NORTHEAST AND NORTHWEST NIGERIA

IPC ACUTE MALNUTRITION ANALYSIS MAY 2022 – APRIL 2023

Published on November 23, 2022

Overview

It is projected that nearly 6 million children aged 0-59 months have likely been suffering and will likely continue to suffer from acute malnutrition in the period of May 2022 – April 2023 in Northwest and Northeast Nigeria. This includes 1,623,130 Severe Acute Malnutrition (SAM) cases and 4,308,404 Moderate Acute Malnutrition (MAM) cases. In addition, 511,890 pregnant and lactating women will likely be acutely malnourished and in need of nutrition interventions.

In the current period of May – September 2022, more than half of the 134 Local Government Areas (LGAs) included in the analysis are in IPC Acute Malnutrition (AMN) Phase 3 and above. Of the 63 LGAs analysed in Northeast Nigeria, 13 were classified in IPC AMN Phase 4 (Critical), 17 in Phase 3 (Serious) 30 in Phase 2 (Alert) and 3 in Phase 1 (Acceptable). In Northwest Nigeria, there were 71 LGAs with sufficient data. Of those 71 LGAs, 17 were classified in IPC AMN Phase 4 (Critical), 25 in Phase 3 (Serious), 28 in Phase 2 (Alert) and 1 in Phase 1 (Acceptable).

Although acute malnutrition levels are expected to improve slightly during the two projected periods of October – December 2022 and January – April 2023, the majority of the LGAs will likely still remain in IPC AMN Phase 3 and above, indicating Critical and Serious levels of acute malnutrition.

NORTHEAST NIGERIA

- LGAs in IPC AMN Phase 4 (Critical): Bama, Darkwa, Gubio, Guzamala, Gwoza, Killable, Kaga, Magumeri, Monguno, Ngala and Nganzai, Borno state, Gujba, Bursari and Yobe state.
- LGAs in IPC AMN Phase 3 (Serious): 8 in Borno (Maiduguri, Jere, Marte, Mafa, Konduga, Damboa, Mobbar and Bayo); 7 in Yobe (Damaturu, Gulani, Fune, Nguru, Yusuafri, Yunsari and Geidam); and 2 in Adamawa (Mubi South and Hong).

NORTHWEST NIGERIA

- LGAs in IPC AMN Phase 4 (Critical): Bindawa, Dutsi, Mashi, Mani, Baure, Maiadua, Zango, Jibia, Kaita, Katsina, Kusada, Sabon-Birni, Goronyo, Silame, Kebbe, Shagari, and Tambuwal.
- LGAs in Phase 3 (Serious): 5 in Central Sokoto-1, (Bodinga, Dange-shuni, Sokoto North, Sokoto South and Wamakko); 5 in Eastern Sokoto-2, (Gada, Gwadabawa, Kware, Illela and Wurnu); 5 in Central Katsina-2 (Kurfi, Rimi, Dutsinma, Danmusa, and Safana); 2 in Northern Katsina-1 (Daura and Sandamu); 2 in Southern Kasina-3 (Ingawa and Kankia); 2 in Central Kasina-1. (Batagarawa and Batsari), 1 in Eastern Sokoto-1 (Raba); 1 in Sokoto Central -2 (Tangaza); and 2 in Souther Sokoto (Tureta and Yabo).

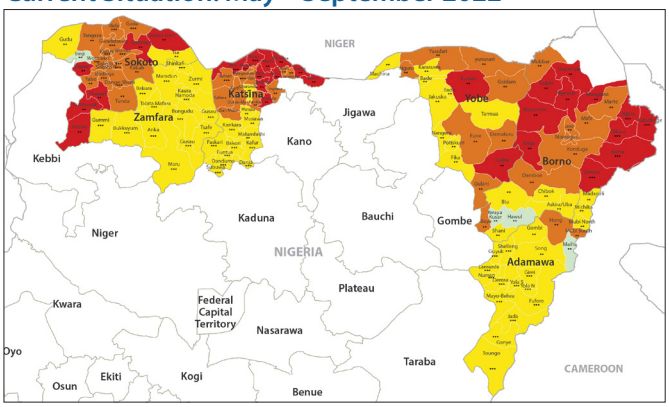
The main contributing factors to acute malnutrition in Northeast and Northwest Nigeria include very poor food consumption (quantity and quality) and poor health seeking behaviours. Additionally, poor health services, feeding practices, access to water, sanitation, and hygiene (WASH) services and facilities, and food insecurity play a role. Other factors that lead to acute malnutrition include, banditry and population displacement as well as insecurity limiting access to vulnerable populations.

