



Nigeria-Adamawa State

Humanitarian Situation Analysis

January to August 2020

KEY FIGURES

2.8M
People in
Need

2.1M
People
Targeted

0.2M
People
Reached

216M
Financial
Requirement

Context

Adamawa State continues to experience increased humanitarian needs driven by conflict, including attacks by non-state armed groups (NSAGs) and clashes with Government Forces (GF), and inter-communal clashes. A total of 204,699 people are currently displaced¹, according to the IOM Displacement Tracking Matrix (DTM) Round 32 report.

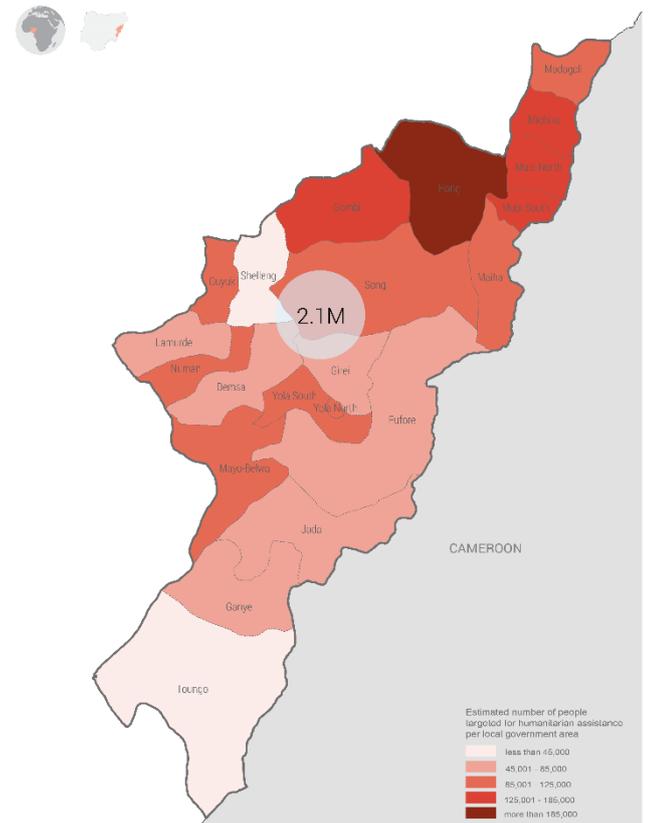
During the reporting period, four suspected cases of Lassa fever were recorded in Yola, the state capital, on 27 January. The cases were admitted at the Federal Medical Center, Yola, and later confirmed as Lassa fever, prompting state authorities to declare a Lassa fever emergency.

Flash flooding and windstorms destroyed over 1,000 houses, four public facilities and claimed at least five lives across LGAs during the reporting period, marking the onset of the rainy season.

The state government directed the merging of Malkohi and Fufore IDP camps into one to consolidate and ease the management of the camps due to a decrease in the number of IDPs, many of whom have returned to their communities of origin or integrated into host communities. The merger will also allow government agencies to use the IDP camps for their original purposes, such as schools and classrooms for education activities.

As part of efforts to prevent, mitigate, and contain the spread of the COVID-19 pandemic, the state government set up a committee comprising all stakeholders, including the humanitarian community, to coordinate response activities. Emergency measures, including a 14-day lockdown from 30 March, indefinite closure of all learning institutions, and restriction of public gatherings above 50 people were imposed to halt the spread of the virus in the state. Temperature checks were taken at all entry points and borders to the state, including the airport and motor parks. The outbreak and

Targeted People for Humanitarian Aid in 2020



emergency measures have severely impacted the activities of humanitarian and development partners in the state, including delays in procurement and deliveries, leading to disruption of scheduled programmes.

With varying impacts of the pandemic on the response, education sector partners led by UNICEF developed a "COVID-19 Education Contingency Plan" to support the Adamawa State Universal Basic Education Board (SUBEB) to address short and medium-term disruptions, risks, and challenges triggered by COVID-19. This contingency plan, to be implemented when schools reopen, emphasizes safety and risk mitigation measures to prevent infection and transmission of COVID-19 among learners, teachers, and non-teaching staff; continuation of formal and informal Education; provision of uninterrupted education services throughout a potential outbreak; training and sensitization for all teachers, parents and community members on preventive measures; and provision of psychosocial support for learners, parents and community members.

