needs in North East Nigeria. Providing an updated evidence-based needs overview of populations in the BAY states is, therefore, vital to inform partners' strategic planning.

The third Multi-Sector Needs Assessment (MSNA) of the BAY states was implemented in 2020 under the direction of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Sector Working Group (ISWG), and facilitated by REACH. The objective of the MSNA is to identify and compare sectoral and inter-sectoral needs across population groups affected by the protracted crisis in all accessible areas in the BAY states. As such, the MSNA aims to support evidence-based planning and decision-making by humanitarian actors in Nigeria and, more specifically, to inform the 2021 Humanitarian Needs Overview (HNO) and the update of the current multi-year Humanitarian Response Plan (HRP).

In response to the current COVID-19 pandemic, the 2020 MSNA adopted a mixed methods approach to avoid in-person data collection wherever possible and to limit staff and vulnerable populations' potential exposure to COVID-19. The methodology relied on snowball sampling for remote phone-interviews and two-stage cluster sampling conducted through partner-assisted phone interviews and face-to-face data collection. All relevant sectors were engaged in providing feedback for the sector-specific indicators that were selected to inform gaps in response, severity of the crisis, vulnerabilities and other essential components of the analytical framework. In total, 6,888 household surveys were conducted in 60 accessible Local Government Areas (LGAs) in the North East[2]. Due to the mixed methodology of the assessment, all aggregated results at the state- and state population group-level are indicative of the needs of populations in assessed LGAs. In the 15 LGAs in which two-stage cluster sampling was used, data has a confidence level of 95% and a margin of error of 5%.

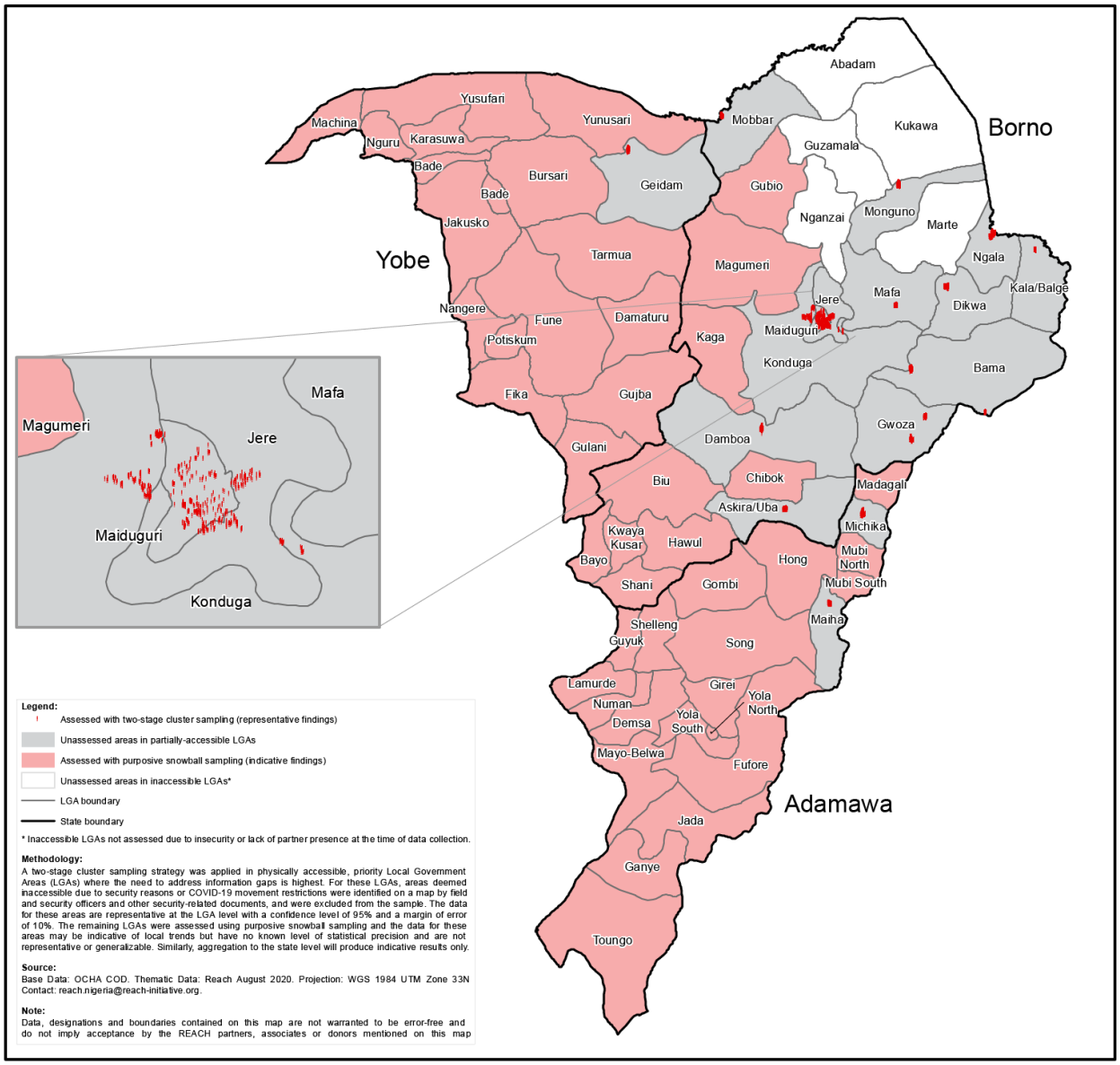
To identify households needs for each sector, the Living Standards Gap (LSG) methodology was adopted. An LSG for a given sector is produced by aggregating unmet needs indicators. Response options for these indicators were scored on a severity scale of 1 to 4+. Scores of 3 or above automatically classified the household as having an LSG for the given sector. Households with one or more sectoral LSGs were classified as having multi-sectoral needs. Households' highest severity score across all the sectors was recorded as their overall Multi-Sectoral Needs Index (MSNI) score.

Distinct needs profiles and intersections of LSGs served as two separate measures to understand the drivers of needs across population groups. Distinct needs profiles are the distinct, or mutually exclusive, combinations of one or more LSGs found in those households with multi-sectoral needs (i.e. household A may have a needs profile made up of Health, Shelter and Education). Each household has only one needs profile so when totalled, the percentages for each population group cannot add up to more than 100%. Intersections of sectoral needs are made up of two LSGs. Each household may have multiple intersections of LSGs, or intersections of sectoral needs, meaning that when totalled, the percentage may sum to more than 100% (i.e. household A would be identified as having an intersection of Health and Shelter, Health and Education, and Shelter and Education).

[1] OCHA, Nigeria: 2020 Humanitarian Needs Overview, April 2020.

[2] The five unassessed LGAs were Abadam, Guzamala, Kukawa, Marte and Nganzai in Borno. This was due to insecurity and a lack of phone signal. Data collection in Magumeri was interrupted by security incidents and the sampling threshold was not reached (48 surveys were completed out of the 60 necessary). Data from Magumeri is included in the state and state population group aggregations.

Map 1: 2020 MSNA Coverage



Key Findings

The vast majority of households across the BAY states were found to have multi-sectoral needs[3], with Borno still the epicentre of the crisis (94% of households, or approximately 1,378,000[4] households). Similarly, 92% (717,000) of households in Adamawa and 86% (393,000) of households in Yobe were found to have multi-sectoral needs.

Internally Displaced People (IDPs) and returnees were found to be particularly affected. This was particularly true in Borno, where 98% of IDP households were found to have multi-sectoral needs, followed closely by Adamawa and Yobe (both 96%). The second most affected population group was returnee households, with 97% of returnee households in Borno, 90% of in Adamawa, and 90% of in Yobe having multi-sectoral needs. Finally, the proportion of non-displaced households with multi-sectoral needs was 92% in Borno, 93% in Adamawa and 83% in Yobe.

[3] Multi-sectoral needs: proportion of households with an MSNI severity score of at least 3, based on the severity of LSGs identified in each household.

[4] Figure obtained by applying the percentage on population figures from the Vaccination Tracking System (VTS) dataset, March 2020 and International Organisation for Migration (IOM) Displacement Tracking Matrix (DTM) Round 31, February 2020. All population figures have been rounded to the nearest thousand.

Severity of needs varied across sates. **Borno had the highest proportion (69%) of households with extreme or higher multi-sectoral needs**[5], followed closely by Adamawa (66%) and Yobe (52%). However, the largest proportion of households with an MSNI score of 4+ (extreme+) was in Adamawa (6%). This compares to only 2% of the households in Yobe and 1% in Borno. These extreme+ needs were largely driven by households' Water, Sanitation and Hygiene (WASH) needs, particularly a lack of sanitation facilities and open defecation.

WASH and Food Security & Livelihood (FSL) LSGs were found to be common drivers of needs in all three states, with 44%, 38% and 21% of households with multi-sectoral needs in Adamawa, Borno, and Yobe, respectively, having this intersection of LSGs. While high WASH needs were also found in previous MSNAs[6], the proportion of households with a WASH LSG was found to have increased in 2020. This increase is mostly driven by the COVID-19 pandemic and a change in the methodology to reflect preventive behaviours required to limit the spread of COVID-19[7]. **The COVID-19 pandemic also contributed to an extended period of decreased accessibility for humanitarian partners, exacerbating FSL needs.** Lockdowns instituted across the three states prevented the movement of humanitarian workers and supplies[8]. Accompanying these movement restrictions was increased activities from Organised Armed Groups (OAGs)[9] preventing distributions of food and fuel from reaching key areas across the BAY states. These wider accessibility issues across the North East contributed to a decrease in food and fuel availability[10], having crucial implications on the food security of households[11].

The second most common intersections of LSGs was WASH and Education in Adamawa (31% of households with multi-sectoral needs) and Yobe (19%). Education needs were also deepened by the COVID-19 pandemic and corresponding measures taken to limit its spread, such as the closures of schools and the ensuing difficulties to learn remotely. **In Borno, the second most prevalent intersection of sectoral LSGs was WASH and Shelter LSGs** (22% of households with multi-sectoral needs); this was particularly the case for IDP households (46%). Borno also had the highest proportion of households with protection LSGs (27%), as compared to Adamawa (21%) and Yobe (18%), especially returnee (35%) and IDP households (34%). These findings demonstrate how insecurity and displacement in Borno directly impacts household needs, as Borno continues to be the epicentre of the crisis.

These findings are corroborated by findings on the most common distinct needs profiles, which indicate that **around one in ten households with multi-sectoral needs in Adamawa and Borno (9%) had WASH and FSL LSGs** (only). In Yobe, the most common distinct needs profile was WASH and Education (7%). However, this finding was mostly driven by needs profile of non-displaced households (7%), while the most common needs profile of returnee and IDP households was also it was WASH and FSL LSGs (only) (9% of IDP households and 17% of returnee households with multi-sectoral needs).

Borno and Adamawa had the largest proportions of households with LSGs and underlying vulnerabilities. Underlying vulnerabilities influence household capacities or exposure to shocks, potentially increasing the impact

[5] Extreme multi-sectoral needs: proportion of households with an MSNI severity score of 4, based on the severity of LSGs identified in each household. Extreme+ multi-sectoral needs: proportion of households with an MSNA severity score of 4+.

[6] REACH, 2019 Nigeria Multi-Sector Needs Assessment, November 2019.

[7] WASH indicators corresponding to handwashing facilities were increased in severity, with households that did not have access to soap and did not have access to improved handwashing facilities being classified as having extreme needs, due to the increased risk of COVID-19 transmission.

[8] OCHA, Nigeria Situation Report, July 2020.

[9] USAID, USG Lake Chad Basin - Complex Emergency Factsheet #3, June 2020.

[10] International Committee of the Red Cross, Nigeria: Sharp increase in food prices caused by COVID-19 raises fear of hunger, October 2020.

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

of the crisis on household needs[12]. A total of 29% of households in Adamawa and 28% of households in Borno were found to have multi-sectoral needs and be vulnerable. In Yobe, this was a smaller proportion, at 18%.

While only low proportions of households were found not to have multi-sectoral needs, the majority of those relied on negative and unsustainable coping strategies. These households may not be able to sustain another shock and/or may become in need once those strategies are exhausted. The highest proportion of households with a capacity gap and no multi-sectoral needs at the time of data collection, was found in Yobe (10%). This proportion was lower in Adamawa (5%) and in Borno (4%).

IDP and Returnee Households in Borno

While the Borno State Government renews efforts around returns with plans to close all IDP camps by 2026,[13] moving forward with its plan to return and resettle IDPs across Borno[14] in 2020, **IDPs and returnees in Borno were the two population groups with the highest proportion of households found to have multi-sectoral needs** (98% and 97%, respectively). As such, the following section will focus on IDP and returnee households, as these two population groups will become of further concern to humanitarian partners into 2021.

IDP households in Borno had the highest proportion of households with at least extreme multi-sectoral needs (85%), with needs mostly driven by a combination of WASH, FSL and/or Shelter LSGs. **They also had the highest average number of sectoral LSGs (2.85), demonstrating the multi-sectoral nature of their needs:** 60% of Borno IDP households were found to have three or more LSGs and 10% were found to have LSGs in five or more sectors, the highest proportions across the three states and population groups. In total, 55% of Borno IDP households with multi-sectoral needs were found to have both WASH and FSL LSGs, compared to 38% in Borno (all population groups combined), whilst 46% had an intersection of WASH and Shelter LSGs compared to an aggregated 22%. As discussed in the previous section, IDPs in Borno were the most likely to have Shelter needs compared to other population groups, mostly driven by displacement due to insecurity.

The needs of Borno returnees were found to be the second most severe and wide ranging, linked to challenges faced due to insecurity. They had the second highest proportion of households with at least extreme multi-sectoral needs (74%) and the second highest average number of LSGs per household (2.54). Around half (51%) of returnee households in Borno had LSGs in three or more sectors, whilst 6% had LSGs in five or more sectors, the highest proportion of returnee households and third highest overall, following IDPs in Borno and Adamawa. In addition, returnee households with multi-sectoral needs in Borno were the most likely to have a protection LSG, at 35%, followed by IDP households in Borno (34%), highlighting the impact of insecurity.

Accountability to Affected Populations

Whilst a minority of households reported receiving humanitarian aid, the largest proportion of these households were in Borno, where 21% reported receiving humanitarian aid in the three months prior to data collection[15]. This was compared to 5% of households in Adamawa and 9% of households in Yobe. The population group with the highest proportion of households receiving humanitarian aid in Borno was IDP households (38%), followed by returnee households (28%) and non-displaced households (14%). This aligns with the wider findings of the MSNA, with a higher proportion of IDP and returnee households in Borno found to have multi-sectoral needs compared to non-displaced populations.

[12] Two indicators were used to classify a household as vulnerable: if the head of household was a single female, either single, married or divorced, or if the household contained one or more member who had a chronic illness and was 60 years old or older, or one or more member had a physical or mental disability (as defined by the Washington Group).

[13] Borno State Agency for Coordination of Sustainable Development and Humanitarian Response (BACSDAHR), Overview of Borno State's 25 Year Development Framework & 10 Year Strategic Transformation Plan, June 2020.

[14] The Guardian (Nigeria), Return of 1.86m IDPs, refugees to 19 Borno communities begins, August 2020.

[15] To accommodate remote data collection and reduce time of face to face interviews, the length of the 2020 MSNA tool was significantly reduced. As a result, fewer accountability to affected populations (AAP) indicators were collected than in previous years.

Satisfaction with the aid received was found to be generally low. Of the households in Borno that did receive aid, the majority (61%) were not satisfied with the aid they received. This was most commonly due to the quantity of aid (82% of those households that were not satisfied), or due to delays in the delivery of aid (52%).

Conclusion

Findings indicate that Borno continues to be the epicentre of the crisis in North East Nigeria, hosting the highest proportion and number of households with multi-sectoral needs. The large proportion of households in Borno with a protection LSG, as compared to Adamawa and Yobe, along with a high proportion of households with WASH and FSL LSGs, demonstrates how insecurity directly impacts household needs. Borno also has the highest proportion of households scoring an MSNI severity score of 4 or higher, indicating the prevalence of extreme multi-sectoral needs.

In Adamawa, as with all three states, elements of insecurity have been coupled with underdevelopment and the COVID-19 crisis, resulting in a high level of needs. Adamawa had the highest proportion of households with a MSNI score of 4+, indicating extreme+ multi-sectoral needs (6%). They were mostly driven by practices of open defecation due to a lack of access to sanitation facilities.

In Yobe, while a higher proportion of households were found not have multi-sectoral needs (14%) compared to the other states, a majority of those had capacity gaps, meaning that they relied on negative and unsustainable coping mechanisms. In case of future shocks, or if households exhaust their coping mechanisms, they may become in need and the proportion of households with multi-sectoral needs in Yobe may become similar to that in Borno.

The crisis in Nigeria continues to be multi-sectoral, demanding a coordinated response that bridges sectoral divides in programming and interventions. The 2020 MSNA found that a large proportion of households had more than one LSGs across all 3 states. In addition, the high proportions of IDP and returnee households with multi-sectoral needs, along with the upcoming efforts to return IDPs, indicate a need for monitoring and further assessments in areas of return. Some of these areas may be difficult to reach by humanitarian partners, making monitoring needs essential to ensure sustainability and safety in the upcoming returns process.