KEY FIGURES	MAY 2022 - APRIL 2023
Severe Acute Malnutrition (SAM)	1,623,000
Moderate Acute Malnutrition (MAM)	4,308,000

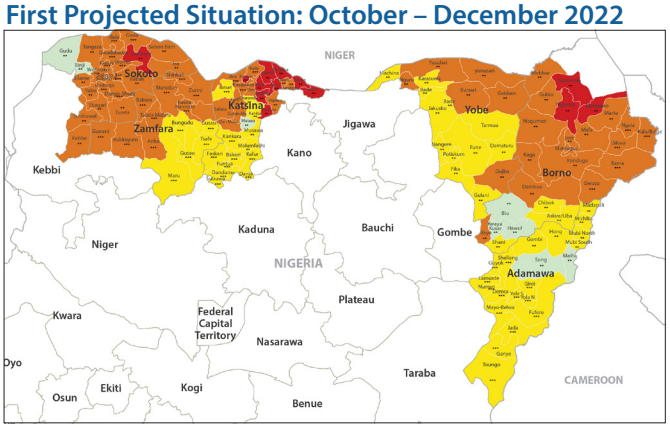
5,932,000
the number of 0-59 months children acutely malnourished
IN NEED OF TREATMENT

512,000
Pregnant or lactating women acutely malnourished
IN NEED OF TREATMENT

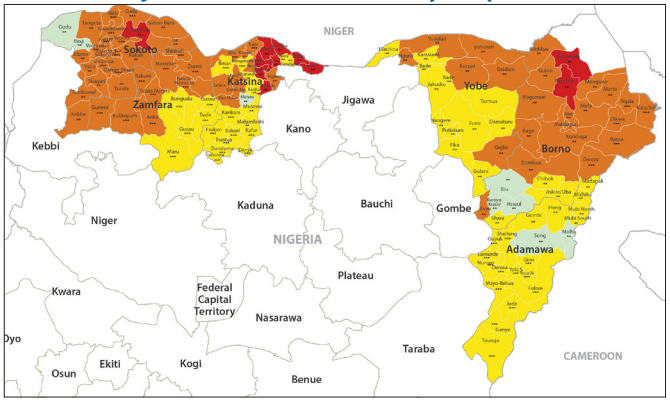
Current Situation: May – September 2022



First Projected Situation: October – December 2022



Second Projected Situation: January – April 2023

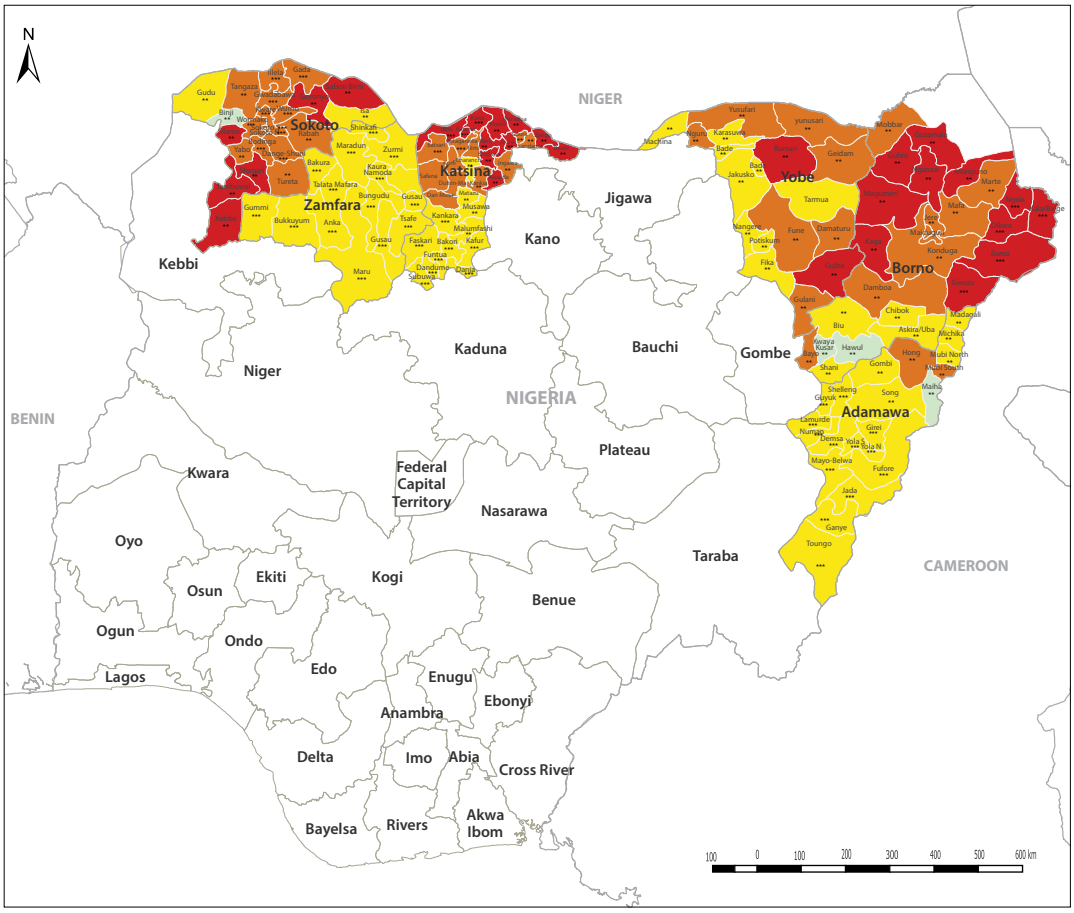


Key for the Map
IPC Acute Malnutrition Phase Classification

1 - Acceptable
2 - Alert
3 - Serious
4 - Critical
5 - Extremely critical
Areas not analysed

Evidence Level
* Acceptable
** Medium
*** High

CURRENT SITUATION MAP AND OVERVIEW: MAY – SEPTEMBER 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

Evidence Level

* Acceptable
** Medium
*** High

Current Situation Overview (May to September 2022)

NORTHEAST NIGERIA

The IPC AMN analysis of Northeast Nigeria included 63 Local Government Areas (LGAs) out of the total 65 LGAs in Adamawa (21), Borno (25) and Yobe (17) states. Two LGAs in Borno were completely inaccessible, making data for that region unavailable for analysis.

Out of the 63 LGAs included in the analysis, between May and September 2022, 13 were classified in IPC AMN Phase 4 (Critical), 17 in Phase 3 (Serious), 30 in Phase 2 (Alert) and 3 in Phase 1 (Acceptable). This shows that nearly half (48%) of the LGAs included in the analysis were either in Phase 3 or 4.

- LGAs in IPC AMN Phase 4 (Critical): Bama, Darkwa, Gubio, Guzamala, Gwoza, Killable, Kaga, Magumeri, Monguno, Ngala and Nganzai, as well as LGAs in Borno state and Gujba and Bursari in Yobe state.