Health Sector partners, led by WHO, are scaling up response and support to the State Ministry of Health (SMoH), including guidance on the eight response pillars. At the same time, OCHA continues to coordinate a timely response to the gaps highlighted.

Conflict dynamics

Adamawa State continues to witness different forms of conflict, including NSAG attacks and clashes with Government Forces, particularly in Michika and Madagali LGAs, and communal clashes across Numan, Demsa, Guyuk, and Lamurde LGAs. The security situation in these LGAs remains unpredictable and volatile. Government forces continue to carry out offensive/counter-operations and maintain a high level of alertness following NSAG activities and clashes across LGAs. There is a significant increase in the threats of attacks on both civilian and military locations and convoys across the state. Cases of abduction/kidnapping are becoming rampant in the state, especially within Yola metropolis. Youth gangs ("yan shilla") have been blamed for the spike in criminal activities, including armed robbery, rape, ransom kidnapping, and murder.

Garkida community in Gombi LGA was attacked by NSAGs on the 28 February 2020. A rapid needs assessment (RNA) conducted by the State Emergency Management Agency (SEMA) indicated that two civilians were killed and one woman wounded. A total of 35 houses and shops and three places of religious worship were burned down. The North-East Development Commission (NEDC) provided relief materials to affected populations in the community.

On 15 May, a major communal clash erupted in Tingno community of Lamurde LGA, leaving five people dead and several others injured. Tens of houses were torched, leaving hundreds of people displaced. Many of the displaced took shelter at Lamurde's primary school. Another clash broke out in the early hours of 16 May in the neighbouring Mbemum community, also in Lamurde LGA, with several homes and property destroyed and scores of residents displaced.

Pre-existing structural constraints and deficiencies.

Adamawa is one of the poorest states in Nigeria, with a poverty rate of 75.4 per cent, which is the fifth-highest in the country (National Bureau of Statistics - NBS)¹. The humanitarian situation in Adamawa State is characterized by pockets of severe and extreme levels of poverty in the return areas and within some urban communities hosting IDPs. Populations in rural areas are mostly farmers, while widespread illiteracy, unemployment, and limited infrastructure contribute to low human capital development. High rates of poverty among families, low economic productivity and human capital, and socio-political and economic disparities have continued to hamper economic growth and development of the state.

Conflict-related displacement.

Adamawa State still hosts the second-highest number of displaced persons in the north-east region, although most of them are living in host communities. Most IDPs in camps are from the southern parts of Borno State (Gwoza, Bama,

Gamboru-Ngala, Damboa, and Dikwa LGAs). Since the last reporting period, the number of IDPs in Adamawa State has increased from 204,6991 to 206,969, according to the DTM Round 32 report of June 2020. The spike in the number of displaced populations was triggered by farmer-herder conflict and NSAG attacks and clashes with Government Forces, especially around the Sambisa forest. Most IDPs in the State have been displaced multiple times, especially as a result of recurring communal clashes.

Productivity and market disruptions.

COVID-19 pandemic, ongoing armed conflict, inter-communal and farmer-herder clashes, and criminalities, including ransom kidnapping, among others, have triggered disruptions and decline of market functionality and productivity in the state. These have negatively impacted the food and nutrition security situation of host communities and displaced households, which is more severe in hard-to-reach areas due to minimal livelihood opportunities and total collapse of essential services and markets. Additionally, disruptions in the market and business functionality, lockdowns, and movement restrictions triggered by the COVID-19 pandemic affected livelihoods and income-generating activities for populations.