CONTENTS

List of Acronyms

AAP	Accountability to Affected Populations
AAWG	Assessment and Analysis Working Group
BAY	Borno, Adamawa and Yobe
CG	Capacity Gap
COVID-19	Coronavirus disease 2019
DTM	Displacement Tracking Matrix
ERLS	Early Recovery and Livelihoods Sector
FSL	Food Security and Livelihoods
GIS	Geographic Information System
GPS	Global Positioning System
HH	Household
HLP	Housing, Land and Property Sub-sector
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displace Person/People
IEC	Information, Education and Communications
IED	Improvised Explosive Devices
IMWG	Information Management Working Group
IOM	International Organisation for Migration
ISWG	Inter-Sector Working Group
ISWAP	Islamic State West African Province
JIAF	Joint Inter-Sector Analysis Framework
LGA	Local Government Area
LSG	Living Standards Gap
MHPSS	Mental Health and Psycho-Social Support
MSNA	Multi-Sector Needs Assessment
MSNI	Multi-Sector Needs Index
NCDC	Nigerian Centre for Disease Control
NEMA	National Emergency Management Agency
NFI	Non-Food Item
NGO	Non-Government Organisation
OAG	Organised Armed Group
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSEA	Prevention of Sexual Exploitation and Abuse
SAFE	Safe Access to Fuel and Energy
SDR	Secondary Data Review
SEMA	State Emergency Management Agency
SGBV	Sexual and Gender Based Violence
SNFI	Shelter and Non-Food Items
SOP	Standard Operating Procedure
VTS	Vaccination Tracking System
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

Geographical Classifications

BAY States	The collective term for Borno, Adamawa and Yobe states.
State	Administration level 1 – Highest level of governance below the national/federal level.
LGA	Administration level 2 – Governance level below state; primary geographic unit of analysis of the 2020 MSNA; district administered by a council and an LGA chairman.
Ward	Administration level 3 – Level below LGA; each LGA is consists of 10 to 15 wards.
Settlement	Administration level 4 – Lowest harmonized level of geographical analysis in Nigeria; discrete populated areas within each ward.

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INTRODUCTION

North East Nigeria continues to experience significant humanitarian needs, following over 11 years of conflict affecting the Lake Chad region. The 2020 Humanitarian Needs Overview (HNO) identified 7.9 million individuals in the three states of Borno, Adamawa and Yobe (collectively, the "BAY" states) to be in need of humanitarian assistance[16]. Due to an evolving security situation, partners have faced increasing access restrictions to these areas since the middle of 2019. This situation has been further exacerbated by the COVID-19 pandemic since early 2020.

As a result, the humanitarian community has experienced decreased capacities to comprehensively identify the scale of needs in North East Nigeria. Providing an updated evidence-based needs overview of populations in the BAY states is, therefore, vital to inform partners' strategic planning. The third Multi-Sector Needs Assessment (MSNA) of the BAY states was implemented in 2020 under the direction of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Sector Working Group (ISWG), and facilitated by REACH through the Assessment and Analysis Working Group (AAWG).

This assessment aimed to identify and compare needs per sector and across sectors across the population groups affected by the protracted crisis in all accessible areas in the BAY states; as such, it aimed to support evidence-based planning and decision-making by humanitarian actors in Nigeria and, more specifically, inform the 2021 HNO and the update of the current multi-year Humanitarian Response Plan (HRP).

This report includes selected findings on the scope and severity of multi-sectoral needs of internally displaced person (IDP), returnee and non-displaced populations in Borno, Adamawa and Yobe. The report also explores key LGA level findings to illustrate and further explore findings. For more detailed analysis on sectoral needs, please refer to the inter-sectoral factsheets[17], sectoral factsheets[18] and the results table[19] available on the REACH Resource Centre and listed in Annex 2.

The rest of the report is structured as follows:

- Methodology – including ethical considerations and limitations
- Findings
- Zoom in on COVID-19 and Accountability to Affected Populations Findings
- Conclusion
- Annexes

[16] OCHA, Nigeria: 2020 Humanitarian Needs Overview, April 2020.
[17] REACH, Nigeria MSNA 2020 Inter-Sectoral Factsheet, Adamawa State, Nigeria MSNA 2020 Inter-Sectoral Factsheet, Borno State, Nigeria MSNA 2020 Inter-Sectoral Factsheet, Yobe State, December 2020.
[18] REACH, MSNA 2020 Sectoral Factsheet – Adamawa State, Nigeria, MSNA 2020 Sectoral Factsheet – Borno State, Nigeria, MSNA 2020 Sectoral Factsheet – Yobe State, Nigeria, December 2020.
[19] REACH, Nigeria 2020 MSNA Results Table, November 2020.

METHODOLOGY

1. Specific objectives and research questions

The objective of the MSNA is to identify and compare sectoral and inter-sectoral needs across population groups affected by the protracted crisis in all accessible areas in the BAY states. As such, the MSNA supports evidence-based planning and decision-making by humanitarian actors in Nigeria and, more specifically, to inform the 2021 HNO and the update of the current multi-year HRP.

To meet this objective, the MSNA sought to answer the following research questions:

- What is the severity of 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 underlying characteristics and vulnerabilities of the households?
    - What are the sector specific humanitarian needs of the crisis affected population?
    - What are the nutrition challenges experienced by children under 5 and mothers?
    - What are the challenges of accessing health services for households and what is the vaccination status of children under 15?
    - What are the issues related to water quantity and use, hygiene practices 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 services and infrastructure?
    - What is the level of access to education in the household?
    - What are the issues related to safety and security, legal documentation and movement restrictions for households?
    - What are the issues related to access to assistance?
- What are the strategies adopted by households in response to the current COVID-19 health emergency?

2. Scope

The scope of the MSNA was the three crisis states in the North East of Nigeria; Borno, Adamawa and Yobe (collectively known as the BAY states). The populations targeted were IDP, returnee and non-displaced households. These three population groups make up the majority of the affected population in the North East.[20]

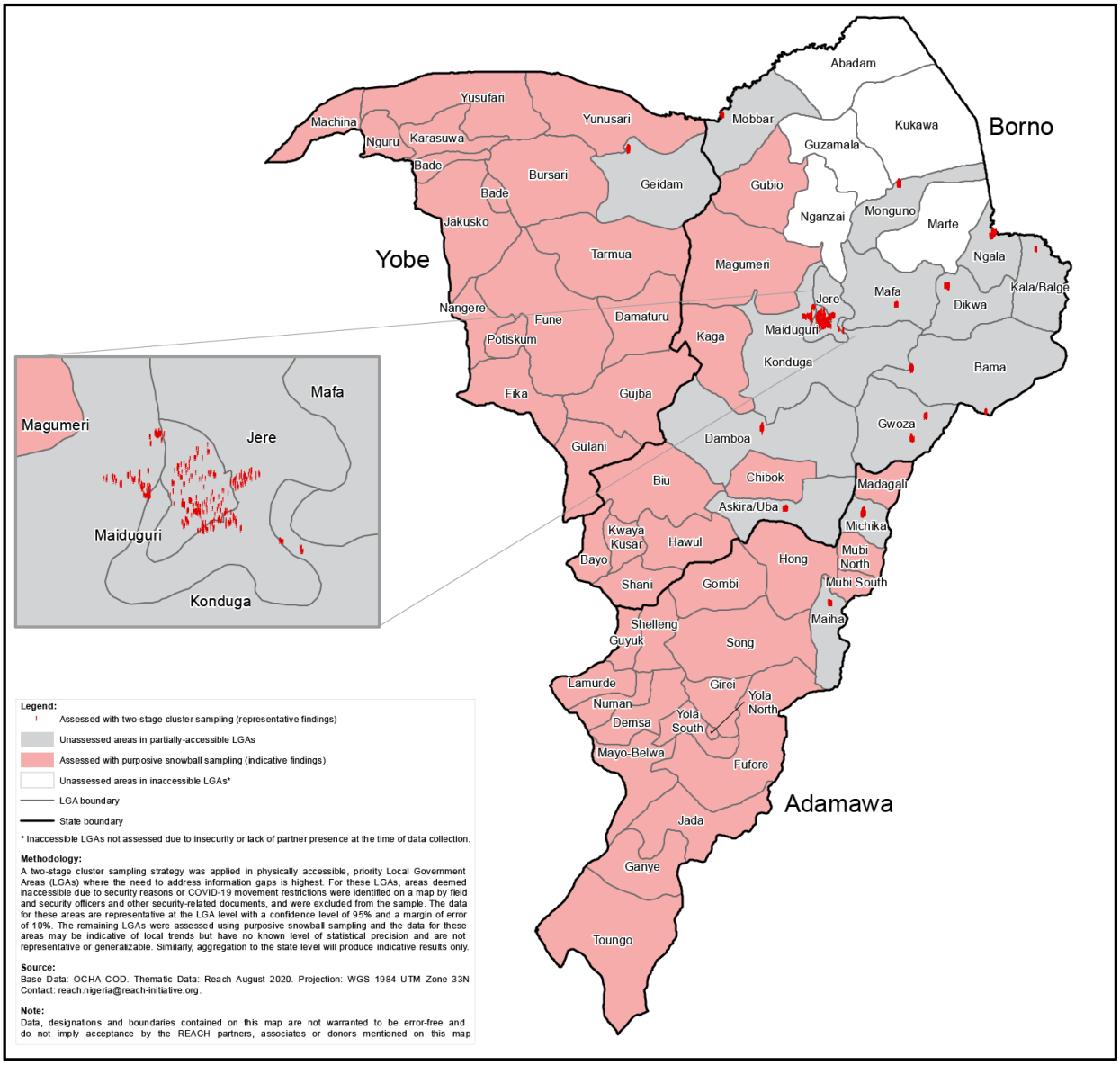
All sectors were engaged with during the MSNA process to identify information needs. The MSNA was designed to fill information gaps for these sectors, with all sectors engaging bilaterally and through the Assessment and Analysis Working Group (AAWG) on sampling and tool design.

These sectors include: Water, Sanitation and Hygiene (WASH), Health, Food Security and Livelihoods (FSL), Nutrition, Shelter and Non Food Items (S/NFI), Early Recovery and Livelihoods (ERLs), Education and Protection. From the Protection sector, the sub-sectors of Sexual and Gender Based Violence (SGBV), Child Protection, Housing, Land and Property (HLP), Mine Action and Mental Health and Psycho-Social Support (MHPSS) were all consulted and included in the final MSNA tool.

Alongside sectors, cross cutting issues and thematic indicators were also incorporated on the final MSNA tool. These include Accountability to Affected Populations (AAP) and COVID-19 indicators, as well as vulnerabilities that may deepen a crisis for a household, such as disabilities or single female headed households.

[20] International Organisation for Migration (IOM), Displacement Tracking Matrix (DTM) Round 31, February 2020.

Map 1: Assessment Coverage



3. Sampling strategy

In response to the COVID-19 pandemic, the 2020 MSNA adopted a mixed methods approach to avoid in-person data collection wherever possible and to limit staff and vulnerable populations' potential exposure to COVID-19. The methodology relied on snowball sampling for remote phone-interviews and two-stage cluster sampling conducted through partner-assisted phone interviews and face-to-face data collection.

Two-Stage Cluster Sampling

A two-stage cluster sampling strategy was applied in physically accessible Local Government Areas (LGAs) where OCHA indicated that their need to address information gaps is highest. For these priority LGAs, areas deemed inaccessible due to security reasons or COVID-19 movement restrictions were identified on a map by field and security officers from REACH, ACTED, partner organisations and other security-related documents, and were excluded from the sample.

Population estimates in physically accessible locations were used to determine how many of the total surveys should be conducted in which location; this is based on the Vaccination Tracking System (VTS) March 2020 dataset and the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) Round 31 (February 2020) dataset, which provide estimates of IDP and non-displaced population numbers in identified settlements, camps and informal sites, as well as estimated number of returnees at the LGA-level.

In coordination with multiple implementation partners (see page 1 for full list), two data collection methods were used. In LGAs with strong phone network, partner staff on the ground identified selected households (based on randomly generated GPS points or using the "spin-the-pen" method) from each settlement randomly chosen in the first sampling stage as a cluster. Once an appropriate respondent was engaged at the selected household, the partner staff dialled into the REACH call centres and REACH enumerators would then undertake the survey on the phone with the respondents. In areas where there was weak or no phone signal, partner staff on the ground were trained to conduct the data collection themselves, filling out the KoBo form and submitting it to REACH for cleaning.

The LGAs identified for phone-assisted data collection were Maiha and Michika in Adamawa, Askira/Uba, Bama, Gwoza, Kala/Balge and Konduga in Borno, as well as Geidam in Yobe. The LGAs identified for face-to-face data collection were Damboa, Dikwa, Jere, Mafa, Maiduguri, Mobbar, Monguno and Ngala in Borno.

The findings from these LGAs have a confidence interval of 95% with a margin of error of 10%. However, all aggregated findings contain data collected using non-probability sampling, making all aggregations indicative.

Snowball Sampling

For the remaining LGAs, snowball sampling was used to collect indicative data. Phone contacts of households residing in these areas were identified through existing key informant networks and snowball sampling from respondents. REACH collected approximately equal number of surveys from each population group in each LGA where possible to ensure that no population group was excluded. REACH also attempted to collect an equal number of female and male headed households. However, due to the predominance of male headed households, this resulted in a relatively equal number of female and male respondents but a predominance of male headed households. To counter the skews in this data, the surveys were weighted using a number of secondary data sources. DTM Round 31 figures were used to weight between population groups in LGAs, whilst the 2019 MSNA and World Food Programme (WFP) Emergency Food Security Assessment[21] were used to weight female headed households appropriately.

Findings in these LGAs are indicative only. Non-probability sampling generates findings that may show trends in the LGAs/states, but have no known level of statistical precision and are not representative or generalizable.

The only LGA where the threshold number of surveys needed for sufficient sample size was not successfully collected is Magumeri. This was due to security incidents interrupting in-person data collection. In one such security incident, the telecommunications tower within the LGA was destroyed, preventing remote data collection. Despite the potential for a geographical skew in the data for Magumeri and potentially insufficient sample size, it was decided to include Magumeri data as the surveys gathered may be able to provide some insight into local needs. Although the data were not collected remotely, they should be treated as indicative only.

4. Data collection

Data collection was conducted between 13 July and 21 August 2020. In total, 6,888 household surveys were conducted, cleaned and included in the final dataset.

[21] WFP, Emergency Food Security Assessment (EFSA) in Borno, Adamawa and Yobe States of Nigeria, August 2019.

A) Training and translation

Before data collection took place, a training of trainers for external partners and an enumerator training for REACH enumerators took place. At this training, attendees were instructed on how to use the tool, the strict COVID-19 measures that would be in operation and how the assessment will function. The training included sessions on safeguarding, communicating with community leaders, COVID-19 protocols, sampling and security in the field. For a full itinerary of the training, please refer to Annex 3.

The tool, once approved by all sectors and the ISWG, was translated by Translators Without Borders into Hausa and Kanuri. These translations were then reviewed by field staff to ensure internal consistency and the meaning of each question had been preserved during translation. During data collection, enumerators were assigned to areas where they had knowledge of local languages, rather than relying on all households to have strong Hausa or Kanuri, to allow for better communication over phone connections which were frequently poor.

B) Piloting of tools

The first week of data collection was designated to piloting the kobo tool and building up a respondent list for snowball sampling. Key informants from the 2019 MSNA were contacted, informed of the survey being conducted within their community and then were taken through the survey by enumerators. This increased the buy in of community leaders, as they were made aware of the contents of the survey, increasing the likelihood of them providing phone numbers for potential respondents. After this piloting process, the tool was adapted following feedback from enumerators, and a retraining was held for key issues that were raised during the data cleaning of pilot data. The following week, enumerators then began data collection using the numbers provided by key informants, with new knowledge and changes to the tool increasing data quality.

C) Practicalities of Collection

For remote collection, call centres were set up in schools that had closed due to the COVID-19 lockdown. In priority LGAs with sufficient phone signal, partner assisted data collection was used. Partners were selected due to their ongoing operations in priority LGAs. This reduced movement across LGA borders to an absolute minimum, reducing the risk of COVID-19 infection for all parties. Once preliminary consent and the respondents age had been established, these partner staff then called into the call centres, before passing the phone to the household respondent. The enumerators within the call centres would then conduct the household survey whilst the partner staff observed social distance. This approach greatly reduced the likelihood of transmission between the household and the partner staff, whilst having the secondary advantage of increasing the quality of the data. Once again, partner staff observed strict COVID-19 protocols throughout.

Finally, in priority LGAs where there was no phone signal, the household survey was undertaken face to face with the household. As with the partner assisted data collection, partner staff or REACH staff navigated to the selected GPS point and conducted the survey with the household. These enumerators also followed strict COVID-19 procedures, including social distancing, sanitizing equipment and washing their hands regularly. The full set of COVID-19 protocols for each type of data collection are included in Annex 5 of this report, with every participant of data collection signing to affirm they would abide by these principles.

The data for the LGAs where two-stage cluster sampling was used have a confidence level of 95% and a margin of error of 10% for questions that were asked to all households. Questions that were subsetted and not asked to every household are considered indicative, with the number of respondents reported on all publications. The level of precision for questions asked to all households applies to the overall LGA, not by population group.

D) Data Protection Measures

Strict data protection measures were taken, with the data anonymized before being given to assessment officers for cleaning. This anonymization included the automatic deleting of all personal identifiable information. Please find further details of data protection and anonymization measures for in person and remote collection in Annex 8.

E) Data Quality Control Processes

Once the data had been anonymized, data cleaning protocols were adopted. Firstly, an R script was developed with logic and value checks, including flagging when surveys were too long or short, duplicates or the household roster appeared to be incomplete. All surveys with an incomplete household roster were deleted to preserve data quality[22], a key element which slowed the pace of data collection and required enumerators to be retrained. Each day, the data collected had these checks applied, before being sent on to assessment officers for review. During this review, the assessment officers also applied manual checks to the data, such as reviewing "other" variables to check whether they were already covered by the response options provided. These issues were then forwarded to the field team and enumerators, with their inputs being used to decide which course of action would be taken. The necessary changes would then be made and the survey submitted into the final dataset, or deleted if it was decided that issues could not be resolved or the survey contained too many issues.

