



**Draft: Cadre Harmonisé for Identification of Risk Areas and Vulnerable Populations in Sixteen (16) States of Nigeria**

**Nigeria**

**Results of the Analysis of Current (March – May 2017) and Projected (June – August 2017) Situations of Acute Food and Nutrition Insecurity**

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**Main results for zones affected by food and nutrition insecurity in the 16 states of Adamawa, Bauchi, Benue, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Plateau, Sokoto, Taraba, Yobe and Zamfara.**



**Food Consumption:**

In the current period, 10 out of the 16 states are in the minimal phase of food insecurity situation; 3 states are under stress; 2 states are in crisis; and 1 is in emergency.



**Evolution of livelihoods:**

Households are facing disrupted livelihoods mainly due to fire outbreaks and increased influx of IDPs. The risk of short-term disruption of livelihoods remained in Borno, Yobe and Adamawa states due to sporadic insurgent attacks.



**Nutrition:**

Some states are facing nutritional challenges, especially among children aged under 5 years.



**Mortality:**

Data was not recorded in most of the states except in Borno, where a crisis situation was observed in Monguno, Maiduguri Metropolitan Council (MMC) and Jere Local Government Areas regarding Under 5 Mortality Rate (U5MR) and Crude Mortality rate (CMR).

The Cadre Harmonisé (CH) is the current regional framework for consensual analysis of food insecurity situations. It aims to have the results of food insecurity analysis applied to prevent food crisis by identifying affected areas and populations and proffering appropriate measures to improve their food and nutrition security and livelihoods. The results of this analysis that identified the food and nutrition insecure areas within sixteen northern states of Nigeria were arrived at after analyzing the food and nutrition security outcome indicators and their relevant contributing factors.

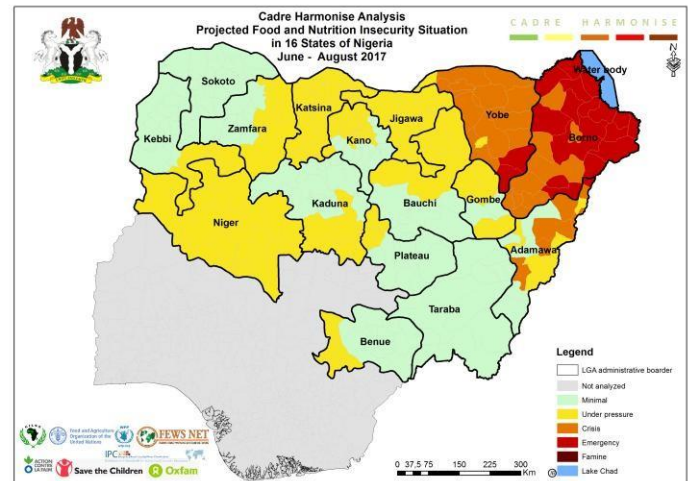
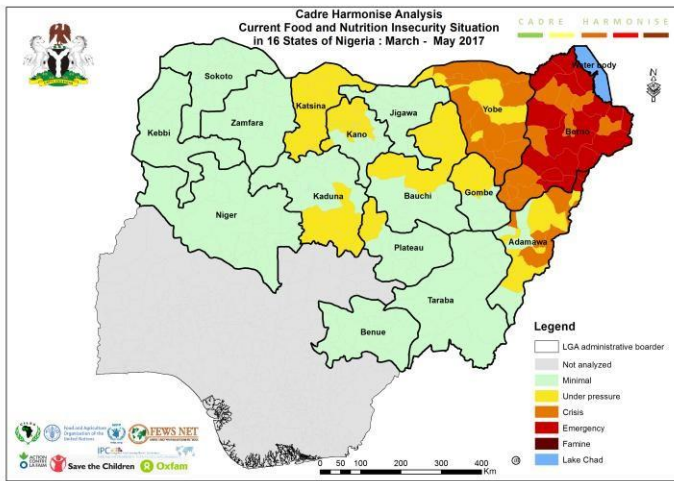
Three of the sixteen states (Adamawa, Borno and Yobe) have had severe incidences of insurgency attack since 2009. Although the trend of the insecurity is now declining, some major outcome indicators and contributing factors still show concern for the food and nutrition security and livelihood levels of the populations in these states between the last CH analysis in October 2016 and the current March 2017 analysis. Communal conflict impacted negatively on some populations in Kaduna, Plateau and Benue states; the outbreak of Avian Influenza was experienced in Kano and Plateau States; while the prevalence of HIV/AIDS was recorded in Niger State; and fire outbreak affected some populations in Sokoto and Bauchi States.

