NORTH EAST NIGERIA

OVER 1.3 MILLION CHILDREN UNDER FIVE LIKELY ACUTELY MALNOURISHED IN NORTH EAST NIGERIA

IPC ACUTE MALNUTRITION ANALYSIS
JANUARY – DECEMBER 2022

Published on June 23, 2022

Overview

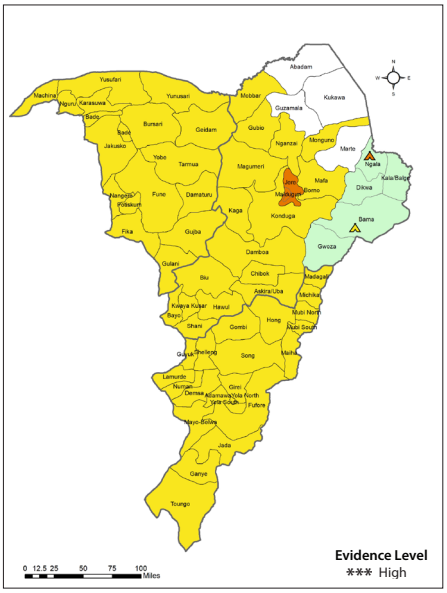
The acute malnutrition situation in North East Nigeria is classified as Alert (IPC Phase 2) or Serious (IPC Phase 3) in many areas during the current period of January to April 2022 (season of low acute malnutrition), with 1 of the areas analyzed being in IPC Acute Malnutrition (AMN) Phase 1, 8 areas in IPC Phase 2 and 1 area in IPC Phase 3. Over **1.3 million children** under the age of five are expected to suffer from acute malnutrition between January and December 2022 (based on the GAM by WHZ prevalence estimates). This includes approximately 316,753 severe acute malnutrition (SAM) cases and over one million moderate acute malnutrition (MAM) cases. In addition, over 152,000 pregnant and lactating women will be acutely malnourished and need nutrition interventions.

KEY FIGURES	JANUARY - DECEMBER 2022
1,376,000 the number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM) **317,000**
	Moderate Acute Malnutrition (MAM) **1,060,000**
152,000 Pregnant or lactating women acutely malnourished IN NEED OF TREATMENT	

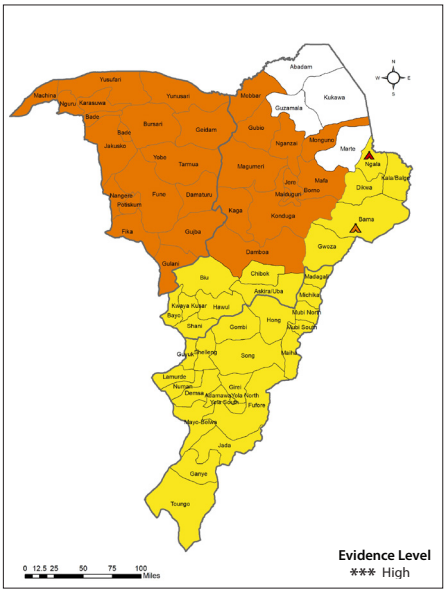
Result of the IPC AMN analysis shows that during the post-harvest season (low acute malnutrition), only two (2) Local Government Areas (LGAs) are classified in Serious situation (IPC AMN Phase 3), fifty-four (54) LGAs in Alert situation (IPC AMN Phase 2), and five (5) LGAs in Acceptable situation (IPC AMN Phase 1)) during the period of January – April 2022. During the first projection (May – August 2022), the lean season (peak of acute malnutrition), the nutrition situation of 31 LGAs is expected to deteriorate, whereas the situation of 30 LGAs is expected to remain the same when compared to the current situation. As per the second projection Period (September – December 2022), the harvest season (decreasing acute malnutrition), the nutrition situation is expected to improve in nine (9) LGAs, remaining the same in forty-two (42) LGAs and deteriorate in ten (10) LGAs when compared to the first projection period.

The major contributing factors as immediate causes of acute malnutrition include very poor food consumption patterns (quantity and quality). Morbidity seems not to be a major contributing factor for the current period (low seasonality of diseases (diarrhea, malaria and fever). The underlying causes include food insecurity due to poor access to land and livelihoods especially in Borno State. Population displacements arising from insecurity which limits agriculture activities and the delivery of humanitarian assistance in Borno and Yobe. Also the sub-optimal care and feeding practices due to instable situation. Finally, prevailing poor access to improved sanitation facilities.

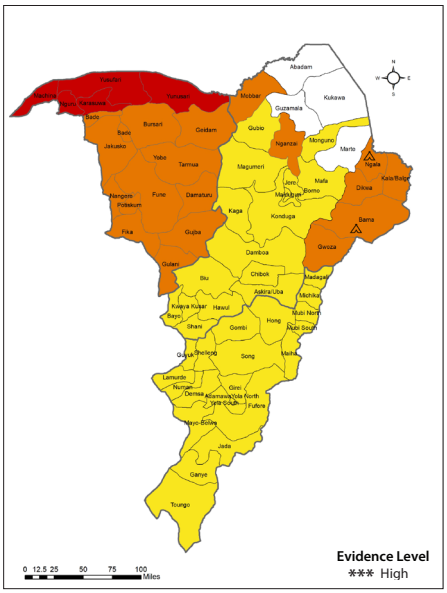
Current Situation Jan – April 2022



Projected Situation May – Aug 2022



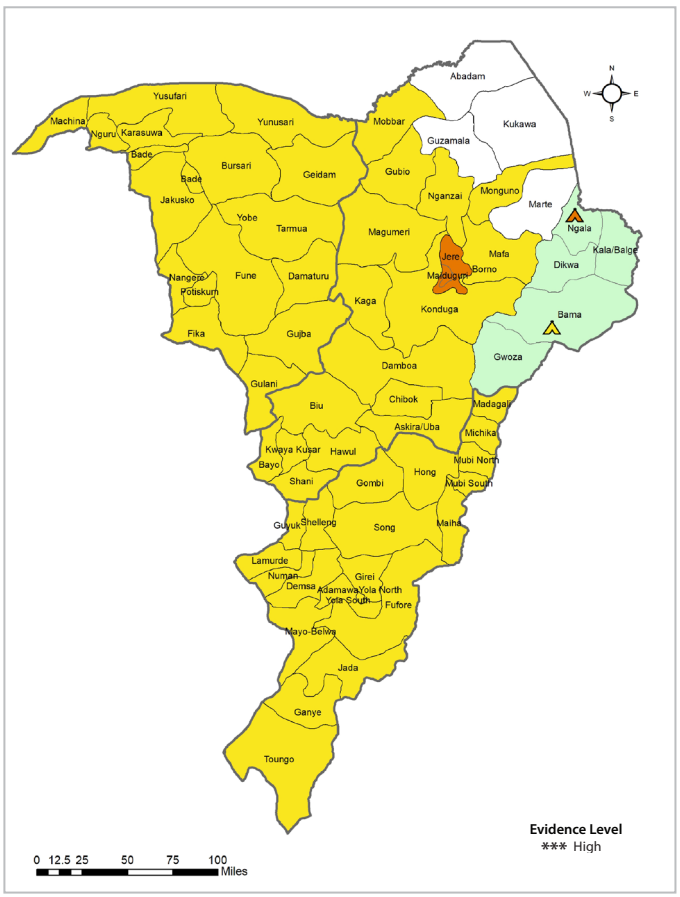
Projected Situation Sept - Dec 2022



Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed
- IDPs/other settlements classification