5. Analysis

A key lesson learned from MSNAs implemented in previous years has been that the use of a strong analytical framework is essential, to ensure that the assessment can provide the findings needed to inform the intended humanitarian milestones. For this, REACH developed a that framework relies on the following key components:

- **Living Standard Gap (LSG):** signifies an unmet need in a given sector, where the LSG severity score is 3 or higher
- **Capacity Gap (CG)**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Pre-existing vulnerabilities:** the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity:** signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no need) to 4 (extreme needs)/4+ (extreme+ needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.
- The **Multi-Sectoral Needs Index (MSNI)** is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

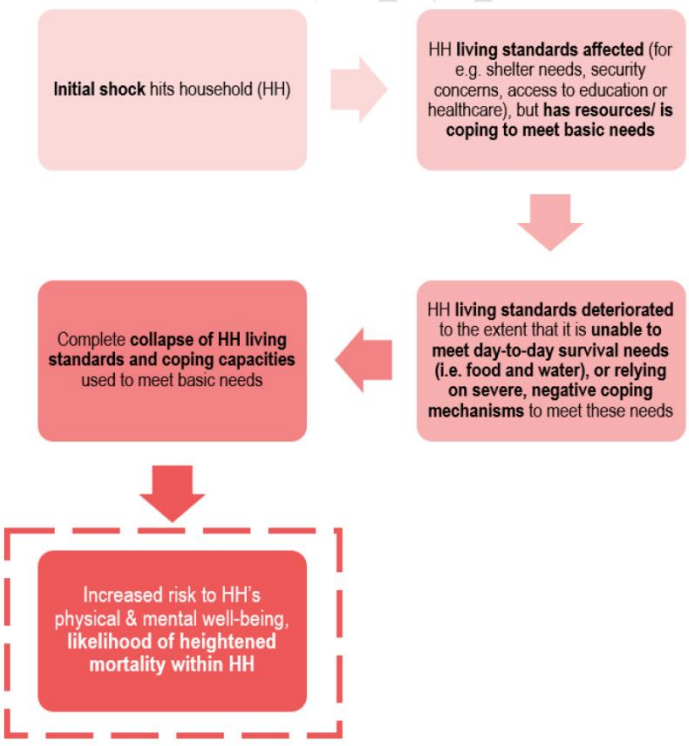
The severity scales were developed using a combination of the draft of the Joint Inter-Sectoral Analysis Framework (JIAF) and sectoral expertise, creating a framework that was comparable with other contexts whilst being suitable for the BAY states. The JIAF is an analytical framework being developed at the global level aiming to enhance understanding of needs of affected populations. The framework measures a progressive deterioration of a household's situation towards the worst possible humanitarian outcome.

While the JIAF severity scale includes 5 classifications ranging from 1 (none/minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/minimal) to 4+ (extreme+) is used. A "4+" score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of (catastrophic)

[22] A total of 637 surveys were deleted due to data quality concerns. The MSNA 2020 data cleaning log is available on request.

is primarily at area level (e.g. mortality rates, malnutrition prevalence, burden of disease), which is difficult to factor into household level analysis[23].

Figure 1: Rationale behind the severity scale



In order to contextualize this framework for the North East Nigerian context, bilateral discussions were held between REACH and sectors. The final framework was approved by the ISWG. The LSG for a given sector was produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household) was assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household was obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not was determined in advance for each indicator.

High severity indicators were identified that would automatically classify the household as having a sectoral LSG and result in a score of up to 4 or 4+ depending on the response option chosen. Indicators of lower severity would only contribute toward a household score of 1, 2, or 3. The final score/severity class is the highest score generated for any indicator. Any household with a severity score of 3 or higher in any sector was deemed to have an LSG.

For households that were deemed not to have an LSG, CG indicators were identified. As with the process of LSG indicators, these CG indicators were binary indicators designed to determine whether the household was relying on unsustainable or harmful coping strategies. For more information on the identification of LSGs and CGs, please refer to Annex 6.

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

[23] Additionally, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in Annex 6.

2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

- As shown in the example in **Error! Reference source not found.** below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

Figure 2: Example calculation of MSNI scores

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

The MSNI approaches multi-sectoral needs from a big-picture perspective. Regardless of whether a household has a very severe LSG in just one sector or co-occurring severe LSGs across multiple sectors, their final MSNI score will be the same. While this approach makes sense from a response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis has been done at the state and state population group level to understand such differences in magnitude and severity between households.

This report includes **additional analysis** on multi-sectoral needs, including the overall % of households with multi-sectoral needs by severity of needs; the overall % of households with multi-sectoral need(s) by type of needs (i.e. LSGs); the overall % of households with multi-sectoral need(s) by total number of sectoral LSGs; the most common profile of needs and the most common combination of needs.

Text Box 1: Comparability of Findings

The 2019 MSNA drew on similar analytical concepts. However, the methodology for identifying LSGs, households with multi-sector needs, and other components has been modified based on lessons learned. In addition, compared to the previous round, there have been some necessary changes to the sampling strategy and data collection to prevent the spread and contraction of COVID-19. As a consequence, comparability with 2019 findings is limited and can only be considered as indicative of broader trends. This is further explained in text box 2, using the findings from Borno as a case study.

6. Secondary data

A comprehensive secondary data review was conducted, led by OCHA with the support of the IMWG and REACH. Relevant assessments were compiled and sorted by their relevance to pillars of the JIAF: context, or the relevant characteristics of the living environment of the affected populations; shock/event, or the occurrence that disrupts the functioning of a community or society; and impact. The contents of these assessments were then tagged using the DEEP software by a team of taggers from across the sectors, jointly trained by OCHA and REACH. This secondary data review, along with bilateral consultations between REACH and sectors, was used to inform the

MSNA team on where information gaps lie and how to best address them; the SDR also fed into the HNO and HRP narratives. Other secondary sources used for this research cycle include:

For population estimates:

- VTS population dataset (March 2020);
- IOM DTM datasets (February 2020): Return data round 31, IDP Site assessment dataset round 31, IDP Location assessment dataset round 31;
- WFP EFSA (August 2019).

For contextual information on humanitarian needs:

- Previous REACH Nigeria assessments, including 2019 MSNA;
- OCHA 2020 HNO;
- REACH Assessment of Hard-to-reach Areas;
- Assessments provided by sectors, including those conducted by partners and the sectors themselves.

7. Ethical considerations

The MSNA followed strictly to the Do No Harm principle, seeking to reduce the risks to respondents and enumerators from both pre-existing risks and new risks from the COVID-19 pandemic. The methodology and implementation of the assessment evolved from previous years to ensure that the risks to respondents, enumerators and the community were reduced. This has been explained in depth throughout this report.

All respondents interviewed were above 18 years of age. A decision was made that undertaking remote interviews with those under the age of 18, even if they were head of household, created a safeguarding risk for all concerned. It was decided that the 2020 MSNA would not measure the number of child headed households and had limited scope for the voice of children to contribute. As remote collection systems develop and capacity increases, future assessments may look to find ways of working remotely with child respondents. Due to this decision taken for remote data collection, it was decided that data collection would be kept consistent across all data collection methods, meaning the exclusion of child headed households for LGAs selected for two stage cluster sampling.

All consent given was free and well informed, with enumerators reading out a speech introducing the assessment, the organization and how the data was going to be used. For partner assisted collection, partners received preliminary consent from the household using a script (see Annex 4). Enumerators then went through the same consent procedures again over the phone, to ensure that this process had been carried out properly. Finally, spot checks were conducted during and at the end of the survey to ensure the household was happy with the way the partner staff or enumerator had conducted the interview. Any feedback from spot checks was carefully considered and retraining was given to partner staff and enumerators as needed. These trainings also incorporated other issues raised during the process, demonstrating how the handling of the assessment was adapted to fit the needs of respondents.

In depth trainings were given on the Prevention of Sexual Exploitation and Abuse (PSEA) protocols and the ACTED code of conduct, with all partner staff signing to signify that they would follow this code of conduct alongside their own organisations' code of conduct, with the stricter of the two codes being observed in situations where they diverged. Enumerators and partner staff going into the field were given a full training from the Mine Action sector on risks and the identification of unexploded ordnance, reducing the risk of incident. Security updates were also disseminated to all organization during data collection, providing advice from the ACTED operations room. This was particularly important for local NGOs, who had lower capacity for security monitoring due to their relatively smaller budgets. Overall, the care for partner organization staff and REACH enumerators was a high priority, with security, COVID-19 and the code of conduct all considered.

To ensure all stakeholders were well informed, community leaders were approached by REACH or partner staff. These community leaders were consulted on how the assessment would be undertaken and liaising with the local community. As discussed, the survey was also translated, with enumerators assigned to LGAs with languages similar to their own.

Once the analysis of the MSNA was completed, the products (including a sectoral and inter-sectoral factsheet, executive summary and results table) were disseminated to the National Emergency Management Agency (NEMA), State Emergency Management Agency (SEMA) in Borno, Adamawa and Yobe, and the state governments of all three states surveyed. This engagement with government actors was to ensure all information was freely available and to encourage the buy in for future assessments.

8. Challenges and limitations

Remote data collection: Due to COVID-19 contingency measures, data collection for the 2020 MSNA was partly conducted over the phone. This created some particular challenges and limitations:

- Given the poor connectivity and the lack of personal interaction during a phone-based interview, the length of the questionnaire was limited to prevent a fall in data quality.
- As privacy could not be ensured, certain sensitive topics were not included in the assessment to avoid creating risks for respondents;
- As phone ownership is more prevalent among men, it is likely that the proportion of female respondents would have been higher if data was not collected over phone. However, calling times often meant that men were out of the house in areas with less phone signal, such as on farms. This led to women answering the phone, going some way to rebalancing this bias.
- Unequal phone ownership may also have biased results towards better-off households, particularly with the 2019 MSNA survey showing certain population groups with lower phone ownership than others. Therefore, for example, an IDP household with a phone may not be representative of IDP households in general but may have lower needs in comparison to other IDP households.
- Snowball sampling from community leaders meant that certain groups may have been missed as they were not actively targeted, such as certain religious or tribal groups. Whilst all target groups were successfully sampled, certain other population groups may have been excluded.

- **Geographic/accessibility bias:** Both data collection methods (remote and face to face/partner assisted) contained key biases in their sampling methods.
  - **Remote Collection:** The geographic bias from the remote collection was that data was only collected from areas where there was phone signal. These areas are more likely to be urban hubs or in rural areas with higher population density. Due to the limitations of the methodology, this bias was not removed and should be considered when interpreting results.
  - **Face to Face/Partner Assisted Collection:** Due to the difficult security situation, the areas designated as accessible were greatly reduced. In all LGAs where two stage cluster sampling was carried out, the assessment only took place only in the LGA towns. This urban/rural bias should be considered when interpreting the data.
- **Proxy reporting:** Data on the individual level was reported by proxy by one respondent per household, rather than by the particular individual household members themselves, and therefore might not accurately reflect lived experiences of individual household members, who also might be more vulnerable.
- **Subset indicators:** Findings related to a subset of the overall population may have a wider margin of error, and should therefore be considered as indicative only.
- **Respondent bias**: Certain indicators may be under- or over-reported due to the subjectivity and perceptions of respondents. For instance, respondents might have the tendency to provide what they perceive to be the "right" answers to certain questions (i.e. social desirability bias).

- **Limitations of household surveys**:
    - While household-level quantitative surveys seek to provide quantifiable information that can be generalised to represent the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on "how" or "why" are best suited to be explored through qualitative research methods.
    - Since "households" are the unit of analysis, intra-household dynamics (including for instance intra-household power relations across gender, age, disability) cannot be captured. Users are reminded to supplement and triangulate household-level findings with other data sources.
- **Weighting:** Due to the snowball sampling chosen, the findings from the survey had to be heavily weighted to match the population profiles provided by other assessments. This heavy weighting may provide undue provenance to certain households, with that household having a large effect on final aggregated findings despite potentially not being representative of the needs of the population group they have been chosen to represent.
- **Timeliness:** When interpreting findings, users are informed that the data collection took place between July 13th and August 21st, 2020. Despite none of the recalls periods overlapping with the end of Ramadan and the COVID-19 lockdown, it was observed that these events may have affected some answers given by households. This period is also the rainy season before harvest, with flooding affecting large areas.

FINDINGS

1. Overview of multi-sectoral needs

A very high proportion of households across the BAY states were found to have multi-sectoral needs. Borno remains the epicentre of the crisis with the highest proportion of households with multi-sectoral needs (94% of households, or approximately 1,378,000 households)[24]. Similarly, 92% (717,000) of households in Adamawa and 86% (393,000) of households in Yobe were found to have multi-sectoral needs.

Figure 3: % of households per MSNI severity score in Adamawa

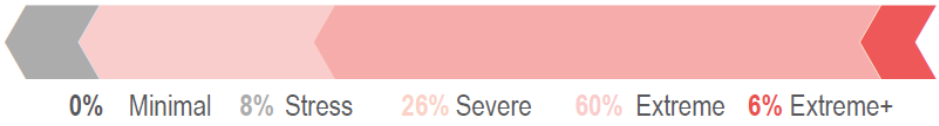


Figure 4: % of households per MSNI severity score in Borno

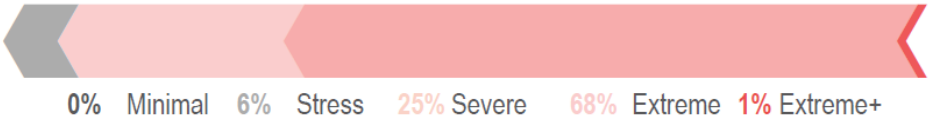
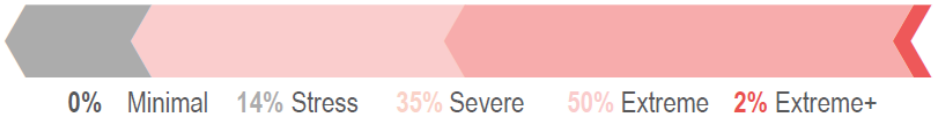
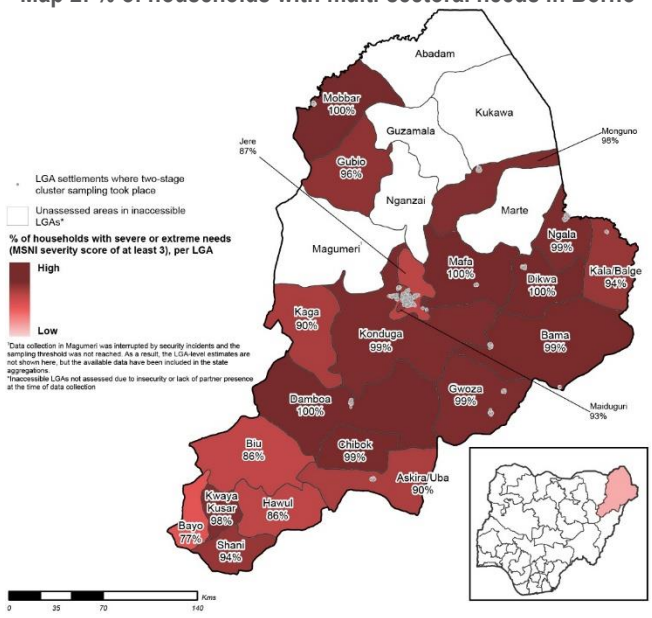


Figure 5: % of households per MSNI severity score in Yobe



In Borno, there was a very high proportion of households with multi-sectoral needs across all LGAs. In certain LGAs, all households had multi-sectoral needs, particularly in areas where two stage cluster sampling took place. These LGAs include the garrison towns in the north and the east of Borno, such as Dikwa, Mafa, Mobbar and Damboa. In Bama, Gwoza and Ngala, 99% of households had multi-sectoral needs. For a detailed exploration on why these LGAs were found to have the highest percentage of households with multi-sectoral needs, please refer to Text Box 2.

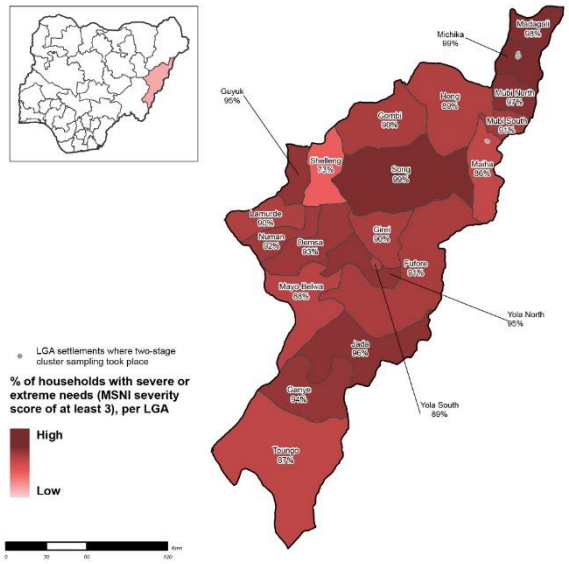
Map 2: % of households with multi-sectoral needs in Borno



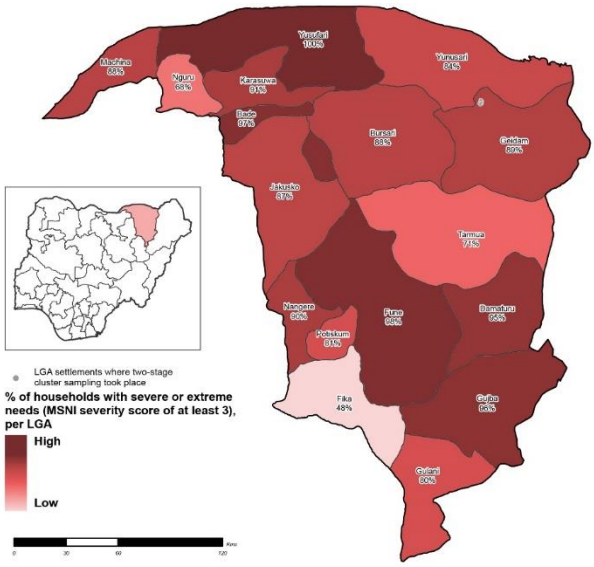
[24] Figure obtained by applying the percentage on population figures from the VTS Dataset, March 2020 and IOM DTM Round 31, February 2020. All population figures have been rounded to the nearest thousand.

