

NIGERIA Food Security Alert

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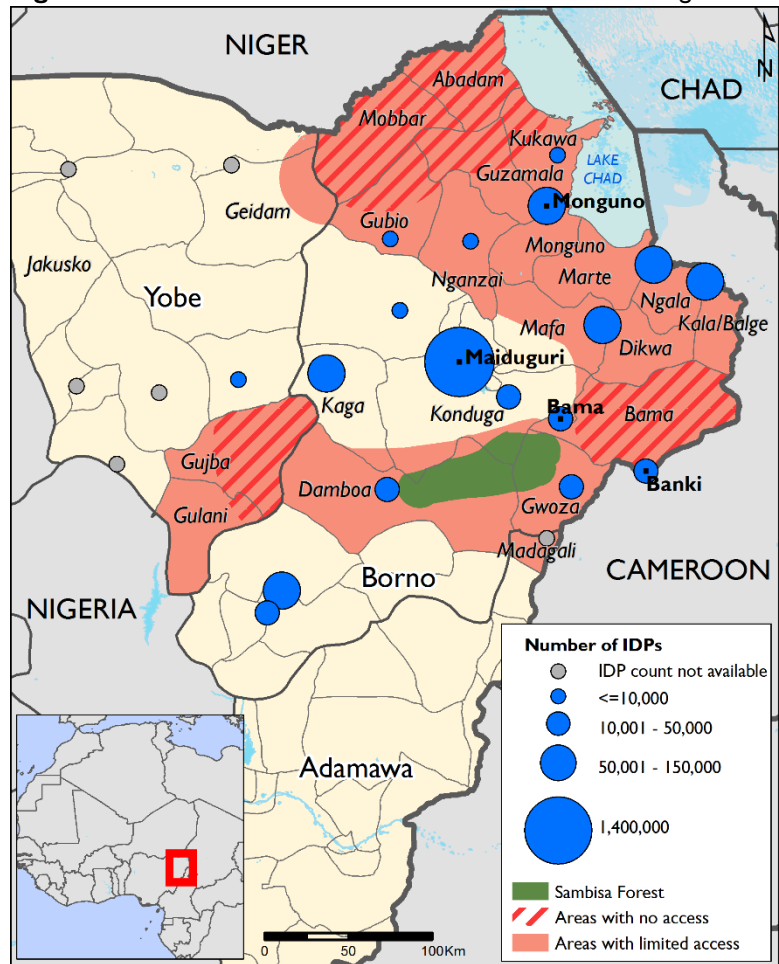
Food insecurity reaches extreme level in pockets of Nigeria's Borno State

Conflict in northeast Nigeria has left a significant portion of the population without access to adequate food, water, and health services. The Nigerian Minister of Health has declared a “nutrition emergency” in Borno State, and information from recent rapid assessments, although limited and not statistically representative, also raises the possibility that a Famine (Cadre Harmonisé/Integrated Food Security Phase Classification - CH/IPC Phase 5) could be occurring in the worst affected and less accessible pockets of the state. Some improvements in humanitarian access have occurred in recent weeks and assistance provided by the Government of Nigeria and other partners has partially mitigated the severity of food insecurity in some areas. However, in order to prevent significant loss of life, further improvements in humanitarian access and a sharp increase in the provision of emergency assistance are urgently needed. Collection of food security, nutrition, and mortality data should also continue to allow for a better understanding of the severity and extent of the current emergency.

Conflict between Boko Haram and the Nigerian Armed Forces has escalated since 2012 and is concentrated in the northeast and around Lake Chad, particularly in Borno State. Government forces have retaken significant territory over the past year and Boko Haram fighters are reportedly concentrated around the Sambisa Forest and in remote areas of the Lake Chad region. The impacts of conflict on livelihoods, market functioning, and humanitarian response have severely limited access to food for both resident populations and displaced households. Even in areas where market access is better, households face very [high staple food prices due to the declining value of the Nigerian Naira](#).