CURRENT ACUTE MALNUTRITION (JANUARY - APRIL 2022)



Key for the Map

IPC Acute Malnutrition Phase Classification

IDPs/other settlements classification

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Phase classification based on MUAC
Areas with inadequate evidence
Areas not analysed

The IPC AMN analysis of North East Nigeria current analysis period of January - April 2022 (a period typically coinciding with low acute malnutrition) included 61 LGAs in Borno, Adamawa and Yobe state and two Internally Displaced People (IDP) camps. Two LGAs and one IDP camp are classified in IPC AMN Phase 3 (Serious), 54 LGAs and one IDP camp in IPC AMN Phase 2 (Alert) and five LGAs in IPC AMN Phase 1 (Acceptable). With over 90% of the LGAs included in the analysis being in either IPC AMN Phase 2 or 3, the overall nutrition situation is classified as Alert or Serious in most of the areas analysed.

The two LGAs classified in IPC AMN Phase 3 (Serious) are, namely, Maiduguri Metropolitan Council (MMC) and Jere LGA in MMC/Jere domain of Borno State. The Ngala IDP has been classified in a Serious situation (IPC AMN Phase 3) with a GAM prevalence of 12.4%.

This situation is aggravated by the influx of IDPs from various troubled localities in Borno state. Most IDP households from closed camps in the state wilfully chose to relocate to MMC rather than return to their locality of origin. This growing population of IDPs puts a lot of pressure on existing nutrition, WASH, health facilities and services as well as livelihoods and market stock of food commodities, which go a long way in determining household access to food.

LGAs in IPC AMN Phase 2 (Alert) include all seven LGAs in Southern Borno Domain, all seven LGAs in Central Borno Domain and two LGAs (Mobbar and Nganzai) in Northern Borno Domain. Additionally, all 13 LGAs of Southern Adamawa, all eight LGAs of Northern Adamawa, and all four, eight and five LGAs in Central, Southern and Northern Yobe Domain respectively are also classified in IPC AMN Phase 2. Five LGAs in Eastern Borno (Bama, Dikwa, Gwoza, Ngala and Kala-Balge) are classified in IPC AMN Phase 1 (Acceptable). Four LGAs in Borno State (Abadam, Guzamala, and Kukawa in Northern Borno domain and Marte in Central Borno domain) were completely inaccessible; therefore, no data was available for analysis.

Contributing Factors

The major contributing factors to acute malnutrition include the high prevalence of child morbidities (fever/malaria, diarrhoea) and very poor food consumption patterns (both in terms of diversity and in terms of frequency) among the analysed population. Across the 10 domains, the proportion of children aged 6–23 months who receive foods from four or more food groups (minimum dietary diversity) ranges from 12.1% to 32.7%, while those who receive solid, semi-solid, or soft foods the recommended minimum number of times or more (minimum meal frequency) ranges from 9.4% to 20.5%. Consequently, the majority of children do not receive the recommended minimum acceptable diet (MAD); the percentage of those who do across all LGAs ranges from 0.8% to 2.4%. Acute food insecurity (CH Phase 3 or above) in the period preceding the analysis, poor access to health services and low coverage of nutrition and health services are also other major contributing factors. Additionally, poor sanitation services and infrastructure in some areas are also of concern, with only 49% of the population across the three states accessing improved toilet facilities. The insecurity in the Lake Chad region is also adversely affecting the nutrition situation, with continued displacement and limited access to food and basic services.