In Adamawa, a similar pattern emerged with a large proportion of households in each LGA having multi-sectoral needs. Whilst no LGAs were found to have 100% of households with multi-sectoral needs, Michika (99%) and Madagali (98%) were close to this figure[25]. Other LGAs of note were Song (99%), Mubi North (97%) and Jada (96%), where remote data collection found that almost all households had multi-sectoral needs. These LGAs are within reachable distance from OAG strong holds in Cameroon, whilst also being reachable from OAG strongholds in East Borno. This proximity to OAG activity may be a contributing factor to the proportionally higher prevalence of needs within these LGAs. A relatively lower proportion of households were found to have multi-sectoral needs in Shelleng (73%) compared to the neighbouring LGAs of Song (99%), and Guyuk (95%). Due to the indicative nature of the MSNA data collected in Shelleng, further assessments would be needed before coming to conclusions regarding the level of needs in Shelleng.

Map 3: % of households with multi-sectoral needs in Adamawa



Map 4: % of households with multi-sectoral needs in Yobe



In Yobe, a large proportion of household also had multi-sectoral needs, although fewer LGAs had close to 100% of households with multi-sectoral needs, reflecting the lower proportion of Yobe households overall with multi-sectoral needs. A key LGAs to note is Yusufari (100% of households), which shares a border with Niger's Diffa region, a key operating area for the Islamic State West African Province (ISWAP)[26]. Other LGAs to note are Fune (98%), Bade (97%) and Gujba (96%). Fika also had a relatively low proportion of households (46%) with multi-sectoral needs. Other than the relative distance from OAG strongholds, further conclusions cannot be made on the basis of the indicative data represented here.

Multi-sectoral needs were particularly widespread among IDP and returnee households. This was particularly true in Borno, where 98% of IDP households were found to have multi-sectoral needs, with a large proportion of IDP households in Adamawa and Yobe found to have multi-sectoral needs (96% for both). The second most affected population group was returnee households, with 97% of returnee households in Borno, 90% of in Adamawa, and 90% of in Yobe having multi-sectoral needs.

[25] These two LGAs were also identified as priority LGAs for two stage-cluster sampling, due to their high numbers of IDPs and returnees. Whilst this sampling was successfully conducted in Michika, two fallen bridges prevented in person collection in Madagali (Sahara Reporters, Two Persons Die In Adamawa Community After Flood Destroys Bridge, August 2020).
[26] Al-Jazeera, Niger says 75 Boko Haram fighters killed in two operations, May 2020

Table 1: % of households by severity of needs, by population group

State	Population Group	1	2	3	4	4+
Adamawa	Non-Displaced	0%	7%	25%	61%	6%
	IDP	0%	4%	24%	63%	9%
	Returnee	0%	10%	31%	55%	5%
Borno	Non-Displaced	0%	8%	30%	62%	0%
	IDP	0%	2%	12%	83%	3%
	Returnee	0%	3%	23%	71%	3%
Yobe	Non-Displaced	0%	17%	38%	43%	1%
	IDP	0%	4%	28%	65%	3%
	Returnee	0%	10%	17%	73%	1%

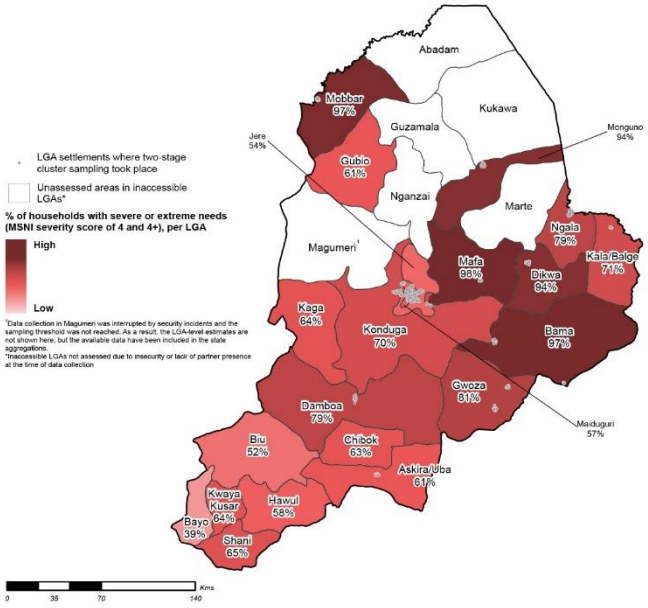
Due to the high prevalence of multi-sectoral needs across the three BAY states, analysing the severity of needs across key population groups and at the LGA level is more effective for understanding the nuances of the crisis. Severity of needs varied across states. Borno had the highest proportion (69%) of households with extreme or higher multi-sectoral needs, followed closely by Adamawa (66%) and Yobe (52%). However, the largest proportion of households with an MSNI score of 4+ (extreme+) was in Adamawa (6%). This compares to only 2% of the households in Yobe and 1% in Borno. These extreme+ needs were largely driven by households' WASH needs, particularly a lack of sanitation facilities and practice of open defecation by IDPs in certain LGAs.

In Borno, 86% of IDP households had extreme or extreme+ needs. This was the highest proportion of any population group across the three states. Certain areas of Borno are particularly highly populated with IDPs displaced by conflict in the rural areas of the north and eastern LGAs of Borno, with IDPs fleeing to the garrison towns where data collection was collected[27]; which likely explains that the northern and eastern LGAs of Mafa (98%), Mobbar (97%), Bama (97%), Monguno (94%) and Dikwa (94%) also had the highest proportion of overall households with extreme or extreme+ needs. Displacement is frequently associated with aggravating needs, with IDP populations unable to access their land or possessions, whilst frequently residing in camps which are overcrowded and frequently flooded during the rainy season[28].

Whilst a high proportion of non-displaced households had multi-sectoral needs (92%), a lower proportion of non-displaced households had extreme or extreme+ needs (62%) compared to IDP households. This finding draws attention to the south and the west of Borno, where there is a lower proportion of households with extreme or extreme+ needs. These LGAs have a higher proportion of non-displaced populations, such as Bayo and Kwaya Kusar where 98% of households were non-displaced[29]. Despite a high proportion of households having multi-sectoral needs, the proportion of households with extreme or extreme+ needs in the south-west are lower than in the garrison towns in the north and east of Borno, due to the lower numbers of households having their needs aggravated by displacement.

[27] IOM, DTM Round 31, February 2020.
[28] OCHA, Situation Report, September 2020
[29] IOM, DTM Round 31, February 2020.

Map 4: % of households with extreme or extreme+ multi-sectoral needs in Borno



Text Box 2: Extreme Needs in Borno: A case study in context and methodology

It is worth further unpacking the severity findings in Borno, as they serve as a case study for the differences between this assessment and previous iterations of this assessment. The 2019 MSNA found that the areas with the highest proportion of households with extreme multi-sectoral needs were located in the south-west of Borno State, with the garrison towns still having a high proportion of households with multi-sectoral needs but lower than these rural areas[30]. The findings of the 2020 MSNA initially contradict these findings, suggesting a shift in needs in these locations. This section briefly explores how a combination of changing context and methodology have shaped these findings.

There are a number of real world factors that would suggest this change in geography of extreme multi-sectoral needs has taken place. The garrison towns in the north and east of Borno are reliant on the frequent transport of goods and supplies from other areas for food and fuel. Whilst some farming is possible on the outskirts of the town, high levels of insecurity means a larger proportion of the population rely on income streams outside of agriculture. To illustrate this, the average proportion of households relying on agriculture as a primary source of income was 36% across Borno. When this is broken down at the LGA level, the highest proportions were 77% in Bayo, 76% in Shani and 77% in Chibok, all of which are located in the south-west of the state. The lowest proportions of households relying on agriculture were found in the north and east, specifically Monguno (6%), Ngala (8%) and Mobbar (12%)[31]. Rather than having access to food from subsistence farming, these LGAs are reliant upon food items being delivered along the road networks.

The disruption of these road networks has increased since the 2019 assessment. OAG activity has continued to increase across the North East of Nigeria, with the road network frequently hit by illegal vehicle checkpoints, Improvised Explosive Devices (IEDs) and ambushes on security forces. Incidents are particularly common in the north and east of the state, on roads that are located close to key areas of operation of OAGs. This has led to temporary road closures, increased security measures needed to transport goods including military exports, and more goods trucks being looted by OAGs[32]. The transport of good and supplies on these roads was further disrupted during the COVID-19 lockdown. When Borno State first went into lockdown in April[33], movement between LGAs was limited. Commercial traders had their access to these garrison towns reduced, whilst humanitarian NGOs were unable to

[30] REACH, MSNA Nigeria 2019 Executive Summary
[31] Maiduguri had 11% of households relying on agriculture, but has not been included due to its status as the urban capital of Borno state.
[32] UNHCR North-East Nigeria Protection Monitoring Report July-August 2020, August 2020.
[33] International Network for Government Science Advice Policy, Total lockdown of Borno state for 14 days from 22 April, April 2020.

provide food distributions. In these towns, key items such as food stuffs, fuel and hygiene equipment saw price increases as a result of this reduced ability to transport goods on the roads[34].

Whilst this is all true, the effect of the changes to the methodology and the perception of extreme needs may also go some way to explaining the apparent shift in the geography of needs when comparing with the 2019 assessment.

Firstly, due to the shift in methodology caused by the pandemic, the south-west of Borno was the key area of Borno where two stage cluster sampling across both urban and rural areas was replaced with snowball sampling and remote data collection. Priority selection was done on the basis of perceived needs, accessibility and was limited by the number of humanitarian organizations already on the ground. As discussed in the 2019 assessment, the south-west of Borno has fewer humanitarian partners operating programmes. Due to the biases discussed in the methodology section, including a bias toward urban settings due to the location of cell towers and key informants, rural areas in the south-west of Borno are likely to be under-represented within the sample. They are particularly likely to be underrepresented when compared to the areas sampled in the 2019 assessment with two stage cluster sampling.

As well as the sampling methodology, certain indicators were increased in their severity to reflect the COVID-19 pandemic. This includes WASH indicators, a key driver of multi-sectoral needs across all three BAY states, but particularly in the northern and eastern LGAs of Borno. Whilst the underdevelopment of WASH facilities in the south and west of Borno was captured in both the 2019 and 2020 assessments, the focus on COVID-19 meant these needs were classified in a different manner. Access to soap, handwashing facilities and the number of households sharing latrines had their classification increased to extreme needs, rather than severe, due to the increased risk of transmission that these indicators represented. The number of households sharing latrine facilities is likely to be most relevant in urban settings, particularly camp settings where a large number of households share the same latrine facilities. Indicators that are likely to affect less densely populated areas, including the areas captured in the south-west, were classified as severe rather than extreme, such as average time to fetch and return when collecting water.

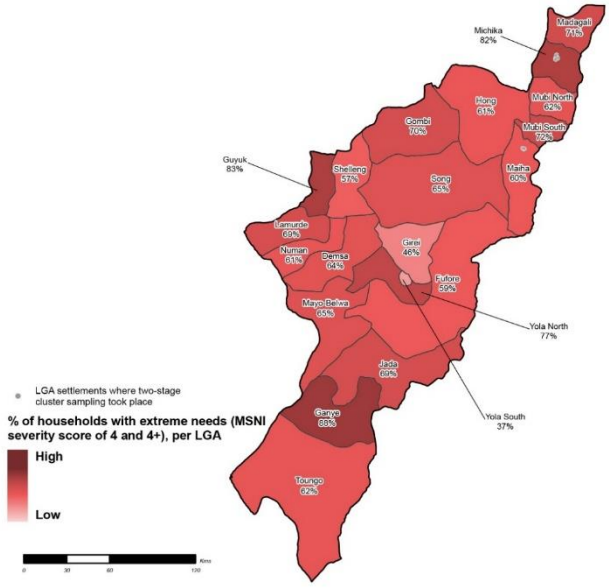
The 2019 MSNA concluded that the high proportion of extreme multi-sectoral needs in the south-west of the Borno was mostly due to chronic underdevelopment and a low proportion of humanitarian partners in these area. It is likely that the COVID-19 pandemic has only deepened these needs, but a combination of contextual factors and a change in methodology and needs classification meant the MSNA in 2020 found the most extreme multi-sectoral needs to be in the north and east of Borno.

Adamawa also had widespread multi-sectoral needs, with 92% of households scoring a severity score of at least 3. When reviewing extreme and extreme+ multi-sectoral needs, these were generally lower than Borno. Like Borno, however, IDP households had the highest prevalence of extreme and extreme+ multi-sectoral needs, with 63% of IDP households compared to 61% of non-displaced households and 55% of returnee households.

Whilst Adamawa has a marginally lower proportion of households with extreme multi-sectoral needs than Borno, it does have the highest proportion of households with extreme+ multi-sectoral needs across the three states. Overall, 6% of households in Adamawa were found to have extreme+ multi-sectoral needs, compared to 1% of households in Borno and 2% of households in Yobe. In Adamawa, this can be broken down into 9% of IDP households, 6% of non-displaced households and 5% of returnee households. These extreme+ multi-sectoral needs were primarily driven by WASH LSGs, with households reporting they were practicing open defecation due to a lack of latrine facilities. Among IDP households in Adamawa, 9% reported that they were practicing open defecation, due to a lack of latrine facilities within their community. This compares to 5% of non-displaced households and 4% of returnee households. The LGAs with the highest prevalence of households reporting this practice were Guyuk (22% of all households), Song (21%) and Lamurde (15%).

[34] FEWS NET, Food Security Outlook, June 2020.

Map 5: % of households with extreme or extreme+ multi-sectoral needs in Adamawa



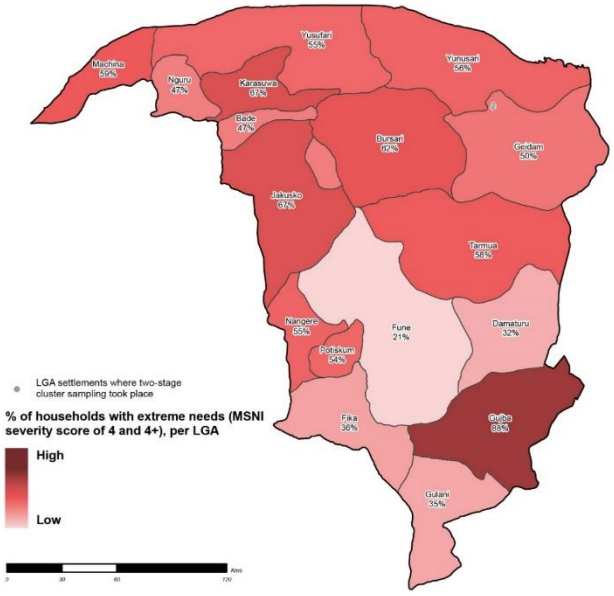
Despite a very high prevalence of multi-sectoral needs (92% of households), Yobe had the lowest prevalence of households with extreme and extreme+ multi-sectoral needs in the BAY states, with 50% of households having an MSNI score of 4 or above. Returnee households in Yobe in particular had the highest prevalence of extreme or extreme+ multi-sectoral needs (74%), followed by IDP (68%) and non-displaced households (44%). The high prevalence of extreme and extreme+ needs in returnee households in Yobe was mostly driven by access to latrine, with 61% of returnee households reporting they did not have access to improved latrines that were not shared by more than 10 households.

The LGA of particular note in Yobe was Gujba LGA. Gujba has been a site of OAG activity throughout 2020[35], with very few to no households remaining non-displaced. The MSNA found 0% of households were non-displaced, compared to 70% in Yobe overall. As in other LGAs, returnees and IDPs were found to have higher needs than non-displaced populations, and 88% of households in Gujba scored an MSNI score of 4 or higher, with the next highest scoring LGA being Jakusko and Karasuwa, with 67% of households.

The low percentage of households with extreme and extreme+ needs in Fune is a finding that requires further assessment. Whilst this LGA was assessed remotely, collecting indicative data only, the low percentage of households with extreme and extreme+ needs are still surprising. Its relative proximity to Gujba and Tarmua[36], areas known to have high level of OAG activities, would suggest that there were higher needs than found by data collection. A potential explanation is a failure in snowball sampling, with a key informant acting as a gatekeeper and only providing access to their close network due to a belief that receiving these calls may have entitled them to aid. Due to the size of Fune and the inability to locate where surveys took place accurately, further data collection using random sampling is needed before any conclusions can be made.

[35] OCHA, Yobe State Situation Analysis, June 2020.
[36] OCHA, Yobe State Situation Analysis, June 2020.