The food consumption status in the current period indicated minimal and acceptable situations in Adamawa, Benue, Gombe, Jigawa, Kebbi, Niger, Sokoto, Taraba, Kaduna and Zamfara states; stress situations in Bauchi, Kano and Katsina States; crisis in Yobe and Adamawa states; and emergency in Borno State.

Livelihood activities in most of the states excepting Adamawa, Borno and Yobe States are favourable due to increased income from the sale of cash crops. Livelihoods disruption remains in parts of Plateau, Taraba, Benue, Zamfara and Kaduna states due to recurring communal and pastoralist-farmer clashes. In Borno, Yobe and Adamawa states, there is a risk of short-term disruption of livelihoods due to sporadic insurgency attacks. The risk of fire outbreaks due to the dry season weather, influx and movement of IDPs and human activities may also cause livelihood disruptions across the states during the lean period.

The nutritional status is in crisis situation in Jigawa and Sokoto States; in stress situation in Borno, Kano, Katsina, Kebbi, Zamfara and Yobe states; while Borno, Katsina, Kebbi and Zamfara States may fall within the critical threshold during the lean season.

Data on mortality was available mainly in Borno State.



**Hazard and vulnerability :** The sixteen states are affected by various hazards and vulnerability, especially the insurgency that has displaced populations across the northeast states. Climate change, flood, strong winds, invasion of predators (locusts, pests and insects), communal conflicts and attack by gun-men are note worthy. These issues have had negative impact on the food, nutrition and economic lives of the people. Similarly, herdsmen-farmer crisis and other forms of conflict led to some population displacement in Benue State and the death of 25 persons including the destruction of property worth N7,850,000 in Plateau State. About 83 households in Sokoto State lost their assets and food stock to fire disaster. In Zamfara State, 1,254 households experienced armed robbery incidence. HIV/AIDS prevalence rate of 3.9% was reported in Niger State. Herdsmen-farmer conflict was reported in Adamawa (with 2,900 individuals displaced).

The last Displacement Tracking Matrix issued by IOM and the National Emergency Management Agency (NEMA) indicates that 1,899,830 people are internally displaced persons (IDPs) in Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe states. However, the activity of insurgents has declined in Adamawa, Borno and Yobe states in recent times and some of the IDPs are returning to their communities.

**Food availability:** Staple food and cash crops production during the 2016 – 2017 season was reported above average in states such as Jigawa, Kano, Katsina, Kebbi, Zamfara, Bauchi, Gombe, Kaduna and Sokoto. States like Borno, Plateau and Yobe experienced below average production due to insecurity and recurrent communal clashes which prevented the farmers from cultivating. Food availability in most states is expected to decline normally towards the lean season (June – August 2017), although the impact may be reduced with irrigated farming. The households with below average crop production in Borno, Adamawa and Yobe states will also have their stock depleted earlier than normal.

**Food Access :** High food prices were common across the 16 states with marginal increase ranging from 70 – 150%. Market prices of cereals increased by 50 – 80% as at January 2017 when compared to the 5-year average of the same month; and by 70 – 124% when compared to the 2016 average of the same month. Prices of legumes and tubers were also above the 2016 and 5-year averages by 55% and 105% respectively. As the market is the main source of food for 70% of households, high prices coupled with low purchasing power pose a severe challenge to accessing staple food commodities by a majority of the population who become more vulnerable with the lean season approaching.

**Food Utilization including Water:** Access to potable water is limited, ranging from 15% to 60% in most states with the exception of Kano and Jigawa states that reported 65% and 83% respectively. The 3 northeastern states of Adamawa, Borno and Yobe had just 15% accessibility to potable water.