- LGAs in IPC AMN Phase 3 (Serious): 8 in Borno (Maiduguri, Jere, Marte, Mafa, Konduga, Damboa, Mobbar and Bayo), 7 in Yobe (Damaturu, Gulani, Fune, Nguru, Yusuafri, Yunsari and Geidam) and 2 in Adamawa (Mubi South and Hong).
- LGAs in IPC AMN Phase 2 (Alert): 13 in Southern Adamawa (Demsa, Fufore, Ganye, Girie, Guyuk, Jada, Lamurde, Mayo-Belwa, Numan, Shelleng, Teungo, Yola-North and Yola-South); 5 in Northern Adamawa (Gombi, Midigali, Michika, Mubi North and Song); 4 in Southern Yobe (Fika, Nangere, Tarmuwa and Potiskum); 2 in Northern Yobe (Karasuwa and Machina); 2 in Central Yobe (Bade and Chakusko); 4 in Southern Borno (Askira-Uba, Biu, Chibock and Shani),

- LGAs in IPC AMN Phase 1 (Acceptable): 2 in Southern Borno (Hawul and Kwaya-kusar); and 1 in Northern Adamawa (Maiha)

Contributing Factors

The major contributing factors to acute malnutrition in the region include poor food consumption patterns (both in terms of diversity and frequency) and the high prevalence of child morbidities (fever/malaria, diarrhea) among the analysed population. The proportion of children aged 6–23 months who receive foods from 5 or more food groups (minimum dietary diversity) across the 10 domains in Borno, Adamawa and Yobe range from 2.6% to 13.2%, while those who receive solid, semi-solid, or soft foods the recommended minimum number of times or more (minimum meal frequency) ranges from 6.1% to 19.3%. Consequently, the number of children who received recommended minimum acceptable diet ranges as low as 0% to 3.3% which shows very poor food consumption patterns among the 6-23 month population category.