Map 6: % of households with extreme or extreme+ multi-sectoral needs in Yobe



2. Drivers of multi-sectoral needs

The magnitude of LSGs, or the number of LSGs households have, illustrates the multi-sectoral nature of challenges being face by households across the BAY states. When comparing across states and population groups, the patterns are similar to the proportions of households with multi-sectoral needs and the proportion of households with extreme or extreme+ multi-sectoral needs. Firstly, households in Borno continued to have the highest number of sectoral LSGs per household. IDPs and returnees in Borno were also the most likely to have multiple LSGs of any of the target population groups. Finally, IDPs in general had the highest proportion of households with a higher number of sectoral needs in each of the states when compared with returnee and non-displaced households, showing the multi-faceted nature of the needs caused or exacerbated by displacement.

IDP households in Borno were the most likely to have multiple sectoral needs: 60% had three or more LSGs, including 10% that had five or more. This is compared to returnee households, of which around half (51%) had three or more LSGs and 6% had five or more LSGs. In Borno, 32% of non-displaced households had three or more LSGs and 3% had five or more LSGs, showing the effect displacement can have on the magnitude of LSGs, increasing both the severity of sectoral LSGs and the number of sectoral LSGs for each household.

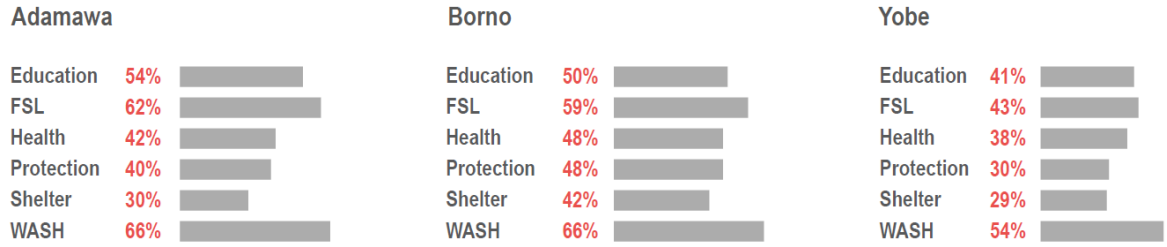
Table 2: Proportion of households per number of sectoral LSG(s), per population group:

		0	1	2	3	4	5	6
Adamawa	Non-Displaced	7%	24%	26%	25%	14%	4%	0%
	IDP	4%	19%	28%	30%	12%	7%	1%
	Returnee	10%	22%	29%	24%	12%	3%	0%
Borno	Non-Displaced	8%	30%	31%	17%	12%	3%	0%
	IDP	2%	11%	27%	28%	22%	9%	1%
	Returnee	3%	18%	28%	28%	17%	5%	1%
Yobe	Non-Displaced	17%	28%	30%	19%	3%	2%	0%
	IDP	4%	21%	36%	23%	13%	3%	0%
	Returnee	10%	30%	37%	15%	5%	0%	2%

In Adamawa, 50% of IDP households were found to have three or more LSGs, including 8% that had five or more LSGs. This finding continues to corroborate the trend of IDPs having the highest needs out of the target population groups. In addition, 43% of non-displaced households had three or more LSGs, and 4% had five or more. Returnees had the smallest proportion of households with three or more LSGs, with 39% of households, including 3% of households having five or more LSGs.

Finally, in Yobe, IDP households were also found to have the highest number of LSGs per household, with 39% having three or more LSGs. This is noticeably higher than the 24% of non-displaced households and 22% of returnee households. Relatively few households in Yobe had over five LSGs, with 3% of IDP and 2% of both returnee and non-displaced households. Yobe households were less likely to have three or more LSGs than households in the other two states.

Figure 6: % of households with sectoral LSG(s), among households with multi-sectoral needs



Across all three states, WASH was the most common LSG and a key driver of multi-sectoral needs. In both Adamawa and Borno, 66% of households with multi-sectoral needs were found to have a WASH LSG, whilst 54% of households in Yobe were found to have a WASH need.

The target population with the highest prevalence of WASH needs were IDPs in Borno, where 88% of IDP households with multi-sectoral needs were identified as having a WASH LSG. This was closely followed by returnee households in both Borno and Yobe (both 79%). However, as discussed in the previous section, Adamawa had the highest proportion of households with extreme+ multi-sectoral needs (6%), mainly due to the reported levels of open defecation in certain LGAs.

The most common driver of WASH needs across all states was lack of access to an improved handwashing facility and soap. This composite indicator was developed due to the change in needs during the COVID-19 pandemic, with handwashing needed to prevent transmission and infection. A key driver of the WASH LSGs were lack of access to soap, which was reported by 31% of all households in Adamawa, 30% in Borno and 17% in Yobe. Of the LGAs that were two stage cluster sampled, particular LGAs of concern were Dikwa, Mobbar and Mafa, where 73%, 71% and 62% of households respectively reported not having access to soap.

The second key driver was the reported lack of access to improved sanitation facilities[37] that were shared by fewer than 10 households. In Borno, 50% of households reported either using unimproved sanitation facilities or sharing improved sanitation facilities with 10 or more households, compared to 42% in Adamawa and 39% in Yobe. Of LGAs where two stage cluster sampling took place, 24% of households in Monguno and 23% of households in Mafa and Dikwa reported sharing their sanitation facility with 10 or more households, whilst 30% of households in Gwoza and 25% of households in Maiha reported simply using an open hole as their sanitation facilities.

The second most common LSG in all three states was FSL, with 62% of households with multi-sectoral needs in Adamawa, 59% in Borno and 43% in Yobe having a FSL LSG. FSL needs were driven primarily by household hunger scores across all three states, with 40% of all households in Adamawa, 36% in Borno and 27% in Yobe

[37] Improved sanitation facilities include flush or pour/flush toilets, pit latrines with a slab and platform, and ventilated improved pit toilets.

found to have a household hunger score of two or higher.[38] IDP households in Adamawa were the most likely to have a household hunger score of 2 or above (52% of households), followed by Borno IDP households (48%) and Borno returnee households (42%).

Given that WASH and FSL LSGs were the most common drivers of multi-sectoral needs in the BAY states, it is also no surprise that the most common needs profile amongst households with multi-sectoral needs in both Adamawa (12%) and Borno (9%) was WASH and FSL LSGs. In Yobe, the most common needs profile among households with multi-sectoral needs was WASH and Education LSGs (7%). WASH and FSL was the most common needs profile in every target population group except one, with only non-displaced households in Yobe having WASH and Education as the most common needs profile. This was due to a relatively lower proportion of households having an FSL LSG. This could be due to the relatively lower OAG activity in Yobe, allowing households to collect food and firewood more easily than those in Borno or Adamawa. The prevalence of WASH LSGs meant that all of the three most common needs profiles for all three population groups included WASH LSGs.

An intersection of LSG is when a household has any two LSGs, regardless of whether it has other LSGs. As with the most common drivers and the most common needs profiles, WASH and FSL was the most common intersection of needs across all three states, with 44% of households with multi-sectoral needs in Adamawa, 38% in Borno and 21% in Yobe with this intersection. The second most common intersection of LSGs in both Adamawa and Yobe was WASH and Education, with 31% of households with multi-sectoral needs in Adamawa and 19% in Yobe. Due to the high prevalence of IDP households with multi-sectoral needs having both WASH and Shelter needs (46%), perhaps a result of overcrowding in roughly half of Borno IDP camps[39], this intersection was the second most common intersection of LSGs in Borno overall (22%). The second highest intersection for returnee households in Borno was WASH and Education (28% of returnee households with multi-sectoral needs) whilst the second highest intersection for non-displaced households was WASH and Health. (20%)

3. Pre-existing vulnerabilities[40]

The most common vulnerability type across all three states were the presence of at least one member that had a disability (using a methodology adapted from the Washington Group) or had a chronic illness whilst being over 60 years old. A higher proportion of households were found to have at least one member with this vulnerability type in Adamawa (24%) compared to Borno (18%) and Yobe (12%). The second most common vulnerability was whether the household was headed by a single female. In Borno, 14% of households were headed by a single female, compared to 10% in both Adamawa and Yobe.

Adamawa was found to have the highest proportion of households having both a vulnerability and multi-sectoral needs, with 29% of households or approximately 235,000 households. This was followed by Borno, with 28%, or approximately 379,000, households found in this situation, and Yobe (18% of households or approximately 99,611 households).

In Borno, households with any of the identified vulnerability profiles had a higher prevalence of FSL LSGs than households overall, with households led by a single female head (61%) or having one member with a mental disability (67%) being the most likely to have an FSL LSG. Households with a head of household over the age of 60 and no working age male (18-59 years old without a physical or mental disability) and households with one member with a mental disability also had a higher proportion of households with WASH or Shelter LSGs, when compared with households overall.

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

[39] IOM, Nigeria: IOM Builds Quarantine Shelters in IDP Camps as Conflict-Affected Borno State Records First COVID-19 Cases, April 2020.

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

Table 3: % of households in Borno with sectoral LSGs by vulnerability profile

% of households....	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	CG
Overall	31%	46%	26%	27%	24%	74%	94%	90%
Profile of head of household								
....with a single female head of household	31%	61%	16%	16%	30%	74%	85%	94%
...with a head of household 60 years or older and no male household member 18-59 years old without a physical or mental disability	33%	55%	13%	13%	37%	89%	83%	96%
At least one member...								
...has a chronic illness	29%	52%	21%	21%	26%	73%	81%	91%
...has a mental disability	21%	67%	19%	19%	34%	88%	92%	93%
...has a physical disability	31%	49%	19%	19%	25%	78%	85%	96%
...is a pregnant woman or girl	33%	53%	22%	22%	21%	71%	82%	84%
...is aged 60 years or older	31%	54%	16%	16%	26%	80%	82%	91%

In Adamawa, a similar trend was found, with higher proportions of single female-headed households and households with at least one member having mental disabilities having FSL LSGs (both 71%) when compared with households overall (54%). Of particular note should be the proportion of households with one or more members having a mental disability and having an Education LSG. Compared to the overall percentage across all households in Adamawa (40%), 76% of households with one member with mental disabilities were found to have an LSG. Whilst all other vulnerability profiles did have a higher proportion of households with an Education LSG, this sharp increase for households with one member with mental disability is worth exploring in further research.

Table 4: % of households in Adamawa with sectoral LSGs by vulnerability profile

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

In Yobe, households headed by a member over 60 without a working age male (18-59 with no physical or mental disabilities) and households with at least one member with a mental disability were also more likely to have both WASH and FSL LSGs than the average. Single female head of households also had a higher proportion of households with a FSL LSG, when compared with the state level overall.

Table 5: % of households in Yobe with sectoral LSGs by vulnerability profile

% of households....	Education	FSL	Health	Protection	Shelter	WASH	At least 1 LSG	CG
Overall	32%	34%	23%	18%	19%	57%	86%	89%
Profile of head of household								
....with a single female head of household	37%	29%	9%	9%	27%	56%	73%	85%
...with a head of household 60 years or older and no male household member 18-59 years old without a physical or mental disability	11%	54%	30%	30%	38%	61%	82%	83%
At least one member...								
...has a chronic illness	42%	38%	18%	18%	20%	65%	75%	83%
...has a mental disability	24%	38%	35%	35%	5%	47%	84%	84%
...has a physical disability	47%	38%	36%	36%	11%	60%	77%	93%
...is a pregnant woman or girl	31%	29%	28%	28%	14%	60%	73%	92%
...is aged 60 years or older	15%	38%	16%	16%	25%	58%	70%	87%

4. Prevalence of negative coping strategies:

The high prevalence of LSGs meant relatively few households were found to have a capacity gap and no multi-sectoral needs, with the highest proportion found in Yobe. In Yobe, 10% of all households had a capacity gap and no LSG. This combination was lower in Adamawa (5% of all households) and in Borno (4%). These households, although found not to have an LSG at the time of data collection, were found to resort to negative coping strategies to meet needs, which means that they may not be able to sustain another shock or may become in need once those strategies are exhausted. It is worth noting that the majority of those with no multi-sectoral needs had capacity gaps. Only 3% of households in Yobe and 2% of households in Borno and Adamawa had no capacity gap nor multi-sectoral needs.

5. Subsets of particular concern

While the Borno State Government renews efforts around returns with plans to close all IDP camps by 2026[41], moving forward with its plan to return and resettle IDPs across Borno[42] in 2020, IDPs and returnees in Borno were the two population groups with the highest proportion of households found to have multi-sectoral needs (98% and 97%, respectively). As such, the following section will focus on IDP and returnee households, as these two population groups will become of further concern to humanitarian partners into 2021. Finally, the non-displaced population in Adamawa was chosen for further examination. This was due to the fact that despite not being in the epicentre of the crisis (i.e. in Borno) or being displaced at any point, this population group had a high proportion of households with LSGs, particularly in Education.

Subset of particular concern #1: Borno IDP Households

IDP households in Borno had the highest proportion of households with at least extreme multi-sectoral needs (85%), with needs mostly driven by a combination of WASH, FSL and/or Shelter LSGs. They also had the highest average number of sectoral LSGs (2.85), demonstrating the multi-sectoral nature of their needs: 60% of Borno IDP households were found to have three or more LSGs and 10% were found to have LSGs in five or more sectors, the highest proportions across the three states and population groups. In total, 55% of Borno IDP households with multi-sectoral needs were found to have both WASH and FSL LSGs, compared to 38% in Borno (all population groups combined), whilst 46% had an intersection of WASH and Shelter LSGs compared to an aggregated 22%.

[41] BACSDAHR, Overview of Borno State's 25 Year Development Framework & 10 Year Strategic Transformation Plan, June 2020.
[42] The Guardian (Nigeria), Return of 1.86m IDPs, refugees to 19 Borno communities begins, August 2020.

IDP households in Borno were more likely to have a Shelter LSG compared to other population groups, particularly extreme Shelter needs. Indeed, 40% IDP households were found to have a Shelter LSG severity score of 4, compared to only 11% of returnee and 8% of non-displaced households. These extreme shelter needs were driven by two key indicators. Of Borno IDP households, 25% reported they were living in a shelter kit provided by an organization and this shelter kit leaked in light and heavy rain. A further 15% of Borno IDP households reported they were living in makeshift households made with blankets or local materials. In Round 32 of IOM's DTM, undertaken at within a few months of MSNA data collection, DTM found that 54% of IDPs in Borno were living in a Camp or Camp like setting. Of the 293 camp or camp like settlements assessed, 229 of these were in Borno. Within these 293 camps/camp like settings, DTM found that 38% of shelters were emergency shelters whilst 32% were makeshift shelters. These shelter types were more likely to score a Shelter LSG severity score of 4, due to their enclosure issues. The findings of DTM broadly correspond with the data found in the MSNA, with IDPs in Borno being most likely to have shelter needs[43].

Subset of particular concern #:2 Borno Returnee Households

The needs of Borno returnees were found to be the second most severe within the state and wide ranging, likely linked to challenges faced due to insecurity. They had the second highest proportion of households with at least extreme multi-sectoral needs (74%) and the second highest average number of LSGs per household (2.54). Around half (51%) of returnee households in Borno had LSGs in three or more sectors, including 6% having LSGs in five or more sectors, the highest proportion of returnee households and third highest overall, following IDPs in Borno and Adamawa. In addition, returnee households with multi-sectoral needs in Borno were the most likely to have a protection LSG, at 35%.This was driven by returnees having the highest proportion of households with one or more member affected by a security incident in the 3 months prior to data collection (13% of all returnee households). DTM Round 32 did not include analysis on protection indicators for returnees. Further assessments are recommended to understand whether the protection incidents in question are more likely to happen before, during or after the displacement of the household, in order to reduce the risks faced by returnee households.

Subset of particular concern #3: Adamawa Non-Displaced Households

In Adamawa, the largest population group were non-displaced households (78% of households). However, despite not being in the epicentre of the crisis (Borno) and not being displaced, (which increased needs in all three states), this group still had a high proportion of multi-sectoral needs (93% of households scored an MSNI of 3 or higher).

Among non-displaced households in Adamawa, 61% were found to have extreme multi-sectoral needs, whilst 6% had extreme+. The most common drivers found for non-displaced households in Adamawa were in WASH (75% of all non-displaced households), FSL (53%) and Education (41%); 44% of non-displaced households with multi-sectoral needs in Adamawa were found to have both a WASH and FSL LSG, whilst 31% were found to have a WASH and Education LSG.

A higher proportion of Adamawa non-displaced households had an Education LSG (41%) compared to any population groups in the other states. To give some context to the methodology, the indicators used to determine whether a household had an Education LSG measured whether children were removed from education in the year prior to data collection or were unable to carry on learning due to the COVID-19 pandemic. In order to be identified as having an Education LSG, a household would need their children to be in school at the start of the year. Adamawa did have a higher percentage of households reporting all their children were in school than Borno (56% compared to 43% in Borno) and a lower percentage of households reporting that none of the children in the household were still in school than Borno (25% compared to 34%). Despite having better overall attendance figures than Borno, a higher proportion of households with Education LSGs was found in Adamawa, driven by a high proportion of households reporting children dropping out of school since Ramadan (12% of all households) or unable to continue remote learning as they were unable to afford it or the child in question had started working

[43] International Organisation for Migration, Nigeria Displacement Tracking Matrix Round 32 Final Report, July 2020

(18% of all households). This lack of remote learning signifies an increase of educational needs during the same period as the COVID-19 school closures, which began on the 27th of March 2020[44].