The spread of the COVID-19 pandemic across Adamawa and neighboring states continues to disrupt agricultural markets, indicating the need for proactive actions to set up mechanisms that will reduce the economic impacts. Food commodity price increases triggered by a combination of COVID-19 related movement restrictions and border closures, the onset of the lean season, effects of the protracted conflict, and other factors have left households in the most-affected LGAs with reduced purchasing power and limited food availability, making them prone to acute food and nutrition insecurity. Several households continue to face food and nutrition insecurity due to reduced income levels, insecurity, displacement, and the impacts of the COVID-19 pandemic. Moreover, food distribution systems continue to face challenges, leading to disruptions in the supply of staple food commodities, especially from neighboring states and within the state.

¹Health Sector Bulletin Northeast Nigeria Humanitarian Response COVID-19 response July 2020

²<https://fscluster.org/nigeria/document/final-fiche-report-june-2020-cadre>

Disruptions of essential social services

The delivery and implementation of humanitarian and development programmes by partners and provision of essential services by government agencies witnessed multiple levels of disruptions during the reporting period, mainly due to insecurity due to ongoing conflict and communal clashes, COVID-19 pandemic, and flooding incidents.

The COVID-19 pandemic, which has been spreading across Nigeria since late February, is having severe impacts on humanitarian operations and access in the north-east region. Between March and May, movement restrictions and lockdowns, as part of measures to halt the spread of the virus, severely affected supply chains and the delivery of vital humanitarian assistance across affected locations in Adamawa State, although authorities opened a window for essential services to remain operational. Despite the disruptions, aid workers intensified efforts to raise awareness on preventing the spread of COVID-19 and ensuring risk mitigation measures were in place when providing essential services through coordination with local health authorities. Specific risk mitigation measures implemented by partners included the setting up of handwashing stations, physical distancing, use of PPEs, and provision of assistance to communities in smaller groups to control population gathering.

Adamawa State is experiencing recurrent natural disasters such as heavy rainfalls, windstorms, and flooding, destroying critical infrastructure such as bridges. This has further exacerbated the impacts of ongoing conflict, including mass displacement and large scale destruction of property, livelihoods, and necessary facilities, and disruption of essential services across affected areas.

Between July and August, Adamawa State recorded torrential rainfalls that triggered massive flash floods across the LGAs of Girei, Yola South, and Fufore. In IDP camps and host communities, critical infrastructure damaged or destroyed by recent flooding incidents include shelters, latrines, and makeshift classroom blocks in schools. The main water channel in Girei LGA was also damaged, increasing the risks of flooding and the destruction of shelters across IDP locations in the area. Some 711 shelters were also damaged or destroyed by flooding during the same period, directly affecting some 716 households. Out of the 711 affected shelters, 71 have been rehabilitated by an INGO partner in the state. In Madagali LGA, some major link bridges collapsed due to flooding of rivers, temporarily affecting humanitarian access to some vulnerable communities. Palliative measures have been carried out on the bridges by the state government to restore access pending major reconstruction works by the end of the rainy season.

Although the state government made efforts to improve the delivery of health services, access to these facilities and services remains challenging, particularly in rural areas due to inadequate or dilapidated road infrastructure, and ongoing insecurity.

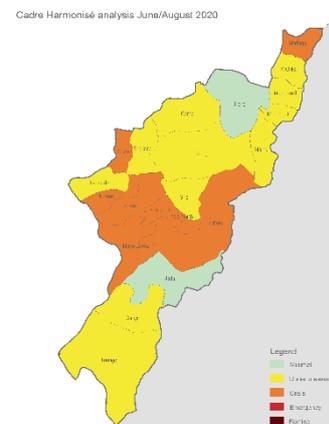
As schools plan to reopen, the State Ministry of Health (SMoH), WHO, and other partners are putting measures in place to ensure compliance with the guidelines for the safe resumption through timely Infection Prevention and Control (IPC) activities. WHO trained some 110 government frontline healthcare workers from Girei and Ganye LGAs on COVID-19 IPC, case reporting, and risk communication. Information, Education, and Communication (IEC) materials were provided to the trainees to enhance risk communication to cases and patients in the health facilities and to support outreach services across communities. A total of 124 Hard-To-Reach (HTR) mobile team members across the 21 LGAs of the State were also trained on COVID-19 IPC, case reporting, and risk communication. Trained personnel will enhance activities of the PoE response pillar and strengthen compliance and reporting of cases¹. Like neighbouring north-eastern states, Adamawa may be underreporting illnesses and other health issues. People are reluctant to seek medical assistance in health facilities for fear of being quarantined and stigmatized due to COVID-19 infection. This fear, coupled with a lack of awareness and prevention measures, could potentially increase the risk of further community transmission of the virus.

