

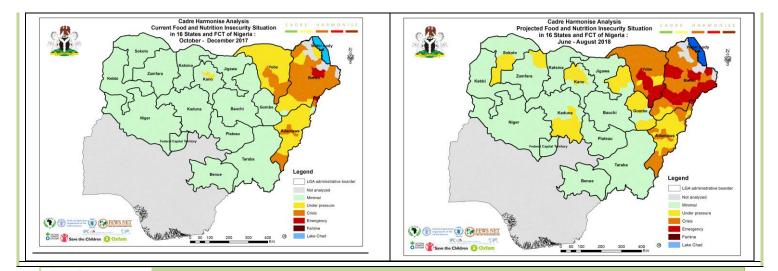




Permanent Interstate Committee for Drought Control in The Sahel (CILSS)

Cadre Harmonisé for Identification of Risk Areas and Vulnerable Populations in Sixteen (16) States and Federal Capital Territory (FCT) of Nigeria

Nigeria		Current (October – December, 2017) ed (June – August 2018)	Prepared on: 02/11/2017		
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, Zamfara and the FCT.		insecurity analysis applied to prevent food crisis by identifying affected areas ar populations and proffering appropriate measures to improve their food ar nutrition security and livelihoods. The results of this analysis that identified th			
In the current period, 13 out of the 16 states and FCT are in the minimal phase of food insecurity situation; 3 states are under stress while 1 is in crisis.		drifted from the higher CH phases (4 to 5) of food insecurity to lower phases (1 to 3). This is attributable mainly to an improvement of the security situation livelihood activities and scaling up of humanitarian assistance from the Government and Partners.			
Evolution of livelihoods: Livelihood activities in all the states are favourable except in conflict areas.		In the current period (Oct–Dec 2017), food consumption classification indicate minimal and acceptable situations in areas less affected by the insurgency main in Bauchi, Benue, Gombe, Jigawa, Plateau, FCT, Niger, Kebbi, Katsina, Kaduna Taraba, Zamfara and Sokoto States; stress situations in Kano, Yobe and Adamaw States and crisis in Borno state. In Northeastern areas mostly affected by the ongoing conflict (Adamawa, Borno and Yobe States), a sizable population of households resorted to severe coping strategies more frequently to access food However, there remains concern about the Food security and Nutrition situatio			
Ada	r ition: mawa, Borno and Yobe States acing nutritional challenges.	in some inaccessible LGAs in Borno state communities in other parts of Adamawa, Borno Livelihood activities in all the states except in Zamfara, Kaduna, Adamawa, Borno and Yol increased income from cash crops sales from no With the exception of Adamawa, Borno and Yo	(Abadam, Guzamala, Marte) ar and Yobe States. a parts of Plateau, Taraba, Benu be States are favourable due pormal harvest in these states.		
₩ Mor	tality:	and seasonality of nutrition data that corres adequately assess the nutritional status of the a Data on Mortality Rate (U5MR) and Crude Mo not recorded, except in Borno and Yobe States.	areas analyzed. ortality rate (CMR) were general		



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Main results and problems

Hazards and vulnerability: The sixteen (16) states and FCT were affected by various hazards and vulnerability, especially the insurgency, flood, windstorm, dry spell, early cessation of rainfall, invasion of predators (army worm, locusts, pests and insects), communal conflicts etc. These had impacted negatively on the food and nutrition security as well as livelihood.

Food availability: Staple food and cash crops production during the 2017/2018 growing season is above five year average levels across most of the states. Exceptions are conflict prone areas of the northeast, including Borno, Yobe and Adamawa states. Food availability in most states is expected to decline normally towards the lean season (June – August 2018), although the impact may be tempered with dry season farming activities. However, insurgency continue to have negative impact on food production in the most affected areas of Borno, Yobe and Adamawa states.

Food Access: Elevated food prices traversed across the 16 states and FCT with increase ranging from 30 to 170 percent. Cereals prices increased by 60 to 200 percent in September 2017 relative to the 5 year average; and by 10 to 50 percent when compared to the same time last year. Similarly, legume and tuber prices were also above the 2016 and 5-year average by 36 and 87 percent, respectively. Household stocks in most of the states will last at least three (3) months. However, high food prices will constrain food access for most households in the three worst conflict affected states (Borno, Yobe and Adamawa).

Food Utilization including Water: The prevalence of diseases such as malaria, cholera and diarrhea were reported due to poor hygiene and limited access to potable water in some states. Borno state is worst affected by the cholera outbreak.

Stability: Food availability and access to food will be stable considering favorable growing season and potential for dry season activities across the states, except in the northeast states – Borno, Adamawa and Yobe.

How many people are in food and nutrition insecurity and where they are?

In the current period (October – December 2017), about **3**, **158**, **182** million people are in the three combined critical food insecurity situations of crisis, emergency and famine across the 16 states and FCT under reference.