The most common distinct needs profile for non-displaced households in Adamawa was WASH and FSL, with 12% of households with multi-sectoral needs having this profile. The second most common distinct needs profile was WASH, FSL and Education, for a further 8% of households with multi-sectoral needs. Finally, 31% of non-displaced households in Adamawa were found to have multi-sectoral needs and be vulnerable, compared to 29% in Adamawa overall, 28% in Borno overall, and 18% in Yobe overall.

Zoom-in COVID-19 impact and findings

Data collection for the 2020 MSNA took place after lockdowns had been lifted in all three states. These lockdowns, accompanied with large scale awareness campaigns from a variety of actors (as well as the prevalence of the pandemic in news sources and popular culture) meant the vast majority of households were aware of the COVID-19 pandemic (97% of households or higher in all three states).

Of households that were aware of the pandemic, a large majority also reported adopting behaviours to prevent the spread of COVID-19, with only 3% of households in Borno and Adamawa reporting that they were taking no action. Notably, 74% of households in Yobe, 66% of households in Borno and 65% of households in Yobe reported washing their hands more frequently. As discussed throughout this report, WASH was a key driver of multi-sectoral needs across all population groups, in part due to the change in the methodology that prioritized COVID-19 related needs. Specifically, lack of access to soap was a driver of WASH LSGs, and therefore multi-sector needs, in all three states, which could limit the effectiveness of handwashing. In Borno and Yobe, 65% of households reported wearing a facemask, whilst 57% of households did so in Adamawa; In addition, 62% of households in Yobe, 49% in Adamawa and 47% of households in Borno reported keeping their distance from people.

There are key LGAs of note where a small proportion of households did report that they were not adopting any preventative behaviours. Of the LGAs that were two stage cluster sampled, these were Dikwa (22%), Mobbar (21%) and Damboa (21%). This inaction may reflect the high level of needs within the LGA, with households unable or unwilling to divert time or resources to prevention measures that would otherwise be spent fulfilling basic household needs.

When asked which actions households would take if they, or a member of the household, was suspected to have COVID-19, the vast majority of households also answered with measures. The most commonly reported measures consisted in calling designated numbers, with 72% of households in Adamawa, 62% in Yobe and 55% of households in Borno would call the dedicated COVID-19 hotline, whilst 57% of Borno, 55% of Adamawa and 51% of Yobe would call the hospital or the emergency services more broadly[45]. In Mobbar, an LGA town with poor phone signal, 55% would go to a hospital whilst 41% would speak to the settlement/community leader, with similar patterns being found in LGAs where phone signal was known to be poor. However, 22% of households in Mobbar, as well as 12% of households in Damboa, responded they would likely continue with life as normal. This inaction likely reflects the high level of needs in these LGAs, with households unable to afford to self-isolate or access healthcare. These households may also lack awareness of the appropriate response to a suspected COVID-19 case.

Zoom-in on accountability to affected populations

Whilst a minority of households reported receiving humanitarian aid, the largest proportion of these households were in Borno due to its status as the epicentre of the crisis, where 21% reported receiving humanitarian aid in the three months prior to data collection[46]. This was compared to 5% of households in Adamawa and 9% of households

[44] Sahara Reporters, Coronavirus: Adamawa Orders Closures of Schools, March 2020.
[45] Households could give multiple responses.
[46] To accommodate remote data collection and reduce time of face to face interviews, the length of the 2020 MSNA tool was significantly reduced. As a result, fewer accountability to affected populations (AAP) indicators were collected than in previous years.

in Yobe. The population group with the highest proportion of households receiving humanitarian aid in Borno was IDP households (38%), followed by returnee households (28%) and non-displaced households (14%). This aligns with the wider findings of the MSNA, with a higher proportion of IDP and returnee households in Borno found to have multi-sectoral needs compared to non-displaced populations. Households in Borno that did receive aid were predominantly not satisfied with the aid received (61%). This was most commonly due to the quantity of aid (82% of those households that were not satisfied), or due to delays in the delivery of aid (52%).

The LGAs selected for two stage cluster sampling were done so due to the presence of humanitarian partners in these areas. In Mobbar, 88% of households had received humanitarian aid in the three months prior to data collection, whilst 70% of households in Dikwa and Kala/Balge had received aid. In Mobbar, 94% of the households that had received aid were not satisfied with this aid, with 99% of these reporting the quantity was not good enough and 95% reporting that there had been delayed in the delivery of aid[47]. In Dikwa and Kala/Balge, a slightly higher proportion of households reported they were satisfied with the aid delivered (65% and 40% satisfied, reportedly), with delays in aid delivery being the key issue in Dikwa (84% of those not satisfied) whilst the quantity of the aid was the most commonly reported issue in Kala/Balge (76% of those not satisfied).

[47] Households could give multiple responses.

CONCLUSION

The aim of the MSNA was to provide strong, evidence based information on multi-sectoral humanitarian needs of affected populations in the accessible areas across Borno, Adamawa and Yobe, to inform multi-sectoral programming, specifically the 2021 HNO and HRP. Working with the framework of the ISWG, the assessment targeted IDP, non-displaced and returnee households.

Findings indicate that Borno continues to be the epicentre of the crisis in North East Nigeria, hosting the highest proportion and number of households with multi-sectoral needs. The large proportion of households in Borno with a protection LSG, as compared to Adamawa and Yobe, along with a high proportion of households with WASH and FSL LSGs, demonstrates how insecurity directly impacts household needs. **Borno also has the highest proportion of households scoring an MSNI severity score of 4 or higher, indicating the prevalence of extreme or higher multi-sectoral needs.**

Adamawa and Yobe were both found to have high proportion of households with multi-sector needs, albeit lower than Borno. **Adamawa had the highest proportion of households with a MSNI score of 4+, indicating extreme+ multi-sectoral needs (6%).** They were mostly driven by practices of open defecation due to a lack of access to sanitation facilities. **In Yobe, a higher proportion of households were found not to have multi-sectoral needs (14%) compared to the other states but a majority of those households had capacity gaps, meaning that they relied on negative and unsustainable coping mechanisms.** In case of future shocks, or if households exhaust their coping mechanisms, they may become in need and the proportion of households with multi-sectoral needs in Yobe may become similar to that in Borno.

When analysing across population groups, there was an observable relationship between displacement and multi-sectoral needs, with a higher proportion of IDP households in all three states found to have multi-sectoral needs than non-displaced households. The population group with the highest proportion of households with multi-sectoral needs were IDPs in Borno, with returnees in Borno coming second.

The crisis in Nigeria continues to be multi-sectoral, demanding a coordinated response that bridges sectoral divides in programming and interventions**. The 2020 MSNA found that a large proportion of households had more than one LSG across all three states.** In addition, the high proportions of IDP and returnee households with multi-sectoral needs, along with the upcoming efforts to return IDPs, indicate a need for monitoring and further assessments in areas of return. Some of these areas may be difficult to reach by humanitarian partners, making monitoring needs essential to ensure sustainability and safety in the upcoming returns process.

Due to the limitations on the length of the tool this year, the accountability to affected population findings were not as in-depth as previous years. This abridged AAP section, coupled with continued high needs in key areas of humanitarian partner implementation, suggests further assessments are needed to ensure all needs are met. An in-depth qualitative AAP assessment, alongside the findings on this assessment household survey, can be used to focus on delivering relevant interventions in those LGAs identified with the highest proportion of households with extreme and extreme+ multi-sectoral needs.

ANNEXES

Annex 1: Published Technical Documentation

Link to published research terms of reference:

https://www.impact-repository.org/document/reach/093e64ae/REACH_NGA_ToR_MSNA2020_June2020.pdf

Link to published dataset:

https://www.impact-repository.org/document/reach/61027e38/reach_nga_2020_msna_datasets_julaug-2.xlsx

LSG Severity Scoring: Available upon request

Annex 2: Published 2020 Nigeria MSNA Outputs

Link to published standalone executive summary: https://www.impact-repository.org/document/reach/cd5f942f/Nigeria-MSNA-2020-Executive-Summary.pdf

Link to published Results Table: https://www.impact-repository.org/document/reach/181099ca/MSNA2020-Nigeria-Results-Table-1.xlsx

Link to published State-level factsheets:

- Borno State:
    - Sectoral: https://www.impact-repository.org/document/reach/61495847/Nigeria-MSNA-2020-Sectoral-Factsheet-Borno-State.pdf
    - Inter-sectoral : https://www.impact-repository.org/document/reach/709cc8b1/Nigeria-MSNA-2020-Inter-Sectoral-Factsheet-Borno-State.pdf
- Adamawa State
    - Sectoral: https://www.impact-repository.org/document/reach/766a945e/Nigeria-MSNA-2020-Sectoral-Factsheet-Adamawa-State.pdf
    - Inter-sectoral: https://www.impact-repository.org/document/reach/86b4775c/Nigeria-MSNA-2020-Inter-Sectoral-Factsheet-Adamawa-State.pdf
- Yobe State
    - Sectoral: https://www.impact-repository.org/document/reach/2b1756c7/Nigeria-MSNA-2020-Sectoral-Factsheet-Yobe-State.pdf
    - Inter-sectoral: https://www.impact-repository.org/document/reach/ad9b5d0c/Nigeria-MSNA-2020-Inter-Sectoral-Factsheet-Yobe-State-1.pdf

Annex 3: Agenda of Enumerator Training and Training of trainers

Calling Enumerators Agenda

DAY 1 – 22nd June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:15	Introduction to REACH and the MSNA	Tian Tian Cai and Gareth Whalley, Assessment Officers
10:15 – 10:30	15 Minute Tea Break	
10:30 – 11:30	Do No Harm	Abdulrasheed Ganiyu, Field Manager
11:30 – 13:00	Lunch Break	
13:00 – 14:15	COVID-19 procedures in Call Centres	Ogenna Okeke, Field Officer
14:15 – 14:30	15 Minute Tea Break	
14:30 – 16:30	Calling consent, engagement and procedures	Oyebola Janet, Field Officer
16:30 – 16:45	15 Minute Tea Break	
16:45 – 17:30	Downloading the Kobo App and installing the 2020 MSNA survey	Oyebola Janet and Ogenna Okeke, Field Officers

DAY 2 – 23rd June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:45	Introduction of the Survey – Metadata and Household Roster	Abdulrasheed Ganiyu, Field Manager
10:45 – 11:00	15 Minute Tea Break	
11:00 – 13:00	Household Survey: Education, Nutrition and Health	Oyebola Janet, Field Officer
13:00 – 14:00	Lunch Break	
14:00 – 15:15	Household Survey: WASH, Food Security and SAFE	Ogenna Okeke, Field Officer
15:15 – 15:30	15 Minute Tea Break	
15:30 – 17:30	Household Survey: ERLS, Shelter and Protection	Oyebola Janet, Field Officer

DAY 3 – 24th June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:15	Household Survey: AAP, COVID-19 and outro	Ogenna Okeke, Field Officer

10:15 – 10:30	15 Minute Tea Break	
10:30 – 13:00	Piloting the tool	
13:00 – 14:00	Lunch Break	
14:00 – 17:00	Piloting the tool	

DAY 4 – 25th June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 11:00	Lesson Learnt from Piloting	Assessment and Field Teams
11:00 – 11:30	30 Minute Tea Break	
11:30 – 13:00	Refresher on each of the training session and time for questions	Assessment and Field Teams

Face to Face Enumerator Agenda

DAY 1 – 22nd June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:15	Introduction to REACH and the MSNA	Tian Tian Cai and Gareth Whalley, Assessment Officers
10:15 – 10:30	15 Minute Tea Break	
10:30 – 11:30	Do No Harm	Abdulrasheed Ganiyu, Field Manager
11:30 – 13:00	Communicating with Communities	Abdulrasheed Ganiyu, Field Manager
12:00 – 13:00	Lunch Break	
13:00 – 14:15	COVID-19 procedures in the Field	Oyebola Janet, Field Officer
14:15 – 14:30	15 Minute Tea Break	
14:30 – 16:30	Face to face consent, engagement and procedures	Ogenna Okeke, Field Officer
16:30 – 16:45	15 Minute Tea Break	
16:45 – 17:30	Downloading the Kobo App and installing the 2020 MSNA survey Downloading MapsMe	Oyebola Janet and Ogenna Okeke, Field Officers

DAY 2 – 23rd June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:45	Introduction of the Survey – Metadata and Household Roster	Abdulrasheed Ganiyu, Field Manager
10:45 – 11:00	15 Minute Tea Break	
11:00 – 13:00	Household Survey: Education, Nutrition and Health	Oyebola Janet, Field Officer
13:00 – 14:00	Lunch Break	

14:00 – 15:15	Household Survey: WASH, Food Security and SAFE	Ogenna Okeke, Field Officer
15:15 – 15:30	15 Minute Tea Break	
15:30 – 17:30	Household Survey: ERLS, Shelter and Protection	Oyebola Janet, Field Officer

DAY 3 – 24th June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:15	Household Survey: AAP, COVID-19 and outro	Ogenna Okeke, Field Officer
10:15 – 10:30	15 Minute Tea Break	
10:30 – 12:30	Field Geo-localisation	Ogenna Okeke, Field Officer
12:30 – 13:00	Security in the Field	Abdulrasheed Ganiyu, Field Manager
13:00 – 14:00	Lunch Break	
14:00 – 17:30	Piloting the tool	

DAY 4 – 25th June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 11:00	Lesson Learnt from Piloting	Assessment and Field Teams
11:00 – 11:30	30 Minute Tea Break	
11:30 – 13:00	Refresher on each of the training session and time for questions	Assessment and Field Teams

Field to Phone Connectors

DAY 1 – 22nd June, 2020

TIME	TOPIC	PRESENTER
08:30 – 9:00	Arrival/Logging in of Guests	
09:00 – 10:15	Introduction to REACH and the MSNA	Tian Tian Cai and Gareth Whalley, Assessment Officers
10:15 – 10:30	15 Minute Tea Break	
10:30 – 11:30	Do No Harm	Abdulrasheed Ganiyu, Field Manager
11:30 – 13:00	Communicating with Communities	Abdulrasheed Ganiyu, Field Manager
12:00 – 13:00	Lunch Break	
13:00 – 14:15	COVID-19 procedures in the Field	Oyebola Janet, Field Officer
14:15 – 14:30	15 Minute Tea Break	
14:30 – 15:00	Downloading MapsMe	Ogenna Okeke, Field Officer

DAY 2 – 23rd June, 2020

Please note, there is no training for Phone to Field Connectors on the 23rd June.

DAY 3 – 24th June, 2020

TIME	TOPIC	PRESENTER
10:00 – 10:30	Arrival of Phone to Field Connectors	
10:30 – 12:30	Field Geo-Localisation	Ogenna Okeke, Field Officer
12:30 – 13:00	Security in the Field	Abdulrasheed Ganiyu, Field Manager
13:00 – 14:00	Lunch Break	
14:00 – 16:00	Script and procedures for approaching household	Oyebola Janet, Field Officer
16:00 – 16:15	15 Minute Tea Break	
16:15 – 17:30	Refresher on all the trainings	Field Team and Assessment Team

Annex 4: Preliminary Consent Script for Field to Phone Connectors

[Ensure that the respondent is head of household or acting head of household who can answer questions on behalf of the household. The respondent must be 18 years of age or older, but not over 70 years of age. They should not have any health conditions that may put them at risk for severe COVID-19. These conditions include high blood pressure, heart disease, lung disease, cancer, diabetes, moderate to severe asthma and diseases that affect the immune system (such as HIV/AIDS). If there is no one at the household between 18 and 70 years of age, no one who does not have the mentioned chronic illnesses, or no one who can answer questions on behalf of the household, mark the household as not present and find the closest household on the right.]

Hello, we are from (name of organisation), and we are conducting an assessment to understand the needs of people in the affected communities in the North East of Nigeria. We share our results with humanitarian organizations so they can better plan and organize their responses. Today, we randomly selected your household to participate in this assessment. You will not receive anything for participating, and if you choose not to participate it will not affect your ability to receive humanitarian services. The interview will take about 30 minutes. Do you agree to participate?

[If yes] I want to reassure you that during this data collection I am taking every step necessary to prevent the spread of COVID-19 and other infections. I am wearing personal protective equipment and will remain at a safe distance from you during the length of the survey. I will hand you this phone once it is connected to our interviewer. I will then step back to give you privacy. I will remain nearby in case there are issues with the connection or to help with any other problems that may come up. I will come collect the phone from you at the end of the call.

Before we start the call, can you confirm which statement best describes your household's situation since January 2009?

1. Household is displaced and currently not living in village or area of origin

2. Household has never been displaced from village or area of origin

3. Household was displaced but has since returned and is currently in village or area of origin

[If option matches intended target group] Thank you! The interviewer will also confirm with you over the phone.

[If option does not match intended target group] The profile of your household does not match our needs at this time, but we thank you for your willingness to participate.

Annex 5: COVID-19 Mandatory Measures

For details about REACH SOPs for data collection during COVID-19, please refer to REACH. Data Collection SOPs During COVID - 19.