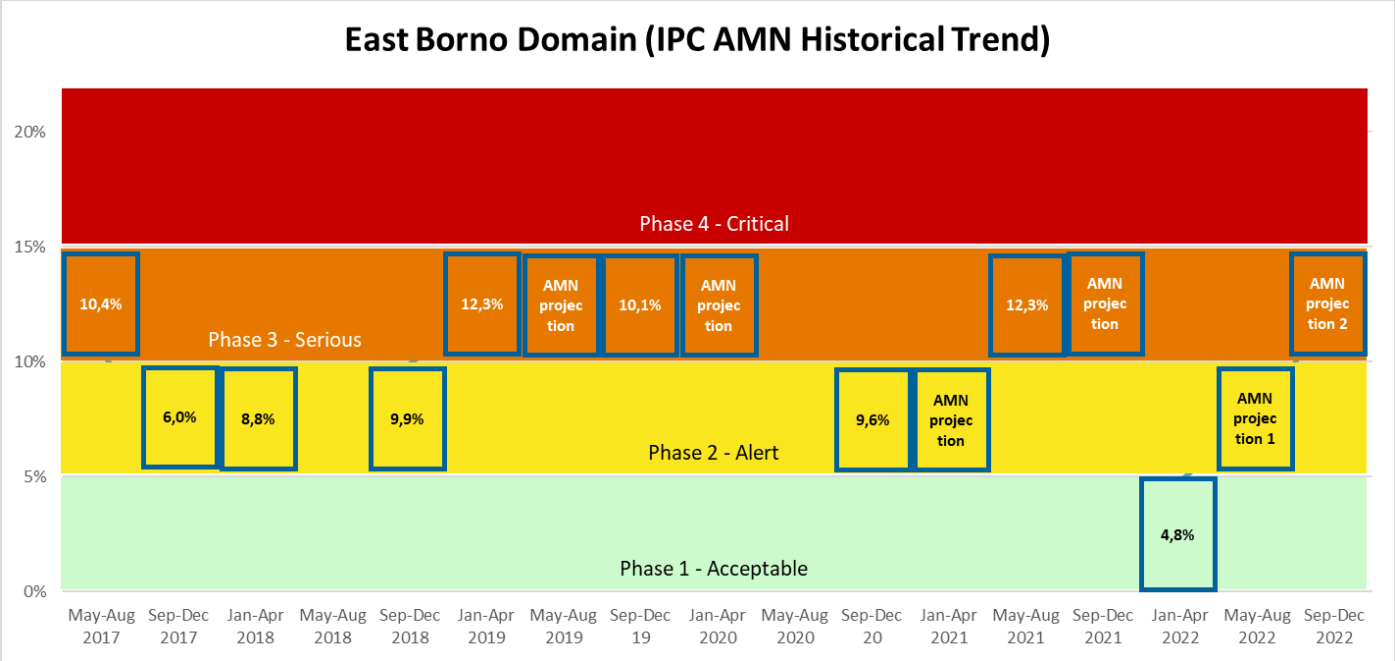
Trend analysis

The current IPC AMN analysis for the period of January to April 2022 shows a sharp decrease in the levels of acute malnutrition when compared with September to December 2021. The number of LGAs in IPC AMN Phase 4 (Critical) decreased from eight to zero while the number of LGAs in Phase 3 (Serious) decreased from 29 to three, plus one IDP camp when compared with the last IPC AMN Analysis. This is mainly because data used in this analysis is around the post-harvest, which is considered the season of low acute malnutrition.

A total of 54 LGAs or more than 88% of the 61 analysed LGAs plus one IDP camp in Borno, Adamawa and Yobe States are facing Alert levels of acute malnutrition (IPC AMN Phase 2) and require monitoring and strengthening of existing preventive nutrition responses to avoid the deterioration of acute malnutrition levels. The areas in IPC AMN Phase 3 (Serious) require urgent action to reduce acute malnutrition levels. This should be done by intensifying acute malnutrition treatment interventions and scaling up integrated multi- sectoral responses.

Special Focus on East Borno Domain

The recent Nutrition and Food Security Surveillance (NFSS) round 11 collected between February and March 2022 reported a GAM prevalence rate of 4,8%, which is surprisingly low. However, after a discussion with the data collection team a deep quality assurance check on data quality, survey design and representativeness, the data seems to be accurate and precise. A trend analysis of this area from the last five years presents an area most likely to navigate between IPC AMN Phase 2 and 3, close to the threshold of 10% GAM (see figure below).



On the other hand, two recent SMART Surveys lead by FHI 360 in Bama and Ngala LGAs mostly focusing on IDPs report a respective GAM rate of 9.5% (Bama) and 12,4% (Ngala). In addition, monitoring information lead by nutrition sector partners in the field report clear worrying nutrition conditions, especially from people arriving from inaccessible areas (especially Marte) and surrendered armed opposition groups. The case is similar for routine surveillance carried out by partners implementing nutrition services in Gwoza, Dikwa and Kala/Balge. The analysis team debated the surprisingly low GAM rate and the possible evolution of the situation during the peak of malnutrition this year (May - August 2022: projection 1) and the decreasing period of malnutrition (September – December: projection 2). The Eastern Borno result should therefore be interpreted with caution, as it may likely underestimate the true nutrition situation in this location.

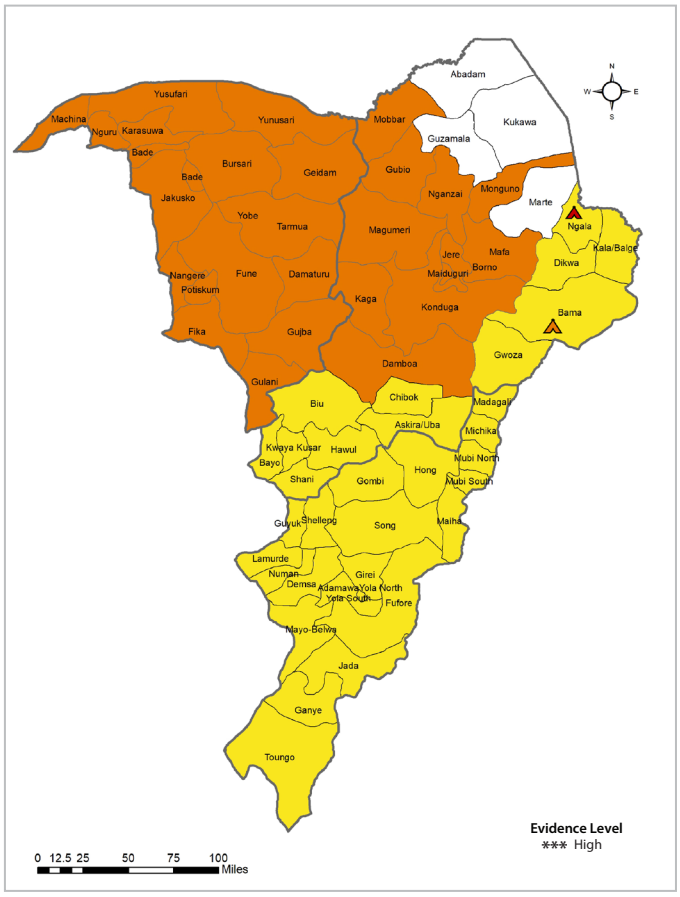
Special Focus on Ukraine Crisis

When considering the impact of the global food and fuel crisis for Nigeria in the coming months, the situation is likely to deteriorate. A recent Child Alert (May 2022) from UNICEF[1] mentioned an increase of Ready-to-Use Therapeutic Food (RUTF) global cost by 16% in the coming six months, naming Nigeria as the fourth-most globally affected country by severe wasting in absolute number. Similarly, according to WFP, in the recent lean season food security outlook report (June 2022), over 40% of households in northeast Nigeria have inadequate food consumption at the start of the lean season (May 2022), which represents a 10-percentage point increase when compared to the previous year. The risk of reduction of funding from main donors for the Lake Chad Basin crisis due to redirection of funds to the Ukraine crisis[2] or a reduction of global funding due to the overall global food insecurity crisis needs to be monitored and solutions anticipated. Ongoing inflation in Nigeria is expected to be exacerbated by the jump in fuel and food item costs driven by global supply disruptions following Russia's invasion of Ukraine, leading to a higher increase of expected insecurity during the rainy season. Election spending and campaigning could also contribute to an unpredictable, complex and worsening situation for the rest of the year.