¹ Health Sector Bulletin Northeast Nigeria Humanitarian Response COVID-19 response July 2020

Food insecurity and loss of livelihoods.

The spike in displacement due to recent NSAG attacks and clashes with Government Forces and the spread of the COVID-19 pandemic across Adamawa State have severe impacts on livelihoods, and consequently, on food and nutrition security.

The precarious food and nutrition security situation, coupled with the fragile livelihood conditions of populations across Borno, Adamawa, and Yobe (BAY) states that have been exacerbated by the COVID-19 pandemic, prompted a review of the March 2020 Cadre Harmonisé (CH) food and nutrition security analysis and projection for the region, which initially did not envisage the current pandemic. The reviewed CH Analysis indicates that 908,825 people in Adamawa State will be between IPC Phases 3 and 5, showing an increase of 228,478 food-insecure people, mainly in four LGAs Mubi South, Mubi North, Michika, and Madagali.



Food availability declined in Adamawa mostly due to low production during the 2019/2020 cropping season and reduction in the existing food stocks of some households. Despite humanitarian assistance and state government efforts, the COVID-19 pandemic and the pockets of hazards and vulnerabilities posed challenges to food and nutrition security during the reporting period. Food prices are still higher than the previous five-year average. According to the latest CH Analysis, food stocks at the household level have dropped, while disruptions of normal livelihoods also reduced access and opportunities for income.

The closure of health facilities during the lockdown period led to low admissions and reporting due to uncertainties, movement restrictions, and fear of contracting COVID-19. Consequently, many children in need of health and nutrition assistance could not access services, which will worsen the nutrition situation in the most affected LGAs of Adamawa State.

Malnutrition and diseases.

Malnutrition levels in Adamawa State are between medium to low, with Global Acute Malnutrition (GAM) rates at 7.4 per cent³, according to the latest Nutrition Cluster updates. These malnutrition conditions are across LGAs in the state. Recent CH Analysis was unable to acquire the GAM rates; however, records obtained from health facilities show a reduction in admission rates due to closure during the COVID-19 lockdown period. The Nutrition Cluster has also assessed the impacts of COVID-19 on nutrition services, which mainly found an estimated 20 per cent decrease in expected rates of the new outpatient therapeutic programme (OTP) and target supplementary feeding programme (TSFP) admissions mostly due to lack of Community Nutrition Monitors (CNMs) screening and the fear of contracting COVID-19 while visiting health facilities.

Challenges in nutrition services highlighted by the Nutrition Cluster include significant reduction of antenatal care (ANC), and postnatal care (PNC) visits by pregnant women and lactating mothers for fear of contacting COVID-19 in the health facilities, reduced community-level activities, e.g., care support group meetings, cooking demonstrations, Infant and Young Child Feeding (IYCF) sessions, etc., and stoppage of preventive activities, e.g., cooking demonstration, which may lead to improper preparation of the specialized nutritious food and increase acute malnutrition.

Decline in routine immunization uptake due to low health facility attendance was also noted with an increased workload for the few health workers at health facilities during the reporting period. As a result of social distancing and IPC measures, average patient waiting time (before seeing a specialist) has significantly increased, resulting in caregivers only going to health facilities when the sickness is serious/critical². Severe Acute Malnutrition (SAM) cases was also observed due to limited outreach activities, e.g., lack of Medium Upper Arm Circumference (MUAC) screening in the community, disruption of referral systems, and movement restrictions during the lockdown.