Prior to data collection

Enumerator training

- **Inform everyone involved in data collection of the following protocol** and clarify that this applies both during and outside of data collection activities:
    - **Check your temperature every morning.** In case of a high temperature (above 37.5 Celsius), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms), inform the team leader. Any person with these symptoms should not engage in data collection and self-quarantine for 14 days.
    - Team leader to ask if enumerators have **been in contact with anyone with confirmed or suspected case of COVID-19**. If yes, the person should not be participating in the activity and self-quarantine for a minimum of 14 days.
    - **Wash hands** at least 10 times per day for 20 seconds (every 1 to 2 hours).
        - After coughing or sneezing
        - Before, during and after you prepare food
        - Before eating
        - After toilet use
        - When hands are visibly dirty
        - When caring for the sick
        - After handling animals
    - **Coughing or sneezing in tissue or flexed elbow**. If using tissue, throw it away in a bin or a closed container (e.g. plastic bag) immediately after. Clean hands with alcohol-based hand rub after if there is no access to soap and water.
    - **Do not touch your (or anyone else's) face** – particularly eyes, nose and mouth.
    - **Keep at least 2 metres distance from other people at all times.** Close-up contact should be limited to less than 15 minutes. Keep distance also in cars, i.e. use enough cars so you are maximum 3 people per car. If not enough cars, see if you can use fewer enumerators and extend data collection time.
    - **Don't have any physical contact with other people.** That includes, no greetings such as handshakes, cheek kissing, hugs, etc.
    - **Don't spit** in public
    - **Inform your line manager immediately** if feeling unwell
- Prior to data collection and training of enumerators, **collect information about specific referrals system** for suspected COVID-19 cases and ensure that **all enumerators have updated information** (e.g. leaflets from the government or other relevant organisations) to share with respondents if asked
- **Training of enumerators**, if in person, need to be conducted in a manner which ensures the recommended 2 metres distance between persons. Therefore, conduct it in a **large enough room, spreading participants out, or split the group up into smaller units** and conduct several rounds of trainings.
    - As much as possible, use **enumerators that are familiar with mobile data collection to avoid having to be in close proximity to them while training on the tool** (enumerators with more experience will require less support from facilitators meaning less close interactions are required)
    - Alternatively, **trainings can be conducted remotely** over skype or similar communication platforms. If this is the case, make sure that all participants have access to a computer or phone and that the training material is shared with the participants prior to training. If trainings are conducted remotely, it is important that the participants have prior experience in mobile data collection and ideally are familiar with your organisation/team.

Call centres setup

- Make sure **everyone in the team** (team leaders, enumerators) **are up to date on the most recent information** from the WHO and NCDC and adhere to their guidelines
- **Procure relevant supplies** for staff screening and sanitation (for individuals as well as of common and personal objects):
    - Thermometers

    - Soap (ideally liquid soap instead of soap blocks)
    - Enough soap should be available at all times in the office and for all staff
    - Other cleaning material to sanitize common spaces and data collection equipment
    - Internet for enumerator phones so that they themselves can upload the forms on a daily basis to the server. Alternatively, ensure that enumerators can access wifi at the end of the day.
- Make sure that the **relevant information, education and communication (IEC) materials** on COVID-19 (factsheets, brochures, etc.) are available and shared with all staff.

In person data collection setup

- Make sure **everyone in the team** (team leaders, enumerators, drivers) **are up to date on the most recent information** from the WHO and NCDC and adhere to their guidelines
- **Procure relevant supplies** for staff screening and sanitation (for individuals as well as of common and personal objects):
    - Thermometers
    - Soap (ideally liquid soap instead of soap blocks)
    - Enough soap should be available at all times in the office and for all staff
    - Other cleaning material to sanitize common spaces including cars, and data collection equipment
    - Internet for enumerator phones so that they themselves can upload the forms on a daily basis to the server. Alternatively, ensure that enumerators can access wifi at the end of the day.
- Soap should also be brought along with the data collection teams, together with water, so that team members can wash their hands properly once field activities are done for the day
- Hand sanitizers – each team member should have a hand sanitizer for use in the field
- Make sure that the **relevant IEC materials** on COVID-19 (factsheets, brochures, etc.) are available and shared with all staff.
- Make sure the enumerators and others involved in data collection (e.g. drivers) **have their own hand-disinfectant rub with them**.
- **Sanitize all data collection items** prior to each interview
- **Provide enumerators and drivers with water bottles** that they clean thoroughly externally before use.
- Make sure there are **enough vehicles available to ensure teams can maintain the recommended 2 metres distance** from another human during transport (e.g. max 3 people per 5-seat car).
- Try to **avoid prolonged contact** with respondents which would increase likelihood of potential infection.

During data collection

- **Remind the teams of the general guidance and practices** in accordance with WHO and national authorities recommendations on health, hygiene and safety in order to prevent spread of the virus
- **Develop and train staff on appropriate reporting and communication channels** to ensure safety and early response (if needed). Team leaders must be informed in case any enumerator develops COVID-19 symptoms, or visits a household or respondent who may have shown symptoms. or respondent has/ develops any COVID-19 symptoms as stipulated by WHO
- **Don't pass on things to other people**, e.g. bottles, pens, phones, leaflets, visibility material etc. If you do so, wash your hands and wipe off the item carefully with disinfectant gel.
- **Don't drink or eat from the same containers** and don't use utilities from another person.
- **Wash hands** with soap/ sanitizer following the frequency advised by WHO or respective national authorities

In person data collection

- **Inform the respondent(s) of the COVID-19 measures** (based on existing guidelines and messaging in the country) in a clear manner, prior to starting the interview or discussion
- **Avoid contact with elderly (<70) and people with chronic diseases[48] throughout**

[48] People with high blood pressure, heart disease, lung disease, cancer or diabetes (WHO), or moderate to severe asthma and patients with immunocompromised diseases (such as HIV/AIDS) seem to be developing more severe symptoms than others.

    - **HH surveys**: if the respondent is above 70 and/or suffer from chronic disease,[2] remain at distance and ask that another representative of the household be designated to respond to the survey. If no one else is available to respond, terminate the interview; If anyone in the household is above 70 and/or suffer from any chronic disease, remain outside the shelter, maintain 2 metres distance from everyone and keep facemask and gloves on at all times. If it's not possible to conduct the survey outside or no facemask/gloves available, terminate the interview.
- **Don't touch anything in or around** the households / interview sites that you are visiting.
- **Avoid physical contact (handshaking, hugging, etc.)** to greet respondents. As this may be perceived as culturally inappropriate, clearly explain why you are doing this.
- **Don't face the person you are talking to.** Rather direct your face away, or stand with your shoulders towards each other. Make it clear to the respondent that you are doing this to prevent any fluids passing on to each other and that you are not being disrespectful
- **Conduct the interviews outside (if possible) and maintain 2 metres distance from other people throughout**, specifically the respondents.
    - **Household (HH) surveys:** maintain distance from other household members as well. If you are asked to go inside and it is not possible to maintain the safe distance, then take the respondent outside or terminate the interview.

After data collection

- Enumerators to upload their forms to the server on a daily basis (this needs to be covered in the training)
- Enumerators to **wipe off all devices with disinfectant or soap and water** before handing them back and place all phones in a zip-locked plastic bag with their name written on it. This is to ensure that devices change hands as little as possible.
- Enumerators should **report to team leaders any health symptoms** such as a high temperature (above 37.5 Celsius), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms). If any staff is experiencing symptoms they should self-quarantine for 14 days/ until recovered.

In person data collection

- Ensure all staff returning from data collection **thoroughly wash their hands** with soap (at least 20 seconds)
- Enumerators should **confirm location and report of any interaction with an interviewee that exhibited symptoms** of fever, cough or shortness of breath
- Team lead to **prepare a daily report on any interaction with interviewee that exhibited symptoms** of fever, cough or shortness of breath to be sent to Area Coordinator and Country Management; relevant concerns should **be reported through the appropriate referral mechanisms** as established/ identified during the planning stage (i.e. prior to data collection)

Annex 6: Identification of LSG and CG

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

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness;

2) Identified particular survey response options as key indicators that signalled unmet needs and classified these response options into severity levels from 1 to 4+ based on recommendations from sectoral experts;

   a. High severity indicators were identified that would automatically classify the household as having an LSG and result in a score of 4 or 4+ depending on the response option chosen;

   b. Indicators of lower severity would only contribute toward a household score of 1, 2, or 3;

   c. The final score/severity class is the highest score generated for any indicator, as outlined in figure 3 below;

3) Identified indicator scores for each household based on data collected;

4) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having an LSG in that sector;

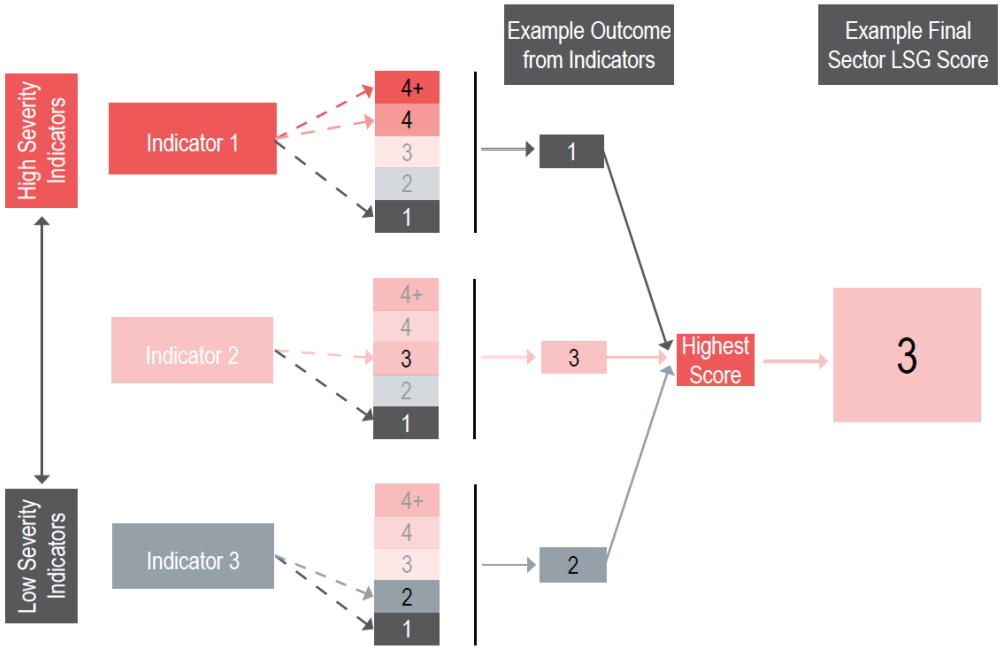
5) Identified households that do not have an LSG but that do have a CG;

   a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

   b. If any CG indicator has a score of 1, the household is categorised as having a CG;

6) Projected percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

Figure 7: Identifying LSG per sector with scoring approach – example



Annex 7: Estimating overall severity of needs

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity
of sectoral LSG severity scores identified in each household.
The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in Annex 6.
2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each
household.

As shown in the example in Figure X below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

Figure 8: Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

Key limitation: **Key limitation:** regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH2 above) OR co-occurring severe LSGs across multiple sectors (e.g. food security, health, WASH, protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude of severity between households. To do that, additional analysis outputs have been produced, as shown on page 3.

Annex 8: Multi-Sector Needs Assessment (MSNA) 2020 Personally Identifiable Information (PII), Data Management and Protection Standard Operating Procedures (SOPs)

Overview

REACH is committed to adhering to the core values that are consistent with existing interagency guidance and commitments, including the Grand Bargain Principles for Coordinated Needs Assessment Ethos, IASC Operational Guidance on the Coordination of Assessments in Humanitarian Emergencies, the IASC Commitments on Accountability to Affected Populations (AAP), the IASC Grand Bargain Participation Revolution Recommendations, the Core Humanitarian Standard, Protection Information Management Principles, Protection Mainstreaming principles, the Good Humanitarian Donorship initiative, and the UN Privacy Policy Group Personal Data Protection and Privacy Principles. **These frameworks are guiding REACH Nigeria's assessment of risk and operational decisions with relevance to the COVID-19 pandemic.**

The **Do No Harm** principle is a critical prerequisite to IMPACT's work across the globe. Therefore, all risks associated with data collection must be guided by this principle and the threat that COVID-19 represents to this principle. In the context of the current pandemic, REACH Nigeria has minimized face-to-face data collection and transitioned to remote data collection to ensure the safety of staff and of vulnerable communities by reducing exposure to the virus.

For these reasons, a mixed methodology has been proposed for the 2020 Multi-Sector Needs Assessment (MSNA) which heavily relies on remote phone interviews; this will be complemented by in-person interviews if the health and security context allow it. Please refer to the MSNA 2020 Methodology Proposal for details on the proposed approach.

The purpose of this Standard Operating Procedures (SOP) document is to provide an outline of the data management and data protection strategies adopted for the 2020 MSNA, in line with IMPACT global data management SOPs; for details on methodology selection criteria, please refer to the MSNA 2020 Methodology Proposal. For specific health and safety procedures related to COVID-19 prevention, please refer to Annex II of this document.

General data protection measures

Non-disclosure
All staff working for REACH have to sign a code of conduct which includes a non-disclosure of data and information collected during assessments. Partners' staff supporting MSNA data collection in the field will be asked to sign a similar code of conduct as a prerequisite for participating in the assessment.

Ethics and legal compliance
Only adult individuals (18 years old or older) will be interviewed during this assessment, and only after their explicit consent.

Personally Identifiable Information (PII)
As part of IMPACT's research-data protection strategy, specific attention is paid to personally identifiable information, defined as "information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context". In order to minimise risk, MSNA research is designed in line with the following principles;

- **Minimisation of personally identifiable information**: REACH collects and stores as little personally identifiable information as possible. This data is to be completely deleted before any collected data is shared.
- **Limited, controlled storage and internal sharing of personally identifiable information**: REACH minimises the number of devices and servers holding personally identifiable information, by limiting the

number of access points the information passes through. This includes, but is not limited to, the automatic deletion of completed surveys from collection devices when submitted by enumerators and the deletion of phone numbers dialled from devices.

- **Personal ownership and accountability**: REACH will assign formalised and limited access rights for all datasets that contain personally identifiable information, to specific individuals. The individual then holds formal accountability to protect the PII, including ensuring that dataset storage devices are both password protected and physically protected.

Within the scope of this MSNA, the only Personal Identifiable Information (PII) collected by REACH will be respondents' phone numbers, essential to implement remote data collection. Only selected officers will have access rights to phone number directories, as detailed in later sections. A full **indicator risk assessment** will be conducted once the tool is finalised, to verify that no combination of survey responses may result in the identification of the household (e.g. "Population group" and "Location").

Any PII (phone numbers, GPS locations and any other combination of indicators) identified as potentially leading to respondent identification will be deleted from the raw dataset by the person in charge, before any further sharing for data cleaning and analysis.

Data storage and data sharing

All data collected will be sent to a secure Kobo server at the end of each day of data collection, where it will be stored until the end of data collection; access rights to the raw data will be limited exclusively to the Data Officer and the relevant Field Manager (FM) or Field Officer (FO), for data collection tracking and data cleaning purposes only.

Upon completion of a research cycle, a data deletion form is filled and submitted to IMPACT HQ. The data deletion form will be validated by IMPACT HQ after the following is completed:

- Local and online copies of phone number directories and beneficiary lists are permanently deleted;
- All the logs of work phones used for data collection are wiped;
- Raw data has been permanently deleted from the Kobo server, along with any PII information there contained. Only the clean, anonymised dataset will be retained and used for analysis and further sharing;
- Ensure no copies of classified data have been available to anyone other than the people listed in the final terms or reference at any point.

Remote data collection procedures

Third party directories and beneficiaries lists

For the 2020 MSNA, the majority of data collection will happen remotely, through phone interviews. For this to happen, a directory including phone numbers registered in the BAY states will be necessary. Beneficiaries lists might also be needed to complement such directory, wherever needed.

An agreement will be drawn up between OCHA, REACH and the relevant third party[49] to ensure that the data shared between them and REACH only contains the strictly necessary PII. Unless otherwise explicitly stated, this information shall be limited to the following:

- State – for stratification and sampling
- Local Government Area (LGA) – for stratification and sampling
- Phone numbers – for contacting respondents for interviews
- Identification of respondent's target population group (i.e. Internally Displaced Person (IDP), Returnee or Non-Displaced) – for stratification and sampling.

Name, address, age, gender, GPS locations and all other PII are **NOT** required and should be removed by the third party before sharing with the REACH Data Officer (DO) in charge. The DO will store the **directory/beneficiaries list**, password-protected, on the internal REACH server, and will delete any other copy created during the transfer between the third party and REACH (email attachments or local copies on portable drives). The DO will retain exclusive access to the original directory/beneficiaries list until the end of data collection.

Overview of data collection

The DO will use the directory/beneficiaries list to create **samples** (state-level or LGA-level samples). Each sample will be forwarded to the relevant FM or FO with password protection. The sample will be stored locally for data collection tracking purposes, until the end of data collection, with access restricted to the DO and the relevant FM or FO only.

Based on the samples received, FMs will be responsible to allocate a list of numbers to each enumerator team on a daily basis. The sharing modality of these lists will be different, depending on the set-up of the hub. Set-up will be decided by REACH in consultation with the host agency's Security Manager, based on a context analysis of the COVID-19 health emergency and depending on the logistic capacity of each hub.

➢ Call centre

Field Assistants or team leads will provide a hard copy to each enumerator, with a list of numbers to contact that day; a work phone will also be handed to each enumerator at the beginning of the day (interviews only conducted through work phones). At the end of each day, the hard copies will be collected and destroyed by Field Assistants / team leads, who will be responsible to ensure that all work phones are returned, all forms submitted to the secure Kobo server and all call logs wiped.