[1] Severe wasting, an overlooked Child Survival emergency, UNICEF Child alert, May 2022 https://www.unicef.org/media/120346/file/Wasting%20child%20alert.pdf

[2] The Ukraine crisis requires increased global aid budgets, not the redirection of existing funds to avoid devastating global humanitarian consequences, DRC April 2022: https://drc.ngo/about-us/for-the-media/press-releases/2022/4/the-ukraine-crisis-requires-increased-global-aid-budgets/

FIRST PROJECTION FOR ACUTE MALNUTRITION (MAY - AUGUST 2022)



Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
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- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed
- IDPs/other settlements classification

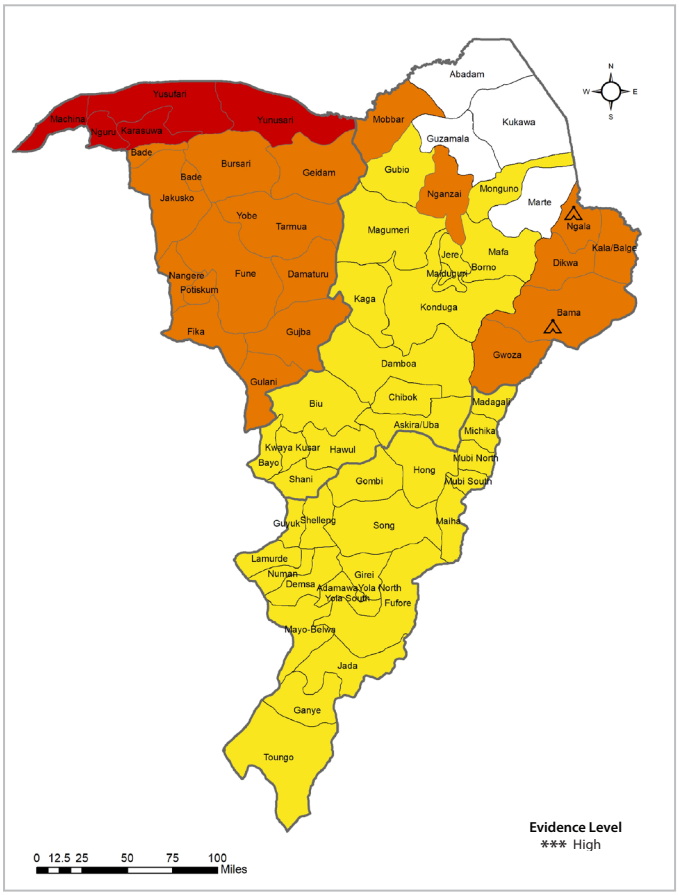
During the period of May to August 2022, which corresponds to the lean season (peak of malnutrition), the acute malnutrition situation is expected to deteriorate in 31 LGAs and will remain the same in thirty 30 LGAs compared to the current situation. The situation of the IDP population from Ngala and Bama is expected to deteriorate to IPC AMN Phase 4 (Critical) for Ngala's IDPs and to IPC AMN Phase 3 (Serious) for Bama's IDPs compared to the current situation.

The period from May to August 2022 is projected to be characterized by poor/decrease in food availability and access. Other factors like depletion in market stocks, natural factors- flooding, poor access to roads, and so on, may further increase food prices, leading to a decrease in household food consumption and resulting in a poor minimum acceptable diet (MAD) for children and women, especially lactating mothers.

The period will also feature an expected increase in cases of acute watery diarrhoea and malaria/fever, acute respiratory tract infections and measles. Generally, the security situation is not expected to improve much, with a slight deterioration projected in Northern Yobe and Northern Adamawa due to clashes between farmers and nomads. An improvement is anticipated for Eastern, Central and Southern Borno due to the surrender of non- state armed groups. The closure of camps in MMC/ Jere with the relocation of IDPs to various LGAs may attract more attacks in some LGAs. Even though WASH conditions may remain the same, Infant and Young Child Feeding (IYCF) practices are expected to deteriorate throughout the projection period.

The major contributing factors in the projected period are the expected deterioration of the security situation, decreased food accessibility, possible outbreaks of diseases (such as measles, cholera and a high incidence of malaria) and Acute Respiratory Infections (ARIs).

SECOND PROJECTION FOR ACUTE MALNUTRITION (SEPTEMBER - DECEMBER 2022)



Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed
- IDPs/other settlements classification

For the IPC AMN analysis during the course of September to December 2022, which corresponds to the harvest season (decreasing malnutrition), the acute malnutrition situation is expected to improve in nine LGAs, remain similar in 42 LGAs and deteriorate in 10 LGAs when compared to the first projection period of May to August 2022. The situation of the IDP population from Ngala and Bama is expected to improve to IPC AMN Phase 3 (Serious) for Ngala's IDPs and remain similar in IPC AMN Phase 3 (Serious) for Bama's IDPs compared to the current situation.

The second projected period (September - December 2022) is expected to be characterized by a deterioration in the security situation and conflicts associated with political instability due to the 2023 general elections; these may pose a major risk to both farmers and humanitarian workers, as well as government aid actors during the period. The period is also expected to be characterized by increased levels of household food security and adequate food consumption rates. Food prices are expected to decline due to an increase in farm produce, harvest, and availability of food in households and in market. This will likely improve food consumption and impact MAD for children and Minimum Dietary Diversity (MDD) for women. The likely decrease in prices of non-food items will also lead to an improvement in livelihoods. Behavioural change activities will be disrupted because of the harvesting period, leading to poor IYCF practices and consequently affecting the nutrition status of children under five.

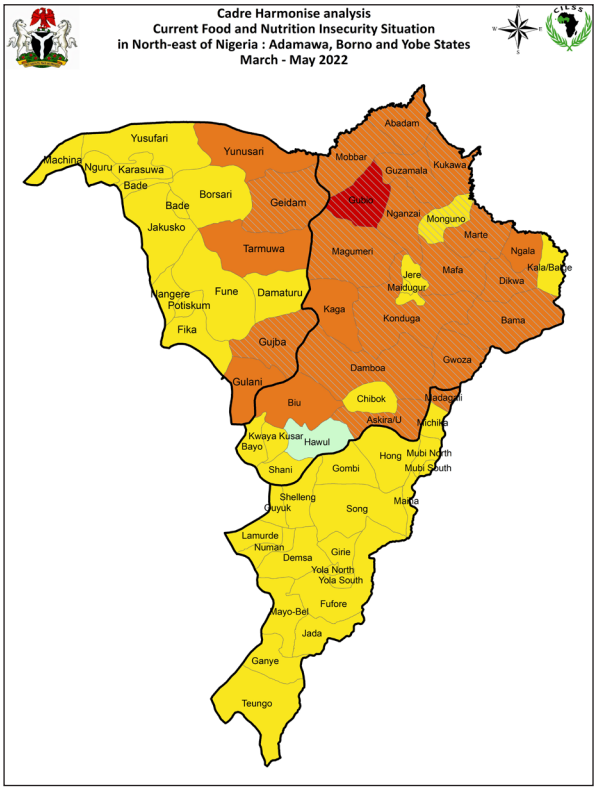
Prevalence of diseases associated with the season such as malaria, acute watery diarrhoea, and poor environmental hygiene and WASH practices are likely to improve, leading to a decrease in malnutrition cases.