² Nutrition Cluster Covid 19 Impact on Nutrition Services June 2020

Malnourished children and women are more at risk from COVID-19 due to their compromised immune system and further complications of increased needs in terms of energy, protein, and micronutrient requirements. There is also a likelihood that households affected by COVID-19 may divert resources to COVID-19 treatment, resulting in reduced access to appropriate health care with children and women most affected.

Humanitarian Access

Adamawa is mostly impacted by acts of criminality perpetrated by organized criminal groups. Of the 369 security incidents registered in the reporting period, criminality accounted for 52 per cent, NSAG attacks 14 per cent, security forces operations 15 per cent. In contrast, others were government actions and activities of community forces in response to the series of communal clashes and the pervasive agro-pastoralist conflicts across the state.

Access to civilian populations living in areas with heightened presence and activities of NSAGs, such as Madagali LGA, is restricted. Access to remote locations in northern Adamawa State, bordering southern Borno State, also remains a significant challenge. This is due to occasional infiltration and attacks by suspected NSAGs, mostly targeting military positions. Humanitarian access is also affected by the temporary restrictions imposed by the military on civilian movements, including the movement of specific agricultural products like fertilizers in some areas. Partners are also facing access challenges due to collapsed bridges due to flooding from heavy downpours in Michika and Madagali LGAs.

Trends factor analysis

The state continues to experience increased humanitarian needs driven by conflict, attacks NSAGs, inter-communal clashes, flooding, and the impacts of the COVID-19 pandemic.

The security incidents declined consistently from January (35 incidents) to March (18), which recorded the lowest during the period under review. However, the figure doubled in April (35) and reached an all-time high in May (79). The trend remained stable until a sharp decline by half in August 2020 (38 security incidents).

Overall, the most significant change in dynamics was the decrease in criminal activity and inter-communal violence resulting from government peace-building initiative and increased security forces' response to criminality in the state. While activities of NSAGs, particularly in the far north, showed relatively similar levels, roadblocks continued to take place mostly during nighttime. Instances of agro-pastoralist violence also resulted in fatalities in areas where clashes between farmers and herdsmen are frequently recorded.

Escalating NSAG attacks, particularly in Michika, Madagali, and parts of Gombi LGAs, will drive up vulnerabilities and also hinder humanitarian access and delivery of critical assistance to affected populations across communities.

The Adamawa State Government has been proactive in its preparedness and response efforts on COVID-19, with the establishment of a Preparedness Planning and Response Committee (PPRC), chaired by the Secretary to the State Government (SSG). The SMOH and WHO are supporting capacity-building efforts among partners. A likelihood that projected humanitarian needs will be aggravated by COVID-19 spread in the state, mainly due to additional pressure on the health systems and border closures and movement restrictions disrupting livelihood activities and essential services.

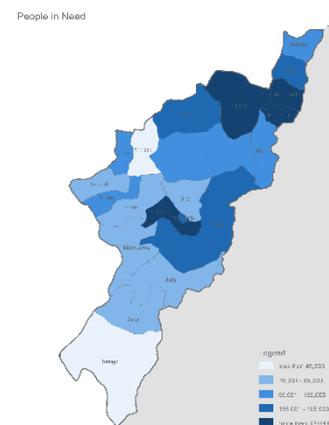
Humanitarian Coordination

The state government continues to show leadership in response coordination, enabled by SEMA and the newly established state Ministry of Reconstruction, Rehabilitation, Reconciliation, and Humanitarian Affairs (MRRRHA). Due to the COVID-19 pandemic, most organizations only respond on "programme criticality 1 and 2," which are the lifesaving activities, with the deployment of a limited number of staff to mitigate the risks of spreading COVID-19. The state line Ministries, Departments, and Agencies (MDAs) - which are the sector-leads - are facing challenges with regards to attending virtual meetings due to lack of IT equipment, hence facing difficulties attending or contributing at meetings. The co-lead of the sectors from UN agencies still conduct their monthly meetings with relevant partners, and OCHA also conducts the Local Coordination Group (LCG) meetings via virtual means to ensure programme continuity in the state.