➢ Work from home

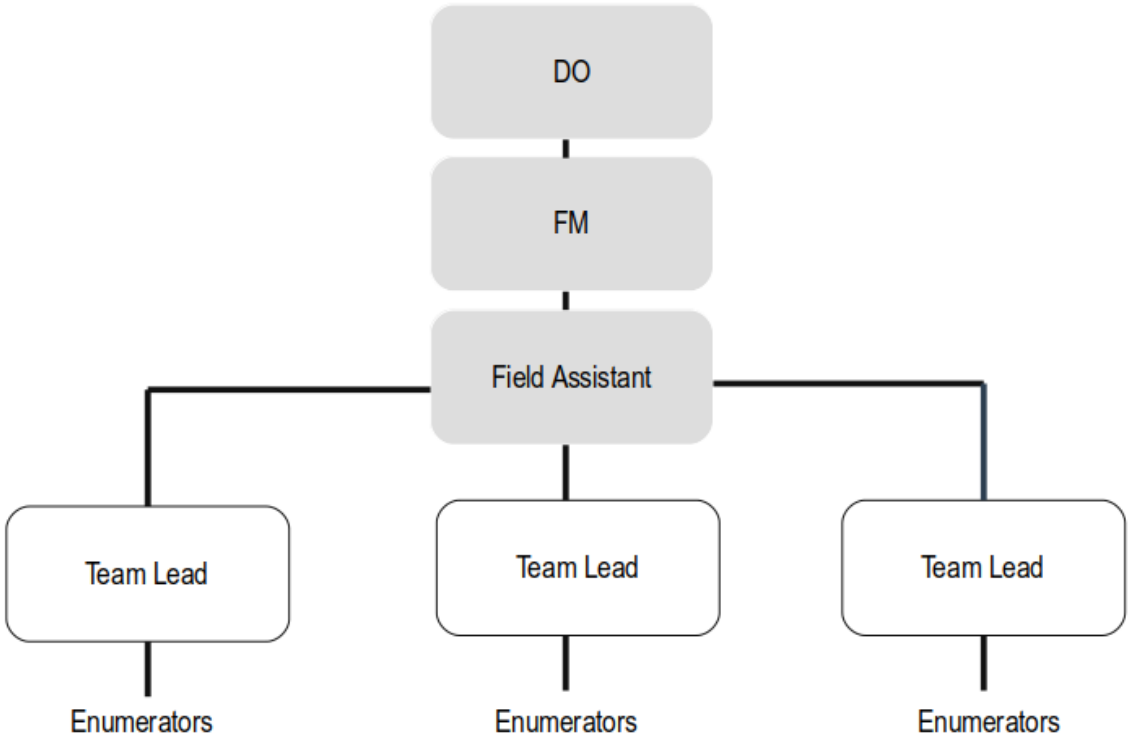
Enumerators will be provided with a work phone before data collection activities start (interviews to be conducted only through work phones) and work from their homes; they will be provided by the FM or FO with a list of numbers to contact each, on a daily basis, through WhatsApp (encrypted channel). At the end of every day, enumerators will have to confirm with team leads that the list has been deleted from their work phone; they will also send a screenshot of the call log on their phone to confirm that it has been wiped.

FM and FOs will be tracking data collection progress in their respective hub on a daily basis (number of interviews conducted per day per LGA and per population group, phone numbers that could not be reached or that have to be

[49] The Nigerian Communication Commission (NCC) will be asked to provide a phone directory for the BAY states; the major telephone companies operating in North East Nigeria would be contacted if the NCC were unable to share such directory. Partners will be asked to provide beneficiaries lists for those LGAs where a purposive sampling will be needed (refer to the MSNA 2020 Methodology Proposal for details).

contacted at another date/time or by an enumerator speaking a different language); to this end, pre-survey questions will be added to the final tool.

Communication structure



Assisted and in person data collection procedures

Partner support

Wherever remote data collection is not possible due to low mobile phone ownership rates or poor network coverage, REACH will be conducting assisted remote interviews or face-to-face interviews with the support of partners in the field **(physically accessible locations only)**. In LGAs where this approach is needed, the following conditions will have to be met before partner support can be confirmed:

- Partner is already present in the target LGA, with ongoing activities in the field
- Partner can provide a team of enumerators and the needed logistical support for travel to target locations
- Partner can provide enumerators with work phones and the necessary health equipment (face masks, disinfectant, gloves). If partners cannot provide these, REACH will endeavour to provide any additional material needed, with partner support
- All partner staff involved in MSNA activities will be trained on mandatory public health and personal hygiene measures, and all partner enumerators will follow these measures when in the community.
- Partner can take responsibility for any safety or security incidents that may occur in the course of data collection. All partner staff will adhere to mandatory safety and security precautions and procedures during activities in the community.
- Partner enumerators sign a non-disclosure and data protection code of conduct

Once partner support is confirmed, a Memorandum of Understanding (MoU) will be signed between the partner and REACH. Partner staff will be trained by REACH FOs or FM. Two different types of partner support are envisaged:

Partner-assisted remote data collection procedures

Enumerators from the partner organisation will be expected to travel to the field, approach target households, provide them with a mobile phone and remain in the vicinity to assist the respondent. Data collection will be organised as follows:

- Partner enumerators are trained by REACH FOs or FM on the scope of the assessment, random household selection methods, health and safety procedures and legal compliance requirements.
- Partner enumerators are assigned a supervisor from the REACH field team, and each of them is provided with the phone number of a dedicated REACH enumerator.
- The supervisor will provide partner enumerators with online maps on which GPS locations to visit will be marked; partner enumerators will travel to the GPS points and, once the household has been selected and the respondent consented to being interviewed, they will contact their dedicated REACH enumerator, pass the sanitised work phone to the respondent from a safe distance, and remain in the vicinity to provide support with any technical issues until the call is over.

Preventive measures against the spread of COVID must be in place at all times, with partner enumerators wearing face masks and gloves, remaining at >1 m distance of respondents and sanitising work phones before and after the remote interview has taken place.

Data collected will be managed as outlined in previous sections; online and printed maps used for household selection will be destroyed once data collection is completed. It will be the responsibility of the REACH supervisor dedicated to a given team to confirm this has been done.

Face-to-face data collection procedures

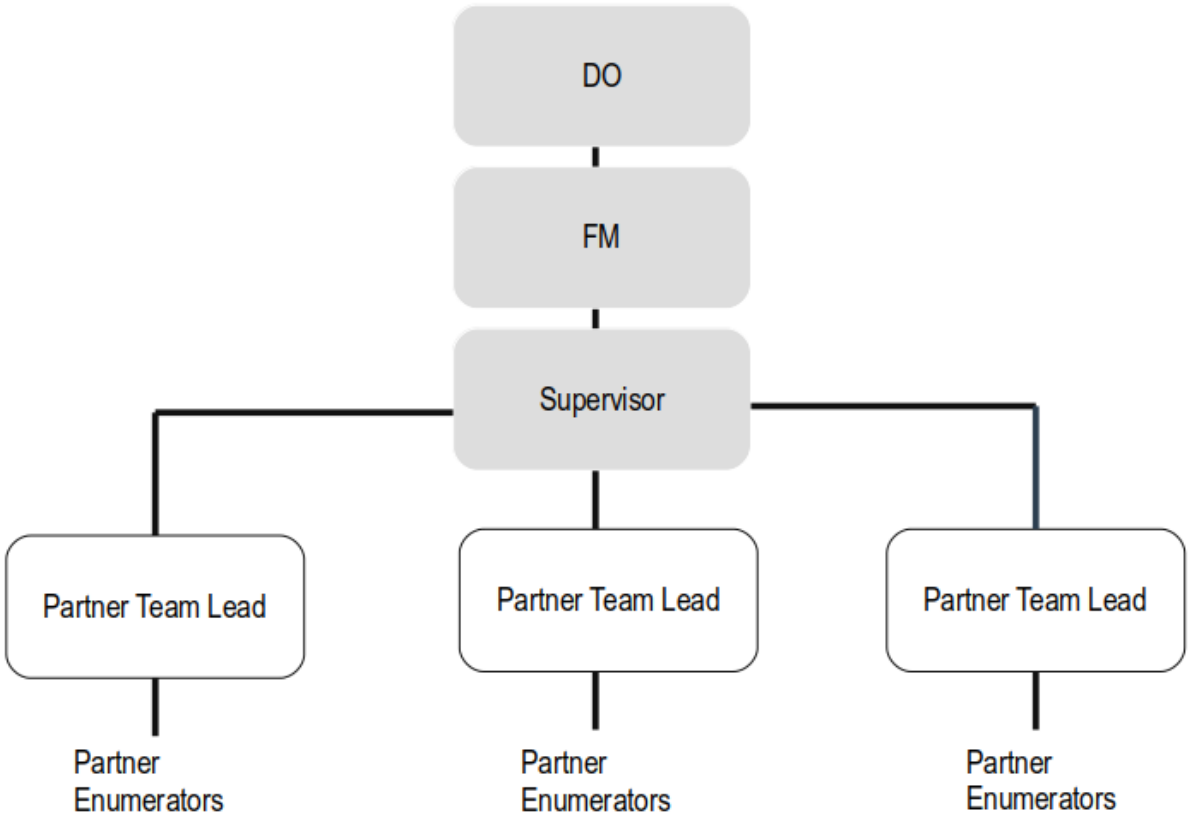
Enumerators from the partner organisation will be expected to travel to the field, approach target households, and carry out the interview in person, filling a Kobo form on their smartphone. Data collection will be organised as follows:

- Partner enumerators are trained by REACH Field Officers or Field Manager on the scope of the assessment, random household selection methods, the survey tool, health and safety procedures and legal compliance requirements.
- Partner enumerators are assigned a supervisor from the REACH field team.
- The supervisor will provide partner enumerators with online maps on which GPS locations to visit will be marked; partner enumerators will travel to the GPS points and, once the household has been selected and the respondent consented to being interviewed, they will conduct the interview.

Preventive measures against the spread of COVID must be in place at all times, with partner enumerators wearing face masks and remaining at >1 m distance of respondents.

Data collected will be managed as outlined in previous sections; online and printed maps used for household selection will be destroyed once data collection is completed. It will be the responsibility of the REACH supervisor dedicated to a given team to confirm this has been done and that all forms are submitted to the secure server at the end of each day.

Communication structure



MSNA 2020 Report Review Checklist

Before submitting the report to the HQ Research Reporting Unit for review and internal validation, please make sure that the validation criteria listed below have been met.

//NB: The checklist and report template are aligned with the GPPI methodology for evaluating the overall quality of comprehensive needs assessments.[50] Points that were commonly overlooked in last year's MSNAs have been marked this symbol: ❗

A. General Structure	☐ The report includes an **executive summary** that provides a good overview of the assessment's findings and conclusions and can serve as a standalone document. ☐ The **structure** of the report is **clear and logical**, chapter numbering is sequential and matches the table of contents. ☐ All **acronyms have been introduced** before they are first used, are used consistently, and appear in the list of acronyms. ☐ Geographical classifications and context specific terms are provided as needed. ☐ **Illustration numbering** is sequential and matches the list of tables, figures and maps.
B. Rationale and coordination	☐ The report establishes the humanitarian profile of the crisis and enough context is provided to establish the rationale for the assessment. ☐ **The report is explicit about the humanitarian planning exercise (HNO, HRP) it aims to inform.** ☐ The coordination framework is clearly stated. Partner, decision-maker, data/subject matter/context experts' contributions to the design and implementation process (e.g. data collection, analysis, reporting) are acknowledged. ☐ Dissemination efforts that were made or will be made at national and local levels to ensure effective communication are clearly outlined, including efforts made to communicate findings back to affected populations, **using contextually appropriate means of communication** ❗
C. Methodology	☐ **The report states the general objectives and research questions,** and the scope in terms of geographical areas, population groups and sectors, sub-sectors and cross-cutting thematic issues **is clearly defined and justified**. If not all areas/groups/sectors relevant for the planning exercise are covered, there is a note to explain why. ☐ The **rationale behind the chosen sampling strategy** is explained. Statistical representativeness (including for subsets) is clearly stated. ☐ All data collection methods are clearly stated, and the **following procedural aspects** of data collection outlined: ❗ ☐ Translation of tools ☐ Enumerator training (briefly in the Methodology section, with the details in an Annex), including on **protection against sexual exploitation and abuse** ☐ Piloting of tools and methodology ☐ Data protection measures ☐ Data quality control processes ☐ The inter-sectoral analytical framework is clearly stated and explained. Details regarding household needs classification and severity scale can be provided in the Annexes if relevant. ☐ The report explains whether **earlier data from 2019 MSNAs can be used to establish trends** or evolutions in the humanitarian situation. ☐ The **assessment** takes into account **existing information** (e.g. assessment registry, secondary data review, lessons learnt from past assessments) in order to compare current findings to the situation before the crisis and to limit the burden of the assessment on the affected population by minimizing data collected. There is a clear explanation **of how any secondary data was used** in the analysis. ☐ The **following ethical aspects** of data collection are outlined (briefly in Methodology section, with details in the Annex): ☐ Do No Harm analysis ❗ ☐ Informed consent ☐ Strategies in place to prevent and address sexual harassment, exploitation, and abuse during the assessment process

[50] GPPi, Assessing Needs Assessments: Developing a Methodology to Assess Coordinated, Multi-Sector Needs Assessments, 2019

	☐ An explanation on how data collection took cultural and communication preferences of affected populations into account, for example when choosing survey tools and dissemination methods, sampling strategy, sex and age of enumerators, etc. ❗ ☐ **Key challenges and limitations,** and their i**mplications for the interpretation** of findings, are clearly outlined. This should include acknowledgement and explanation of any significant diversions or discrepancies of findings when compared to existing evidence (secondary data).
D. Analytical Value	☐ Overall households with multi-sectoral needs, including caseload estimates based on population figures, are provided. If caseload estimates are not provided, a (foot)note is included to specify that that was beyond the scope of the MSNA as agreed with key stakeholders. ☐ Severity of multi-sectoral needs is established, including proportion of households with multi-sectoral needs by severity of need. ☐ The key drivers of multi-sectoral needs are identified, through presenting the magnitude of LSGs, the most common LSGs driving multi-sectoral needs and most common needs profiles. Self-reported priority needs are outlined to corroborate or contradict needs drivers uncovered in the process of unpacking needs in accordance with the pillars of the analytical framework.❗ ☐ Proportions of households with multi-sectoral needs and pre-existing vulnerabilities are presented. ☐ The report **identifies negative coping strategies** and **capacities of affected people** to cope with and respond to the crisis and, where possible, identifies certain and likely future events that might affect humanitarian conditions ☐ **Subsets of particular concern are identified**, and t**heir needs unpacked** (i.e. their drivers identified) in accordance with the pillars of the analytical framework and interpreted in light of the context. ☐ Relevant **cross-cutting issues and analytical lenses** (e.g. gender, age, disability, environment, and early recovery) are addressed in the analysis, and results for relevant indicators are disaggregated by these characteristics. As much as possible, the assessment identifies relevant distinctions within these groups (e.g. different types of disabilities, different age groups within gender groups, different gender groups within minority groups). ❗ ☐ Where possible, the assessment establishes which issues different population groups, including people with disabilities and other potentially marginalized groups, see as priorities. ☐ As much as possible, the assessment makes explicit whether there are differences between priorities expressed between men and women. ❗ ☐ All **assumptions are explicitly stated** and any significant diversions or discrepancies of findings when compared to these assumptions, or existing evidence (secondary data), are clearly stated and explained. ☐ The report **triangulates information derived from different sources** (such as secondary data, key informant interviews, or household surveys) and triangulates information gathered through **different methods**. All **secondary data sources are duly referenced**, and the report is free of assertions that we do not have evidence for, or assumptions that we cannot substantiate. ☐ The vocabulary, and sector-specific terminology in particular, is correct and appropriate. ☐ Subsets, recall periods and multiple response questions are specified where relevant.
E. AAP	☐ The report identifies information needs and communication preferences of the affected population. ☐ The report **identifies the scope and reach of humanitarian assistance**, as well as **access constraints**, including obstacles for people in need in accessing assistance, constraints for humanitarian actors to access people in need and physical constraints ❗ ☐ The report states which aid modalities affected people would prefer (e.g. goods, services, cash, or a mixture).❗
F. Visualisation	☐ Appropriate and effective data visualisations (including maps) are used to illustrate key findings and support conclusions. Visualisations are not blurred. Maps are validated by GIS specialists in the HQ Research Reporting Unit. ☐ The colour scheme is compliant with the most recent REACH graphic charter (2018) (available from

	the Reporting Unit upon request) and the use of colours is intuitive (e.g. red is used for the "bad" outcome). ☐ The report is correctly branded (both in terms of the choice and format/quality of the logos) and complies with contractual donor branding requirements. ☐ The cover photo is compliant with the IMPACT Photography and Video SOPs.
G. Annexes	☐ Links to **all available technical documentation** (e.g. published ToR, data collection tools, datasets, etc.). ☐ Detailed **agenda of enumerator training**, including: ☐ assessment objectives, methodology and tools ☐ humanitarian principles ☐ safety and security procedures ☐ questionnaire and interview techniques ☐ referral procedures ☐ data protection, sensitive data management (e.g. data collection with minors) ☐ managing expectations of affected communities ☐ protection against sexual exploitation and abuse ☐ Detailed agenda on Do No Harm analysis and **strategies in place to prevent and address sexual harassment, exploitation** and **abuse** during the assessment process (e.g. policies, guidance, briefings, training and/or complaints mechanisms). ☐ List of **partners involved**, by type of contribution (unless this list needs to be withheld for security reasons). ☐ **Details on sampling**, including sampling tables. ☐ Detailed **methodology regarding household needs classification and severity scale** (if relevant). ☐ If a SDR Matrix was used, example of the SDR Matrix

Before uploading the final version of the report to the Resource Centre for publication, please make sure that external validation has been obtained from all relevant stakeholders (e.g. whose logos may appear in the report).