ACUTE MALNUTRITION POPULATION TABLE (JAN - DEC 2022)

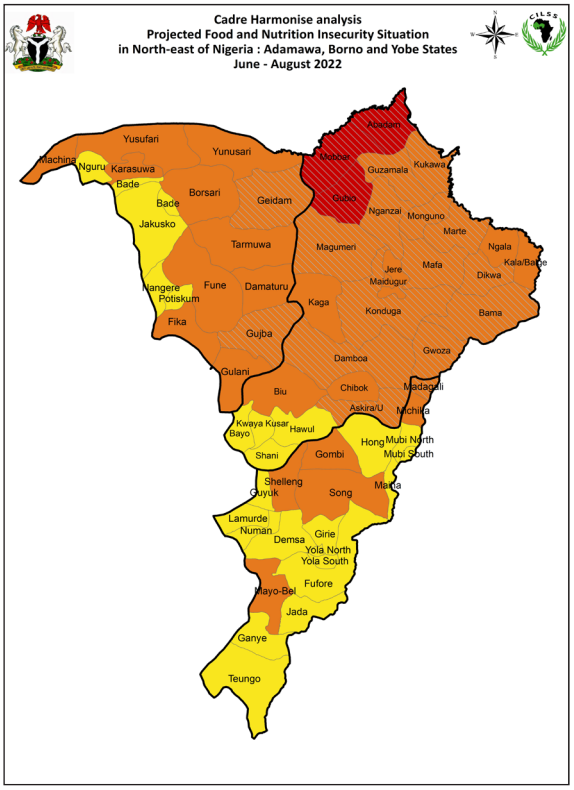
Domains	No. of Children (6-59 Months) in Need of Treatment			Total No. of Cases of Pregnant and Lactating Women in Need of Treatment
	GAM Treatment	MAM Treatment	SAM Treatment	
Northern Adamawa	81,858	65,575	16,283	12,285
Southern Adamawa	135,085	120,914	14,172	21,141
Central Borno	154,682	132,222	22,460	20,063
Eastern Borno	140,239	107,727	32,512	10,210
MMC/Jere	193,070	135,003	58,067	15,306
Northern Borno	63,813	48,229	15,584	4,550
Southern Borno	99,352	85,118	14,233	12,266
Central Yobe	116,900	82,812	34,088	11,197
Northern Yobe	137,594	98,049	39,545	13,379
Southern Yobe	253,770	183,961	69,809	31,627
Total North East Nigeria	**1,376,363**	**1,059,610**	**316,753**	**152,024**

COMPARISON WITH THE ACUTE FOOD INSECURITY SITUATION (CADRE HARMONISÉ -CH)

Current Acute Food Insecurity (Mar– May 2022)



Projected Acute Food Insecurity (June – Aug 2022)



Key for the Map
Cadre Harmonisé
Acute Food Insecurity
Phase Classification

- 1 - Minimal
- 2 - Stress
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

The following table presents the relation considered during the IPC AMN analysis in order to refine the possible linkage between the acute food insecurity situation described and projected during the last Cadre Harmonisé round of analysis in February/March 2022 and this IPC AMN analysis. In most of the domains, the food security (FS) dimension and Acute Malnutrition are aligned, and an expected delay for the FS situation to affect the acute malnutrition from one period to the next was observed (especially in East Borno). One exception is Central Yobe for the May to August 2022 lean season, with Acute Malnutrition in IPC Phase 3 probably due to poor feeding and care practices, low health services and an unhealthy environment (i.e. non-food dimension-related drivers).

COMPARISON OF ACUTE MALNUTRITION (IPC AMN PHASE) VS. FOOD SECURITY (CH PHASE): JANUARY – DECEMBER 2022

Domain	Period	Current	Projection 1	Projection 2
Dimension	Food Security (CH)	Post-Harvest (Mar-May)	Lean Season (May-Aug)	Harvest
	Acute Malnutrition (AMN)	Low Malnutrition (Jan-Apr)	Peak Malnutrition (Jun-Aug)	Decreasing Malnutrition (Sep-Dec)
Northern Adamawa	Food Security (CH)	Phase 2*	Phase 2*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 2	Phase 2
Southern Adamawa	Food Security (CH)	Phase 2*	Phase 2*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 2	Phase 2
Central Borno	Food Security (CH)	Phase 2*	Phase 3*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 3	Phase 2
Eastern Borno	Food Security (CH)	Phase 3*	Phase 3*	Not available
	Acute Malnutrition (AMN)	Phase 1	Phase 2	Phase 3
MMC/Jere	Food Security (CH)	Phase 2*	Phase 3*	Not available
	Acute Malnutrition (AMN)	Phase 3	Phase 3*	Phase 2*
Northern Borno	Food Security (CH)	Phase 3*	Phase 3*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 3	Phase 3
Southern Borno	Food Security (CH)	Phase 2*	Phase 2*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 2	Phase 2
Central Yobe	Food Security (CH)	Phase 2*	Phase 2*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 3	Phase 3
Northern Yobe	Food Security (CH)	Phase 2*	Phase 3*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 3	Phase 4
Southern Yobe	Food Security (CH)	Phase 2*	Phase 3*	Not available
	Acute Malnutrition (AMN)	Phase 2	Phase 3	Phase 3

*CH classification for domain level has been obtain during the AMN analysis workshop based on reanalysis of corresponding LGA level;

ADAMAWA

-NA: only Madagali & Michika were projected in CH Phase 3 (lean season) out of 8 LGA;

-SA: only Girei, Mayo Belwa & Shelleng were projected in CH Phase 3 (lean season) out of 13 LGA;

BORNO

-CB: only Damboa, Kaga & Kanduga were classified in CH Phase 3 (post-harvest) out of 7 LGA and all 7 LGA projected in CH Phase 3 (lean season);

-EB: only Kala Balge were classified in CH Phase 2 (post-harvest) out of 5 LGA and all 5 LGA projected in CH Phase 3 (lean season)

-MMC/Jere: both LGA follow the same CH phase & IPC phase for post-harvest/low malnutrition, lean season/peak of malnutrition and Decresing malnutrition season.

-NB: only 2 LGA were analyzed, Ngazai (CH-phase 2) & Mobbar (CH-phase 3) for the dommain considered in CH Phase 3 (post-harvest) and Ngazai (CH-phase 3) & Mobbar (CH-phase 4) for the dommain considered in CH Phase 3 (lean season) out of 5 LGA (Abadam, Guzamala & Kukawa were unaccesible);

-SB: only Hawul (CH-phase 1) & Biu (CH-phase 3) were not classified in CH Phase 2 (post-harvest) out of 7 LGA and Askira, Chibok & Biu were projected in CH Phase 3 (lean season) out of 7 LGA;

YOBE

-CY: only 1 LGA were analyzed, Geidam (CH-phase 3) for the domain considered in CH Phase 2 (post-harvest) out of 4 LGA and 2 LGA Bade & Jakuso (CH-phase 2) & Bursari & Geidam (CH-phase 3) for the domain projected in CH Phase 2 (lean season) based on population estimates.