Intersectoral and multi-sectoral analysis

Needs analysis

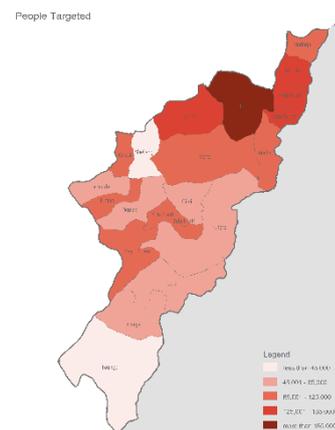
Across Adamawa State, an estimated 2.8 million people require humanitarian assistance in 2020. The 2020 multi-sector needs assessment (MSNA) and detailed analysis in the Humanitarian Needs Overview (HNO) revealed that 71 per cent of households experienced acute needs in living standards. There is an increase in needs across Adamawa State compared to 2019. A breakdown by population groups indicates that the highest proportion of households with severe needs in the Adamawa State are in the host communities (57 per cent), estimated to 1.6 million with severe needs. These needs are driven mainly by water, sanitation, and hygiene, and food security, and livelihood. However, across the state, the severity of the needs emanates primarily on lack of access to water and sanitation, education, food, and shelter accounting for 49 per cent of households with more than one need. The needs are particularly acute in Yola, Mubi, Lamurde, Guyuk, Numan, Hong, Michika, and Madagali LGAs. Gender-Based Violence (GBV) cases are particularly extreme in Yola North and Yola South LGAs.



The humanitarian community anticipates that the operational constraints that hampered effective response in 2019 will continue, or worsen, in 2020 due to the impacts of the COVID-19 pandemic. This relates mainly to lockdown measures, including movement restrictions and border closures.

Response and gaps analysis

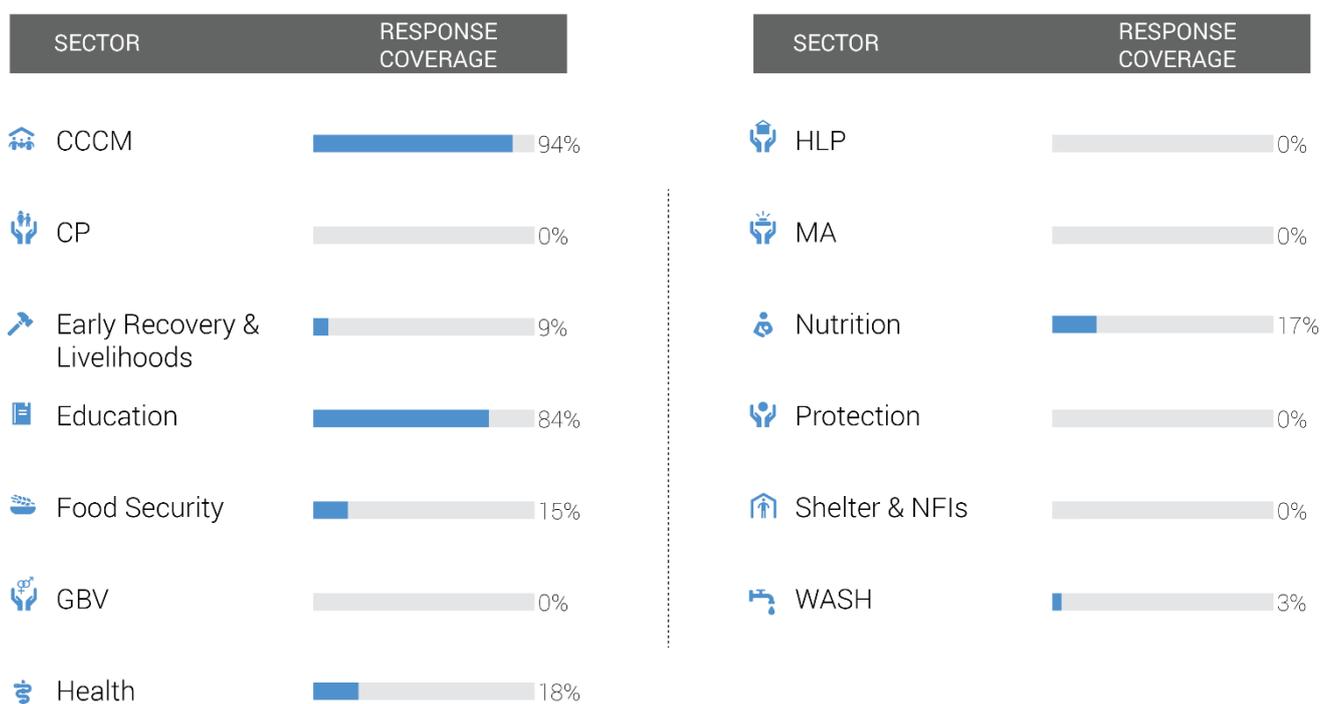
The 2.1 million people targeted, out of the 2.8 million people in need of humanitarian assistance in Adamawa State, indicate a 16 per cent increase from initial estimates (as of January 2020) due to the COVID-19 pandemic. The overall people targeted for humanitarian assistance represent a 40 per cent increase from the target in 2019. The response in 2020 prioritizes and targets IDPs, returnees, and host communities that partners can realistically and safely reach. Funding of US\$ 216 million is required to deliver humanitarian assistance to 2.1 million most vulnerable, of a total of 2.8 million people in need of assistance across Adamawa State in 2020.