As a result, acute food insecurity is widespread in northeast Nigeria, with the March 2016 Cadre Harmonisé estimating that more than three million people are in Crisis (CH/IPC Phase 3) or worse and in need of urgent humanitarian assistance. Available information, though limited, suggests two areas of particular concern: local government areas (LGAs) adjacent to the Sambisa Forest and LGAs in northern Borno. Areas of concern near the Sambisa forest include Bama, Damboa, and Gwoza, and parts of Kaga and Konduga in eastern Borno State and Madagali LGA in northern Adamawa State (Figure 1). Between June 15th and 21st, five rapid assessment missions (Government of Nigeria, WFP, IOM, joint UN, and MSF) visited the town of Bama, where approximately 25,000 displaced people have concentrated after being liberated from Boko Haram controlled areas. The visits confirmed visible malnutrition among adults and children, an extreme scarcity of food and water, very limited health facilities, and a lack of functioning markets. Among the 2,531 children that have been screened for malnutrition by either UNICEF or MSF using Mid-Upper Arm Circumference (MUAC) measurements, 15 percent were found to have severe acute malnutrition (SAM). High levels of mortality, mostly from malnutrition or diarrhea, was also reported, suggesting that the crude death rate (CDR) may have surpassed 2/10,000/day over the past month. Although only limited information is

Figure 1. IDP concentrations and areas of concern in NE Nigeria



Source: UN OCHA, IOM DTM, FEWS NET

available, partners have raised concerns that conditions within other IDP concentrations in these areas, like Banki camp near the Cameroon border, and the Pulka camp in Gwoza, could be similarly dire.

In northern Borno State, Abadam, Gubio, Guzamala, Kukawa, Mobbar, Nganzai, and parts of Dikwa, Marte, Mafa, Ngala, and Kala/Balge LGAs remain largely inaccessible to humanitarian agencies. The severity of food insecurity is unknown, but could be at critical levels given the impact of movement restrictions and ongoing conflict. Populations from these areas are streaming into Monguno LGA where a measles outbreak is ongoing and a June MUAC screening of 12,190 children by The Alliance for International Medical Action (ALIMA) indicated that 32 percent of children were acutely malnourished (GAM), with 13 percent severely malnourished (SAM). In nearby Dikwa, an April nutrition screening conducted by UNICEF also identified high levels of acute malnutrition.

Additional areas of concern include greater Maiduguri and southern Yobe State. In April 2016, a joint UN assessment estimated that over 500,000 people required immediate food assistance in and around Maiduguri. A subsequent household survey conducted in late May confirmed this, indicating that roughly 60 percent of IDPs were in Crisis (CH/IPC Phase 3) or worse. A June 15 UNICEF screening of 3,230 children in the Muna IDP camp near Maiduguri found that 29 percent were malnourished, six percent severely, according to MUAC. In Yobe, the Boko Haram conflict has limited access to parts of Gujba, Gulani, and Geidam LGAs. Though these areas are somewhat more accessible than those in Borno, households in more remote areas are likely to be in urgent need of assistance. A recent MSF survey in Jakusko LGA, an accessible area, indicated a GAM prevalence of 20.3 percent and a SAM prevalence of 8.9 percent based on weight for height z-score.

The [Integrated Food Security Phase Classification \(IPC\)](#) is a globally accepted five-phase scale for communicating the severity of acute food insecurity. Famine (IPC Phase 5) is defined as the situation in which three conditions are met: at least 20 percent of an area's population faces an extreme lack of food, at least 30 percent of children are acutely malnourished, and the crude death rate exceeds 2/10,000/day. The Cadre Harmonisé (CH), the classification protocol used in West Africa that is also fully compatible with the IPC, has an identical definition of Famine. Information from northeast Nigeria is limited and the data that is available is not statistically representative. Nonetheless, available evidence, and the fact that many of the worst affected areas were unreachable, indicate that an Emergency (CH/IPC Phase 4) is occurring. It is also possible that a Famine (CH/IPC Phase 5) is ongoing in the worst affected areas. However, this cannot be confirmed unless additional information is collected.

Improved and sustained humanitarian access to IDP populations, as well as populations located in active conflict zones, is urgently needed. This improved access should be accompanied by a substantial increase in the provision of lifesaving food, health, nutrition, and WASH assistance above and beyond the assistance already provided by national and state emergency management agencies, NGO partners, and other stakeholders. The fact that food prices are already atypically high and rapidly rising across Nigeria, as well as the extremely poor market functioning observed in many of these areas, should be kept in mind as organizations evaluate response options. Additional collection of food security, nutrition and mortality information is also important as it will allow for an improved understanding of the extent and severity of the current emergency. Beyond these immediate needs, livelihoods support is needed for IDP populations, recent returnees, and local populations both within areas of limited accessibility, as well as other zones in the northeast that have seen conflict over the past several years.