-NY: only 1 LGA were analyzed, Yunusari (CH-phase 3) for the domain considered in CH Phase 2 (post-harvest) out of 5 LGA and only 1 LGA remain projected, Nguru (CH-phase 2) for the dommain considered in CH Phase 3 (lean season) out of 5 LGA.

-SY: only 3 LGA were analyzed, Gudba, Gulani & Tarmua (CH-phase 3) for the domain considered in CH Phase 2 (post-harvest) out of 8 LGA and only 2 LGA remain projected, Nangere & Potiskum (CH-phase 2) for the domain considered in CH Phase 3 (lean season) out of 8 LGA.

RECOMMENDATIONS FOR ACTION

Response Priorities

Immediate/short-term recommendations

- Strengthen routine screening, referrals and treatment for SAM and MAM as well as uninterrupted distribution of Ready-to-Use Therapeutic Foods (RUTF) and Ready-to-Use Supplementary Foods (RUSF) in LGAs classified as Alert, Serious and Critical.
- Strengthen existing community structures using community health influencers and promoters (CHIPS) to improve behavioural change interventions and preventive services.
- Sustain programs for acute malnutrition treatment, including establishing and improving quality of inpatient care and strengthening Integrated Management of Acute Malnutrition (IMAM) and Maternal Infant and Young Child Nutrition (MIYCN) coverage.
- The IDP population especially in Borno domains seems to be the most affected by wasting; a specific focus on this sub-population needs to be followed for nutrition activities and reported separately in order to adapt the response based on population-specific needs/vulnerability.
- Scale up both blanket and targeted supplementary feeding programs to improve food intake and as preventive measure for severe acute malnutrition in preparation for the lean season.
- Improve vitamin A supplementation and deworming using the opportunity provided by the Maternal, Newborn and Child Health (MNCH) week campaigns and other nutrition interventions.
- Advocate for sustained funding for nutrition specific and sensitive programs in the North East to build on the gains so far recorded by partners and government in tackling malnutrition.
- Sustain improved implementation of the seasonal malaria chemoprevention program for under-5 to reduce the malaria burden in this group.
- Improve the delivery of MIYCN promotional services, focusing on quality and coverage as well as on exclusive breastfeeding and appropriate complementary feeding practices.
- Scale up sensitization on prompt health-seeking behaviours, environmental hygiene and potable water (WASH).
- Strengthen and improve child caregivers' knowledge on effective food preparation methods and utilization.
- Strengthen existing response capacity and resilience in nutrition by government and partners

Medium to long-term recommendations

- Integrate nutrition with other sectors such as education, protection, food security, and livelihood and WASH, including cash and voucher transfer assistance.
- Strengthen sentinel surveys and integrate IMAM activities into Government Primary Health Care (PHC) services, where it is not included for effective service delivery.
- Scale up social protection programs targeting the most vulnerable households through the Social Protection Register, home gardening and small animals rearing, to improve nutrition and livelihood conditions.
- Deploy a multisectoral approach to program implementation to address the nutrition situation through the incorporation of livelihood/resilience activities into nutrition response.
- Promote data collection at LGA level to address nutrition conditions as well as ensure synergy in data collection surveys.
- Strengthen health services including routine immunization, vitamin A supplementation and control of childhood diseases.
- Subsequent nutrition survey data collection should consider an adapted survey design in order to explore the East Borno situation and confirm the possible improvement of the situation and its determinant described by the NFSS round 11 collected in February-March 2022.
- Subsequent nutrition survey data collection should consider extending its focus from North East to also cover North West Nigeria, which has recently presented a clear deterioration of the nutritional situation.
- The next IPC Acute Malnutrition analysis need to consider the possibility of covering both North East and North West Nigeria, with coordination at the federal level.

Risk factors to monitor

The humanitarian crisis in North East Nigeria has become protracted, with widespread displacement, destroyed infrastructure and collapsed basic social services. Overall, recent surveillance outcomes even in the decreasing malnutrition (post-harvest) season indicate a high burden of malnutrition. In addition, inadequate access to safe nutritious food, especially in the context of rising food prices, has led to poor feeding and breastfeeding practices that are not appropriate. Similarly, diseases and infection trends, particularly for diarrhoea, measles and malaria, have shown the potential to undermine the nutritional status of children in this area. It has become imperative that the following risk factors be closely monitored to improve the situation:

- Influx/movements of internally displaced persons within the North East to inform better resource allocation.
- Morbidity patterns that may likely predispose children under the age of five to seasonal diseases such as measles, ARIs and malaria or cholera during the projection periods.
- Vaccination trends and distribution of vitamin A supplements for risk communication and response interventions/assistance.
- Coverage of maternal and child healthcare services by government and partners to ensure adequate and even distribution while avoiding duplication.
- Inflation, food prices, food security and needs, and the economic impact on the fragile regions for early warning and early action.
- Social protection programs/humanitarian assistance such as cash transfers, in addition to complementary livelihood assistance, particularly for rural crop and livestock farmers, IDPs and host populations, especially in food-insecure population groups.
- Early warning system (EWS) to alert for shocks like disease outbreaks (especially cholera and measles), floods and drought, most especially in areas that are already vulnerable, with sectoral plans to mitigate the negative impact on the malnutrition situation in the areas.
- Impact of the Ukraine crisis and its impact for the population in Nigeria needs to be monitored, especially:
    - Jump in fuel and food items costs and direct impact on food consumption
    - Food expenditure percentage at household level and possible impact on non-food expenses reduction (especially, diminution of health and WASH-related expenditure)
    - Increase of RUTF and Humanitarian support cost and the risk of reduction of funding

PROCESS AND METHODOLOGY

A team consisting of nutrition, health, food security and livelihood, WASH and statistics experts carried out the analysis using the standard IPC Acute Malnutrition protocols in Adamawa, Borno, and Yobe States. The team was comprised of representatives from the government, international NGOs, national NGOs, UN Agencies, and other stakeholders in the nutrition sector from the three states and at national levels.

The analysis was jointly organized and coordinated by UNICEF, CILSS and Action Against Hunger (ACF) and was facilitated by the CILSS and IPC Global Support Unit (IPC GSU). This analysis, conducted in Gombe state in May 2022, was the fourth, following the first conducted in January 2020, second in March 2021 and third in November 2021. The analysis workshop included the analysis of the current situation (January – April 2022) representing the low malnutrition (post-harvest) season and two projections (May – August and September – December 2022). The two projections represent the peak of malnutrition (lean season) and decrease of malnutrition (harvest) season, respectively. The IPC AMN Phase analysis was conducted at the domain level (except for four LGAs without available data) with data from the domain level.

