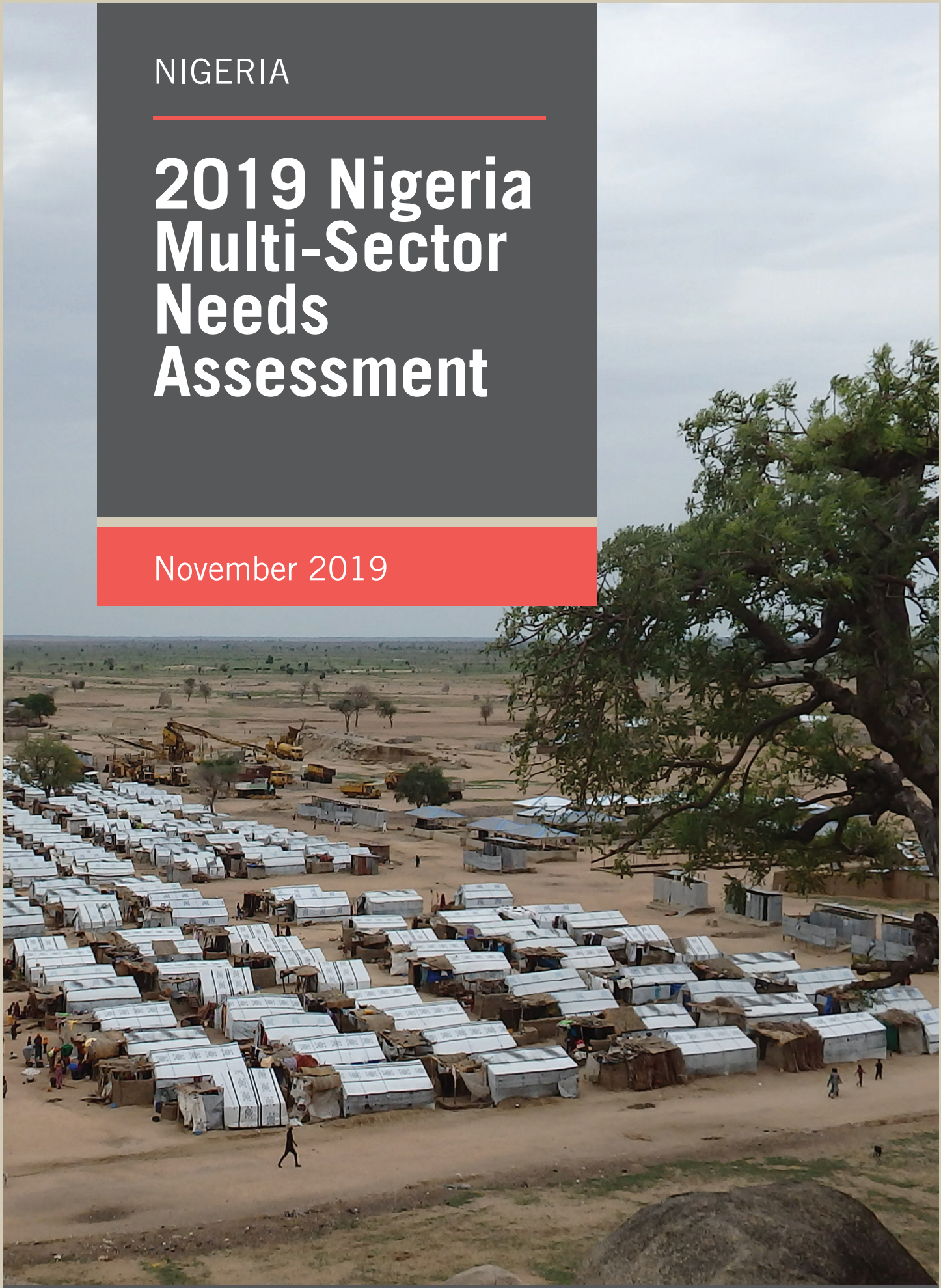
NIGERIA

2019 Nigeria Multi-Sector Needs Assessment

November 2019



INTER-SECTOR WORKING GROUP

REACH Informing more effective humanitarian action

Assessment conducted in the framework of:

INTER-SECTOR WORKING GROUP

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

About REACH

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

SUMMARY

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

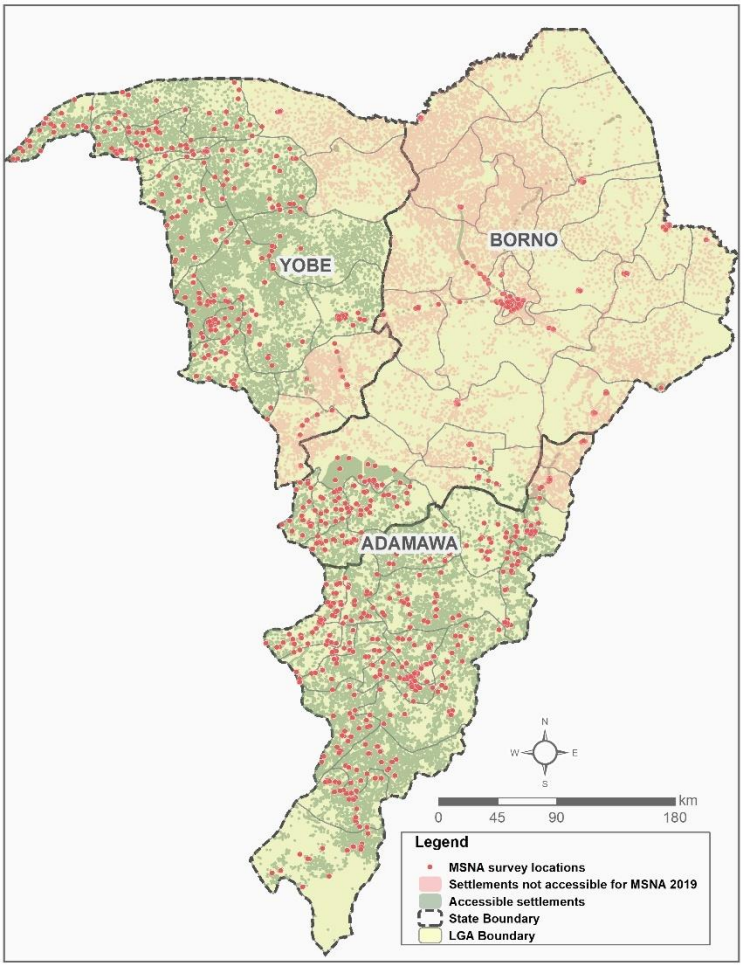
The humanitarian crisis has been exacerbated by mass population movements, a breakdown in basic infrastructure, muli-faceted poverty, and chronic long-term underdevelopment in the Northeast. The fluid situation makes comprehensive, up-to-date data necessary to efficiently and effectively respond to humanitarian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

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

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

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

Map 1: 2019 Nigeria MSNA Sampling Coverage:



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

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

Humanitarian Needs

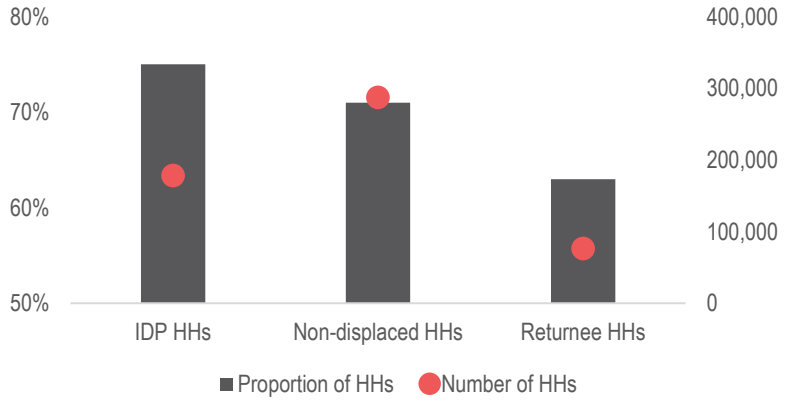
Overall, the 2019 Nigeria MSNA identified an estimated 6.91 million of individuals with an MSNI score of 3 or 4 (severe or extreme severity of needs) – with the epicentre of the crisis reflected in the 3.13 million individuals with severe or extreme severity of needs in Borno State (or 72% of all households),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

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

Most extreme needs found in Borno State

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

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



Overall, 44% of households with a severe or extreme severity of needs had their humanitarian needs primarily driven by an LSG (of severity score 3 or 4) in water, sanitations and hygiene (WASH), 23% primarily driven by an LSG in food security and livelihoods (FSL), and 16% primarily driven by a combination of WASH and FSL LSG. The primary driver of the remaining 17% of households with severe or extreme humanitarian needs was capacity