Since the confirmation of the index case of COVID-19 in the State in April and the rollout of specific measures to stem the spread, Adamawa's official figures as of 4th November 2020, stood at 248 confirmed cases, with 17 associated deaths (at 6.5 case fatality rate) across 14 LGAs. The distribution of confirmed cases across these LGAs points towards community transmission (49.1% of confirmed cases are known contacts of previously confirmed cases) of the virus. This situation calls for more coordinated interventions by stakeholders to enhance IPC measures to break the chain of transmission. Increased partner presence is needed in the response as the state government is facing a lack of funds. The eight pillars supported by partners and led by the government are active but limited in coverage due to lack of adequate funding.

As of July 2020, the humanitarian community has reached 35 per cent of the target population with multi-sector (Education, Health, Nutrition, WASH, Early Recovery and Food Security) assistance and general protection interventions. The response achievements were driven by CCCM and Education activities. At the same time, significant gaps remain in critical areas of protection and subsectors and Shelters and NFI, where the state registered none of these interventions.

People Reached and Gap*



* Source: Sector submission on RPM.

Recommendations

- Strengthening of collaborations between the Sectors and government agencies to scale up the quality of response.
- Urgent need for the repositioning of commodities, particularly medical and WASH inputs, as the risks of water-borne diseases such as cholera, are exceptionally high during the rainy season, which is ongoing.
- There is a need for increased advocacy with the state government to pass laws to protect populations from domestic violence and abuse.
- Building the capacity of communities, particularly in the areas of early warning and preparedness, to cope with shocks, mostly annual seasonal flooding
- There is a need to strengthen existing laws/access to justice and intensify advocacy with federal and state authorities on the re-activation of civil authorities, including law enforcement across LGAs, especially in return areas.
- Community mobilization and sensitization on waste management and better town planning to reduce flooding incidents
- Scale-up of psychosocial support to survivors of SGBV, and additional efforts to strengthen existing laws and access to justice
- Sensitization of populations on their rights to essential services (health, Education, protection, etc.).
- Dedicated food distribution partners needed to support the over 12,000 IDPs in informal camps that require food aid.
- Scale-up of livelihoods/agricultural inputs (seeds, fertilizers, etc.), preferably in the form of cash transfer assistance since most of the IDPs in informal settlements have access to land from the host communities.
- Advocating for funding support from the Nigeria Humanitarian Fund (NHF) to local partners in the state.

- Urgent need to improve coordination among partners implementing various components of Accountability to Affected Populations (AAP) and ensuring that feedbacks from beneficiaries are integrated into the response.
- Humanitarian Country Team (HCT) to strengthen advocacy on the need for more donor resources to respond to recovery, resilience, and development needs in the state.