**Stability :** Seasonal calendar will remain normal. Food availability and access to food will be stable considering the massive dry season production across the states with the exception of Borno, Yobe and parts of Adamawa state due to insurgency.

## How many people are in food and nutrition insecurity and where they are:

In the current period (March – May 2017), a total of about 7.1 million people are in the three combined critical food insecurity situations of crisis, emergency and famine across the 16 states under reference; about 4.7 million people in the three states of Borno, Yobe and Adamawa belong in this category with about 44,000 people in famine mostly in Borno state.

Table 1: Estimation of population per phase of food and nutrition insecurity in the current situation – March to May 2017

2nd administrative level STATE	Total population	CURRENT SITUATION: MARCH TO MAY 2017					
		Total population in Phase 1	Total population in Phase 2	Total population in Phase 3	Total population in Phase 4	Total population in Phase 5	Total population in Phase 3 to 5
ADAMAWA	4 335 341	2 390 020	1 158 938	583 468	197 099	5 815	786 383
BAUCHI	6 593 116	4 960 005	1 525 462	107 648	-	-	107 648
BENUE	5 247 397	4 645 579	529 619	72 199	-	-	72 199
BORNO	7 946 371	2 128 187	2 558 752	2 118 059	1 098 842	38 078	3 254 980
GOMBE	3 227 471	2 623 705	565 302	38 464	-	-	38 464
JIGAWA	5 782 600	4 953 548	747 151	81 901	-	-	81 901
KADUNA	8 263 574	6 344 050	1 535 436	384 088	-	-	384 088
KANO	14 828 136	11 210 355	2 909 979	631 555	-	-	631 555
KATSINA	7 558 000	5 412 749	1 739 808	405 443	-	-	405 443
KEBBI	4 629 880	3 870 992	606 456	152 432	-	-	152 432
NIGER	5 714 988	4 781 709	837 691	95 588	-	-	95 588
PLATEAU	4 146 442	3 401 755	668 160	76 528	-	-	76 528
SOKOTO	5 218 629	4 574 628	470 483	173 518	-	-	173 518
TARABA	3 142 715	2 851 028	260 259	31 427	-	-	31 427
YOBE	3 274 833	1 618 062	1 030 419	538 405	87 948	-	626 353
ZAMFARA	4 626 716	3 881 428	573 007	147 033	-	-	147 033
<b>TOTAL</b>	<b>94 536 210</b>	<b>69 647 800</b>	<b>17 716 922</b>	<b>5 637 756</b>	<b>1 383 890</b>	<b>43 894</b>	<b>7 065 539</b>

In the projected period (June – August 2017), a total of about 8.9 million people may fall into the three combined critical food insecurity situations (crisis, emergency and famine) in the 16 states; including 5.2 million people in Adamawa, Borno and Yobe states with about 50,000 people in famine situation, if no adequate remedial measures are provided on time.

Table 2: Estimation of population per phase of food and nutrition insecurity in the projected situation – June to August 2017

2nd administrative level STATE	Total population	PROJECTED SITUATION: JUNE - AUGUST 2017					
		Total population in Phase 1	Total population in Phase 2	Total population in Phase 3	Total population in Phase 4	Total population in Phase 5	Total population in Phase 3 to 5
ADAMAWA	4 335 341	2 375 863	1 283 500	575 648	91 314	3 690	670 652
BAUCHI	6 593 116	4 654 563	1 789 187	149 366	-	-	149 366
BENUE	5 247 397	4 367 716	704 356	175 325	-	-	175 325
BORNO	7 946 371	1 904 193	2 352 042	2 442 029	1 204 541	43 066	3 689 636
GOMBE	3 227 471	2 547 853	631 323	48 296	-	-	48 296
JIGAWA	5 782 600	4 813 821	853 127	115 652	-	-	115 652
KADUNA	8 263 574	6 068 063	1 683 638	511 873	-	-	511 873
KANO	14 828 136	11 062 073	2 891 070	863 431	-	-	863 431
KATSINA	7 558 000	4 957 658	1 942 673	657 669	-	-	657 669
KEBBI	4 629 880	3 567 429	742 813	319 638	-	-	319 638
NIGER	5 714 988	4 417 393	1 144 857	152 738	-	-	152 738
PLATEAU	4 146 442	3 283 023	762 959	100 460	-	-	100 460
SOKOTO	5 218 629	4 401 917	591 008	225 704	-	-	225 704
TARABA	3 142 715	2 703 373	376 488	62 854	-	-	62 854
YOBE	3 274 833	1 039 119	1 353 517	698 509	186 234	3 295	888 038
ZAMFARA	4 626 716	3 023 062	1 308 804	294 849	-	-	294 849
<b>TOTAL</b>	<b>94 536 210</b>	<b>65 187 120</b>	<b>20 411 361</b>	<b>7 394 042</b>	<b>1 482 089</b>	<b>50 051</b>	<b>8 926 181</b>