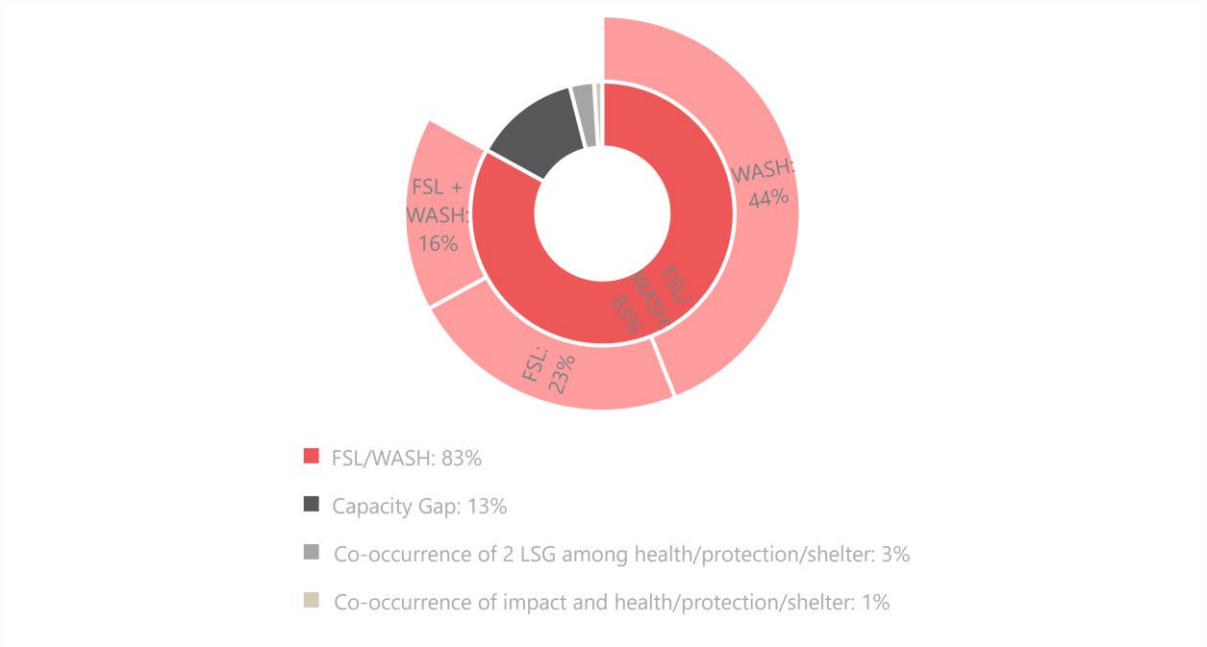
[5] To inform on how the crisis impacted affected populations, REACH is consultation with partners especially the Information Management unit of OCHA designed a composite indicator – this indicator – incorporating elements of the draft JIAF – is looking at three sub-components of crisis impact: 1. Impact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

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

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

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

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



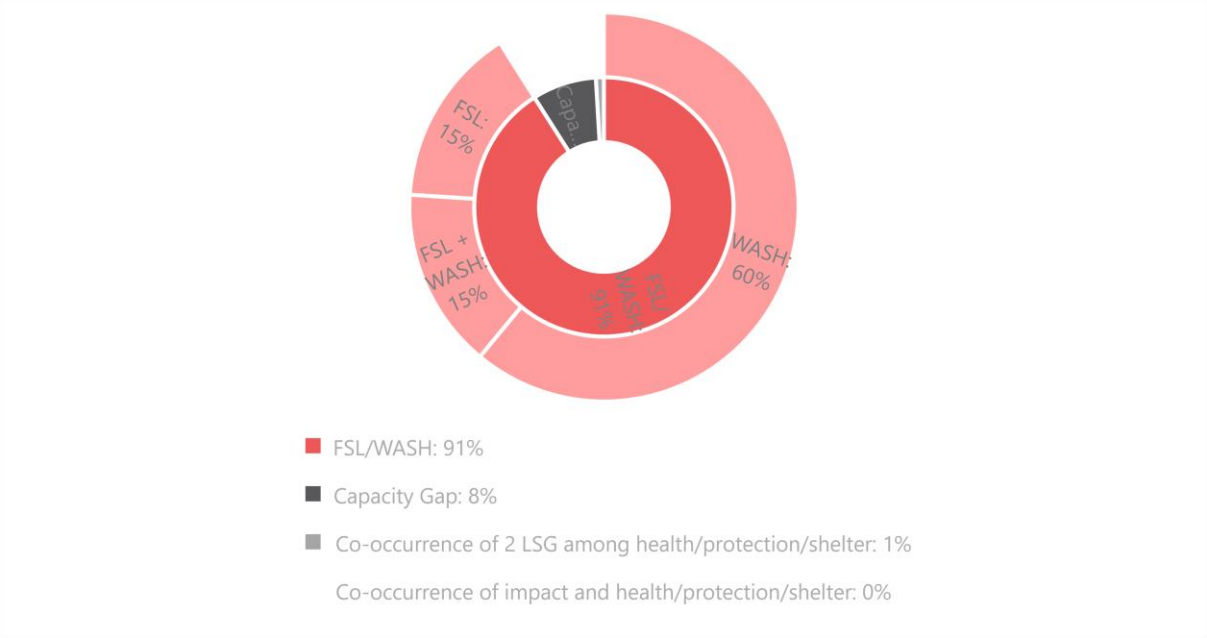
Needs can be broken down geographically into two categories in Borno – Southern Borno, more rural, where needs were primarily driven by WASH LSG, in particular lack of sanitation/hygiene basic services and water infrastructure, and the rest of the State where needs were more prone to be driven by FSL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