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

2nd administrative level STATE	Total population	CURRENT SITUATION: OCTOBER - DECEMBER 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	4 338 783	2 785 576	1 010 773	443 931	96 657	1 846	542 434	
ваисні	6 830 138	5 858 095	906 848	65 196	-	-	65 196	
BENUE	6 048 287	5 517 431	530 856	-	-	-	-	
BORNO	5 288 332	1 944 371	1 768 547	1 221 455	353 959	-	1 575 414	
FTC	3 966 171	3 767 862	198 309	-	-	-	-	
GOMBE	3 411 813	2 925 166	486 647	-	-	-	-	
JIGAWA	5 782 600	5 259 262	465 512	57 826	-	-	57 826	
KADUNA	8 900 952	7 461 436	1 439 516	-	-	-	-	
KANO	14 029 747	11 542 887	2 331 030	155 830	-	-	155 830	
KATSINA	8 867 970	7 564 614	1 153 699	149 658	-	-	149 658	
КЕВВІ	4 615 248	4 264 563	336 570	14 114	-	-	14 114	
NIGER	5 714 988	5 317 644	397 344	-	-	-	-	
PLATEAU	4 315 396	3 666 581	630 804	18 011	-	-	18 011	
ѕокото	5 245 637	4 497 516	644 015	104 106	-	-	104 106	
TARABA	3 264 757	3 072 346	192 411	-	-	-	-	
YOBE	4 066 415	2 225 187	1 395 455	441 331	4 442	-	445 773	
ZAMFARA	4 652 114	4 232 706	389 588	29 820	-	-	29 820	
TOTAL	99 339 348	81 903 242	14 277 924	2 701 278	455 058	1 846	3 158 182	

In the projected period (June – August 2018), about **4, 805, 189** million people may be within the three combined critical food insecurity situations (crisis, emergency and famine) in the 16 states and FCT; including **3, 689, 401** million people in Adamawa, Borno and Yobe states with about 12, 536 people expected to be in famine situation, if no adequate remedial measures are provided timely.

Table 2: Estimation of population per phase of food and nutrition insecurity in the projected situation – June to August 2018

2nd administrative level STATE	Total population	PROJECTED SITUATION: JUNE – AUGUST 2018						
		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	4 338 783	2 268 686	1 275 465	654 698	136 242	3 693	794 633	
BAUCHI	6 830 138	4 760 256	1 936 385	133 497	-	-	133 497	
BENUE	6 048 287	5 086 420	921 751	40 116	-	-	40 116	
BORNO	5 288 332	1 497 685	1 873 293	1 413 113	499 840	4 401	1 917 354	
FTC	3 966 171	3 688 539	277 632	-	-	-	-	
GOMBE	3 411 813	2 751 945	608 825	51 043	-	-	51 043	
JIGAWA	5 782 600	4 739 263	985 511	57 826	-	-	57 826	
KADUNA	8 900 952	7 135 831	1 739 028	26 093	-	-	26 093	
KANO	14 029 747	11 142 083	2 670 887	216 777	-	-	216 777	
KATSINA	8 867 970	7 326 277	1 363 472	178 222	-	-	178 222	
КЕВВІ	4 615 248	4 158 144	396 837	60 267	-	-	60 267	
NIGER	5 714 988	5 031 049	626 789	57 150	-	-	57 150	
PLATEAU	4 315 396	3 611 232	673 205	30 959	-	-	30 959	
ѕокото	5 245 637	4 310 263	763 466	171 908	-	-	171 908	
TARABA	3 264 757	3 017 009	215 101	32 648	-	-	32 648	
уове	4 066 415	1 558 420	1 530 580	806 520	166 453	4 442	977 415	
ZAMFARA	4 652 114	3 986 898	605 935	59 281	-	-	59 281	
TOTAL	99 339 348	76 069 999	18 464 161	3 990 118	802 535	12 536	4 805 189	

Methodology

The CH analytical framework is a 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 October, 2017 CH analysis was conducted at zonal (senatorial) level in 13 out of the 16 States as well as FCT and at Local Government Area (LGA) level in Adamawa, Borno and Yobe states. The methodology adopted for the analysis is the same process used at the regional level for 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 participants 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 23rd to 27th October, 2017 across three (3) centres (Yola, Gombe and Makurdi). The National Consolidation Workshop was held at Abuja from 30th October to 2nd November, 2017 and the results

of the analysis was presented to stakeholders and decision makers on 3rd November, 2017.

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

- **Step 1 Data inventory**: This entails compilation of relevant data sets 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 Synthesis and Phases Classification: Classifying the 1st, 2nd or 3rd 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 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 and decision makers.

The process was jointly led and facilitated by the Federal Ministry of Agriculture and Rural Development, FAO, WFP, FEWS NET, and the Permanent Interstate Committee for Drought Control in the Sahel (CILSS).

The participants cut across various organizations such as: Federal Ministry of Health, Ministry of Budget and National Planning, National Programme for Food Security, National Agricultural Extension and Research Liaison Services, National Bureau of Statistics, National Emergency Management Agency and similar agencies across the 16 states and FCT, UN agencies including WFP, UN OCHA and UNICEF; Development Partners/INGOs including FEWS NET, ACF, Save the Children, Oxfam and NGOs operating at the regional, national and state levels.

Recommendations

To decision makers:

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- 1. To increase emergency humanitarian assistance in order to improve food and nutrition security situation, save lives and protect livelihood conditions to avert further deterioration during the lean season.
- 2. To facilitate access to vulnerable populations living in difficult to access areas.
- 3. To strengthen the ongoing responses to prevention of malnutrition in the sixteen states and FCT, particularly in the three north east States (Borno, Yobe and Adamawa) before the next lean season.
- 4. To improve food access for the vulnerable people especially those living in the remote areas through promoting access to land and inputs for agriculture and livelihood activities.
- 5. To strengthen commitment at the State and Federal levels to make the CH process more sustainable.
- 6. To improve data availability by funding the Food Security and Nutrition Assessments, especially at LGAs levels, prior to each CH analysis cycle.

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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