## Methodology

The Cadre Harmonisé (CH) is a global analytical framework of national and regional system for food crisis prevention and management which takes into account various outcome indicators for food and nutrition security and the impact of contributing factors. The March 2017 CH analysis was conducted at zonal (senatorial) level in 13 out of the 16 States and at LGA level in the 3 states of Borno, Yobe and Adamawa. The methodology adopted for the analysis is the same uniform process used at the regional level for acute food and nutrition security analysis which aims at food crisis prevention and management. The result communicated from the analysis is obtained through convergence of evidence and consensus building among the participating experts in classifying the severity of food and nutrition insecurity and estimating the affected populations in the current and projected periods. The State-based analysis was conducted from 27th February to 3rd March, 2017 across four cities (Jalingo, Kano, Sokoto and Kaduna) with the 16 states shared out at 3-5 States per centre. The national consolidation workshop was done at Abuja from 6th to 9th March, 2017 and the workshop for presentation of the outcomes of the analysis to stakeholders was held on 10th March 2017.

The Cadre Harmonisé meta-analysis procedure is segmented into the following five steps:

- **Step 1 - Data inventory:** Entailing the analysis entities compiling the set of relevant data required as evidence in conducting the CH analysis.
- **Step 2 - Data analysis:** This involves evaluation of the compiled evidence and their reliability scores.
- **Step 3 - Phases Classification:** Classifying the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> administrative levels into the various phases of food and nutrition insecurity according to the CH reference table, depending on the interface of the indicators of outcome and contributing factors of food and nutrition security.
- **Step 4 - Estimation of Affected Populations:** The affected populations are estimated for the current and projected periods based on the evidence available on the levels of the outcome indicators.
- **Step 5 - Validation and communication of results** - The findings of the analysis are validated and communicated to stakeholders.

The participants came from organizations including the Federal Ministry of Health, National Planning Commission, National Bureau of Statistics, National Emergency Management Agency and similar agencies across the 16 states, UN agencies including WFP, UN OCHA and UNICEF; development partners/INGOs including FEWS NET, ACF, Save the Children, Oxfam and NGOs operating at the state level. The process was jointly led by the Federal Ministry of Agriculture and Rural Development, FAO and the Permanent Interstate Committee for Drought Control in the Sahel (CILSS).



## Recommendations

### To decision makers:

1. Scale up emergency humanitarian assistance to improve food and nutrition security situation, save lives and protect livelihood conditions.
2. Strengthen the ongoing responses to malnutrition in the sixteen states, particularly in the three north east States before the next lean season.
3. Improve food access for the poorest people especially those living in the remote areas.
4. Strengthen the commitment of State and Federal levels to make the CH process sustainable
5. Improve data availability by carrying out Food security and nutrition assessments, especially at LGAs levels, prior to each CH analysis cycle.
6. Take stock of the recommendations provided through the CH process for decision making.

### To CILSS and Partners:

1. Support the CH process at all levels, including data collection and analysis and consolidation facilitation
2. Training and capacity building to strengthen CH members' analytical capacity at the State and Federal levels

3. Advocate for uptake of the CH analysis outcome by decision makers including their implementation and funding



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