Persisting severe structural needs in Adamawa State

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

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

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



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

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

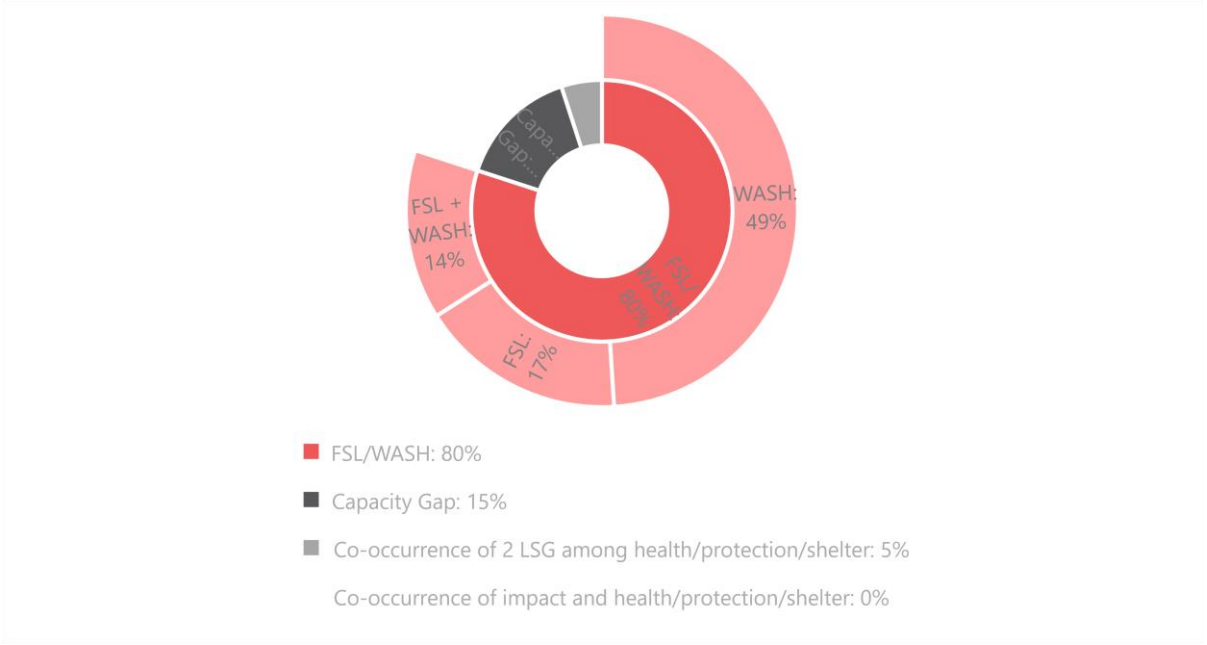
Lower reported needs in Yobe State

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

[9] Across Adamawa State, less than 10% of households reported receiving any assistance in the 6 months prior to data collection in every LGA – the lowest rate compared to the other two states.
[10] For example of yearly damage of flood in Adamawa State, see the "Adamawa State Flood Snapshot as of 18 November 2019" from OCHA
[11] Adamawa State has historically been a challenging environment for water needs and infrastructure (or lack thereof) – for a detailed understanding of geographical water-related issues see for instance Okoru, D.B. et al., "The State of Water Supply in Rural and Peri-Urban Communities in Adamawa State, Nigeria" in *Journal of Multidisciplinary Engineering Science and Technology*, 2015.
[12] Based on higher proportion of households reporting experiencing security incidents in this area compared to other areas of the State, as well as secondary data e.g. Premium Times Nigeria (Jan 2020) "Many killed as troops engage Boko Haram in Adamawa"

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

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



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

Household vulnerabilities

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

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

[13] See CH analysis from October 2019 with Geidam and Yunusari LGAs e.g. in the North classified as Phase 3. Retrieved from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/11/CH-FINAL-FINAL-FICHE_OCT-2019.pdf

[14] For instance, see "The impact of the conflict on female-headed households in the North East", UNHCR Protection Monitoring Thematic Report, June 2018 for reporting on the Nigerian context in particular. Among the reasons reported to explain the prevalence of female-headed households among displaced households, included men affected by security incident in previous area, or detained, or male and female separated during the displacement.

Conclusion

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