The workshop also included a two-day refresher training on the IPC AMN classification for the benefits of the new participants.

Main sources of evidence used in the analysis

The data used in the analysis mainly came from Nutrition and Food Security Surveillance (NFSS) SMART surveys round 11 collected in February-March 2022, and historical data from NFSS round 2 to 10, the Joint Approach to Nutrition and Food Security Assessment (JANFSA), the Emergency Food Security Assessment (EFSA), the Cadre Harmonisé report and North-East Nigeria Nutrition Sector 5W monitoring matrix, Cadre Harmonisé March analysis and previous and other national-level data, including the DHIS and DHS from 2017 to 2022.

Limitations and learning

The analysis was limited by the lack of historical data at LGA level to be held at domain level. In many cases, contributing factor indicators, especially for basic causes were not available and the inference was made based on national-level data and expert opinion.

The analysis is only valid for accessible areas. Current and historical data of inaccessible areas including four LGAs across two domains were not available.

What is the IPC and IPC Acute Malnutrition:

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

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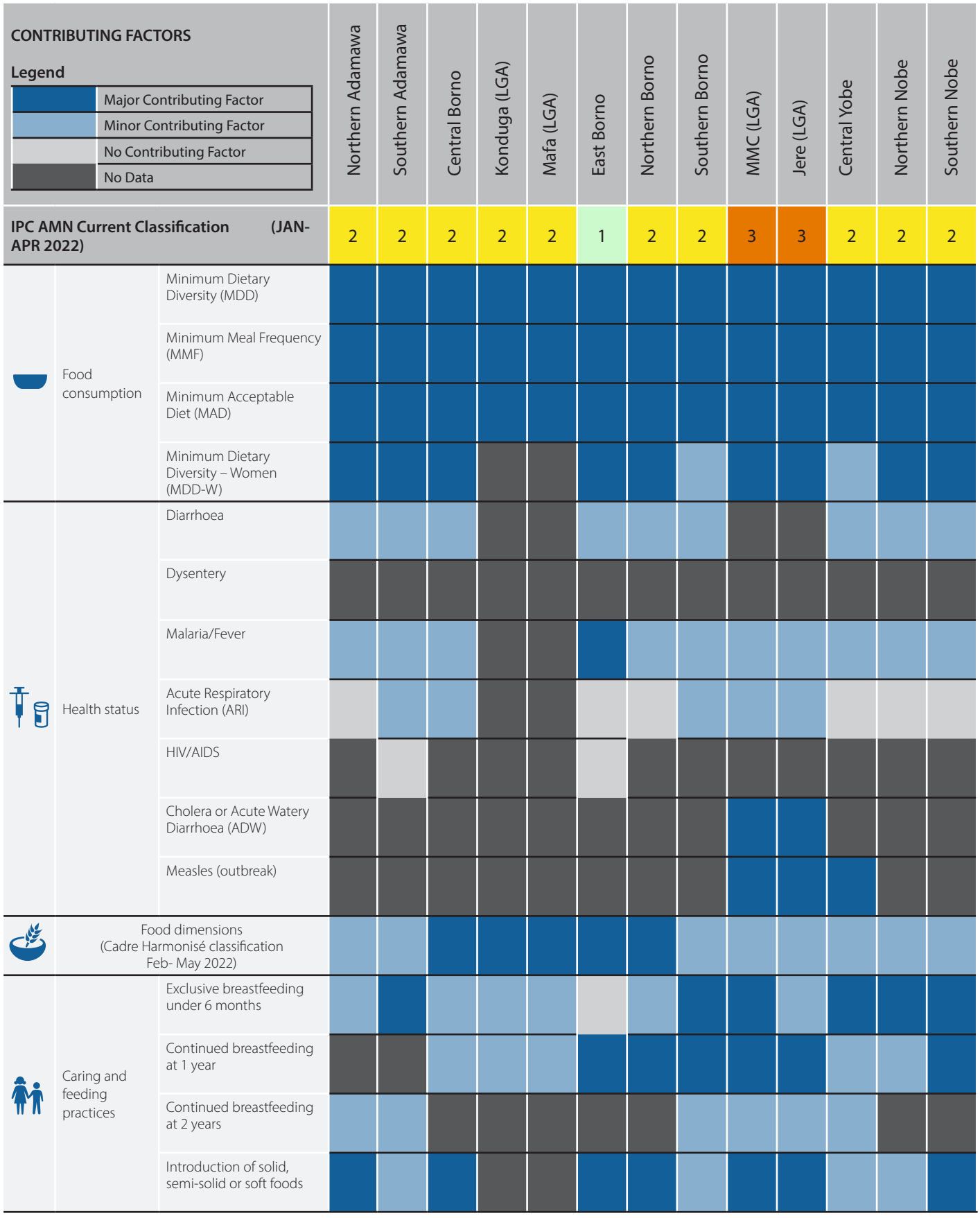
Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

Analysis Partners:

ANNEX 1: FACTORS CONTRIBUTING TO ACUTE MALNUTRITION



CONTRIBUTING FACTORS

Legend

	Major Contributing Factor
	Minor Contributing Factor
	No Contributing Factor
	No Data

			Northern Adamawa	Southern Adamawa	Central Borno	Konduga (LGA)	Mafa (LGA)	East Borno	Northern Borno	Southern Borno	MMC (LGA)	Jere (LGA)	Central Yobe	Northern Nobe	Southern Nobe
IPC AMN Current Classification (JAN-APR 2022)			2	2	2	2	2	1	2	2	3	3	2	2	2
	Health services & environmental health	Measles vaccination													
		Polio vaccination													
		Vitamin A supplementation													
		Deworming													
		Coverage of all basic vaccinations from surveys													
		Skilled attendant at delivery													
		Coverage of outreach programmes - CMAM programmes coverage (SAM, MAM or both)													
		Access to sufficient quantity of water													
		Access to sanitation facilities													
		Access to an improved source of drinking water													
	Basic causes	Human capital													
		Physical capital													
		Financial capital													
		Natural capital													
		Social capital													
		Policies, Institutions and Processes													
		Usual/Normal Shocks (Violence/Conflicts)													
		Recurrent Crises due to Unusual Shocks (Floodings)													

CONTRIBUTING FACTORS

Legend

	Major Contributing Factor
	Minor Contributing Factor
	No Contributing Factor
	No Data

			Northern Adamawa	Southern Adamawa	Central Borno	Konduga (LGA)	Mafa (LGA)	East Borno	Northern Borno	Southern Borno	MMC (LGA)	Jere (LGA)	Central Yobe	Northern Nobe	Southern Nobe
IPC AMN Current Classification (JAN-APR 2022)			2	2	2	2	2	1	2	2	3	3	2	2	2
	Other nutrition issues	Anaemia among children 6-59 months													
		Anaemia among pregnant women													
		Anaemia among non-pregnant women													
		Vitamin A deficiency among children 6-59 months													
		Vitamin A deficiency among non-pregnant women (15-49 years)													
		Low birth weight													
		Fertility rate													
		Crude Death Rate (CDR) - excluding trauma related deaths													
		Under Five Death Rate (U5DR) - excluding trauma related deaths													
		SAM based on WHZ													
		SAM based on MUAC													
		Stunting													
		Prevalence of maternal Malnutrition													

ANNEX 2: TOTAL NUMBER OF CASES OF CHILDREN 0-59 MONTHS AND PREGNANT AND LACTATING WOMEN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT

The expected number of cases of acute malnutrition among children was calculated using the following formula: npk, where n is the number of children under the age of five, p is the combined prevalence of SAM or MAM, and k is the incident correction factor. In line with the country practices, an incident factor of nine was used in the formula to calculate the total number of SAM cases while an incident factor of five was used to calculate the total number of MAM.

State	Zone	Local Government Area	# of Children			Total # of Cases of Pregnant and Lactating Women in Need of Treatment
			Estimated # of GAM cases	Estimated # of GAM cases	Estimated # of GAM cases	Total #
Adamawa	Southern Adamawa	Demsa	9,241	8,266	975	1,431
	Southern Adamawa	Fufore	14,691	13,155	1,535	2,304
	Southern Adamawa	Ganye	11,735	10,511	1,224	1,852
	Southern Adamawa	Girei	11,269	10,085	1,184	1,740
	Northern Adamawa	Gombi	11,284	9,066	2,217	1,688
	Southern Adamawa	Guyuk	8,371	7,493	878	1,314
	Northern Adamawa	Hong	13,281	10,623	2,659	2,042
	Southern Adamawa	Jada	12,039	10,784	1,255	1,901
	Southern Adamawa	Lamurde	4,672	4,171	500	753
	Northern Adamawa	Madagali	7,359	5,892	1,467	1,079
	Northern Adamawa	Maiha	5,367	4,286	1,081	791
	Southern Adamawa	Mayo-Belwa	12,008	10,756	1,252	1,894
	Northern Adamawa	Michika	12,093	9,659	2,434	1,817
	Northern Adamawa	Mubi North	9,422	7,537	1,885	1,420
	Northern Adamawa	Mubi South	9,397	7,516	1,881	1,434
	Southern Adamawa	Numan	5,141	4,585	556	784
	Southern Adamawa	Shelleng	7,413	6,635	778	1,169
	Northern Adamawa	Song	13,655	10,997	2,658	2,015
	Southern Adamawa	Teungo	3,037	2,720	317	478
	Southern Adamawa	Yola North	12,669	11,344	1,326	1,980
	Southern Adamawa	Yola South	22,799	20,408	2,391	3,540
Borno	Northern Borno	Abadam*				
	Southern Borno	Askira/Uba	18,153	15,497	2,656	2,338
	Eastern Borno	Bama	36,185	27,895	8,289	2,685
	Southern Borno	Bayo	11,358	9,749	1,608	1,406
	Southern Borno	Biu	20,080	17,205	2,875	2,411
	Southern Borno	Chibok	8,056	6,892	1,164	989
	Central Borno	Damboa	21,570	18,397	3,172	2,678
	Eastern Borno	Dikwa	21,080	16,191	4,889	1,490
	Central Borno	Gubio	17,504	15,011	2,494	2,420
	Northern Borno	Guzamala*				
	Eastern Borno	Gwoza	41,161	31,558	9,603	2,958
	Southern Borno	Hawul	17,255	14,788	2,467	2,109
	MMC/Jere	Jere	81,497	56,855	24,642	6,307

State	Zone	Local Government Area	# of Children			Total # of Cases of Pregnant and Lactating Women in Need of Treatment
			Estimated # of GAM cases	Estimated # of GAM cases	Estimated # of GAM cases	Total #
Borno	Central Borno	Kaga	13,486	11,536	1,950	1,833
	Eastern Borno	Kala/Balge	10,358	7,972	2,386	725
	Central Borno	Konduga	30,949	26,401	4,548	3,890
	Northern Borno	Kukawa*				
	Southern Borno	Kwaya/Kusar	8,991	7,716	1,275	1,104
	Central Borno	Mafa	14,692	12,587	2,105	1,978
	Central Borno	Magumeri	28,127	24,121	4,006	3,792
	MMC/Jere	Maiduguri	111,573	78,147	33,425	9,000
	Central Borno	Marte*				
	Northern Borno	Mobbar	28,980	21,846	7,134	2,064
	Central Borno	Monguno	27,919	23,795	4,124	3,414
	Eastern Borno	Ngala	31,455	24,110	7,344	2,352
	Northern Borno	Nganzai	21,616	16,372	5,244	1,543
	Southern Borno	Shani	15,460	13,271	2,189	1,908
Yobe	Central Yobe	Bade	28,960	20,479	8,481	2,690
	Central Yobe	Bursari	23,488	16,659	6,829	2,249
	Southern Yobe	Damaturu	34,426	24,941	9,485	4,208
	Southern Yobe	Fika	28,790	20,908	7,882	3,593
	Southern Yobe	Fune	35,804	26,006	9,797	4,477
	Central Yobe	Geidam	35,598	25,193	10,405	3,472
	Southern Yobe	Gujba	30,314	21,840	8,474	3,721
	Southern Yobe	Gulani	26,036	18,802	7,235	3,343
	Central Yobe	Jakusko	28,853	20,481	8,373	2,785
	Northern Yobe	Karasuwa	18,848	13,436	5,412	1,835
	Northern Yobe	Machina	19,410	13,840	5,571	1,894
	Southern Yobe	Nangere	25,811	18,752	7,060	3,234
	Northern Yobe	Nguru	29,623	21,103	8,520	2,866
	Southern Yobe	Potiskum	55,879	40,582	15,297	6,975
	Southern Yobe	Tarmua	16,711	12,131	4,580	2,077
	Northern Yobe	Yunusari	38,253	27,246	11,007	3,714
	Northern Yobe	Yusufari	31,459	22,425	9,034	3,070
Total			**1,376,363**	**1,059,610**	**316,753**	**152,024**

**Inaccessible areas, no data available*