Food insecurity (CH Phase 3 or above) in the period preceding the analysis, poor coverage of nutrition and health services and poor caring practices are also other major contributing factors to the high levels of acute malnutrition in the three states. According to the July 2022 mobile Vulnerability, Analysis and Monitoring (mVAM) report, 39% of households across Adamawa, Borno and Yobe states have inadequate food consumption. Additionally, cholera outbreaks, flooding, a spike in food prices, and high levels of inflation have adversely affected the nutrition situation. The insecurity in the Lake Chad region also continues to impact the nutrition situation, with continued displacement and limited access to food and basic health services.

Trend Analysis

According to the current IPC AMN analysis for the period of May – September 2022, the acute malnutrition situation in Northeast Nigeria has deteriorated compared to the IPC AMN analysis of the same period last year. The number of LGAs in IPC AMN Phase 4 increased to 13 compared to 7 in 2021 and 8 in 2022.

NORTHWEST NIGERIA

71 LGAs in Sokoto, Katsina and Zamfara state were analysed in the May – September 2022 analysis period. Of those 71 LGAs, 17 LGAs were classified in IPC AMN Phase 4 (Critical), 25 in Phase 3 (Serious), 28 in Phase 2 (Alert) and 1 in Phase 1 (Acceptable). Approximately 57.7% of the LGAs included in the analysis were in either IPC AMN Phase 3 or 4, making the overall nutrition situation Serious or Critical in most of the areas analysed.

- LGAs in IPC AMN Phase 4 (Critical): 3 in Northern Katsina (Baure, Maiadua and Zango); 4 in Northern Katsina (Bindawa, Dutsi, Mashi and Mani); 3 in Central Katsina (Jibia, Kaita and Katsina); 3 in Southern Sokoto (Kebbe, Shagari, and Tambuwal)1 in Southern Katsina (Kusada); 2 in Eastern Sokoto (Sabon-Birni and Goronyo); 1 in Sokoto Central (Silame). The high number of LGAs being classified in IPC AMN Phase 4, particularly in Northern Katsina and Northern Katsina, is largely attributed to the lack of nutrition interventions.
- LGAs in IPC AMN Phase 3 (Serious): 5 in Central Sokoto-1 (Bodinga, Dange-shuni, Sokoto North, Sokoto South and Wamakko); 5 in Eastern Sokoto-2, (Gada, Gwadabawa, Kware, Illela and Wurnu); 5 in Central Katsina-2 (Kurfi, Rimi, Dutsinma, Danmusa, and Safana); 2 in Northern Katsina-1 (Daura and Sandamu); 2 in Southern Katsina-3 (Ingawa and Kankia); 2 in Central Katsina-1 (Batagarawa and Batsari); 2 in Southern Sokoto (Tureta and Yabo); 1 in Eastern Sokoto (Raba); 1 in Sokoto Central-2 (Tangaza).
- LGAs in IPC AMN Phase 2 (Alert): all areas in Southern Katsina-1, Southern Katsina-2, Central Zamfara, Western Zamfara and Northern Zamfara; 1 in Sokoto Central-2 (Gudu); 1 in Eastern Sokoto-1 (Isa); 2 in Southern Katsina-3 (Matazu and Musawa); 1 in Northern Katsina-2 (Charanchi).
- LGAs in IPC AMN Phase 1 (Acceptable): 1 in Sokoto Central-2 (Binji)

According to the IPC AMN classification, Phase 4 (Critical) and Phase 3 (Serious) indicate that urgent action is required to reduce acute malnutrition levels by significantly scaling up and intensifying treatment and preventative activities to reach additional populations affected. IPC AMN Phase 2 (Alert) indicates the situation is progressively deteriorating with increased levels of acute malnutrition and requires strengthening the existing response.

Contributing Factors

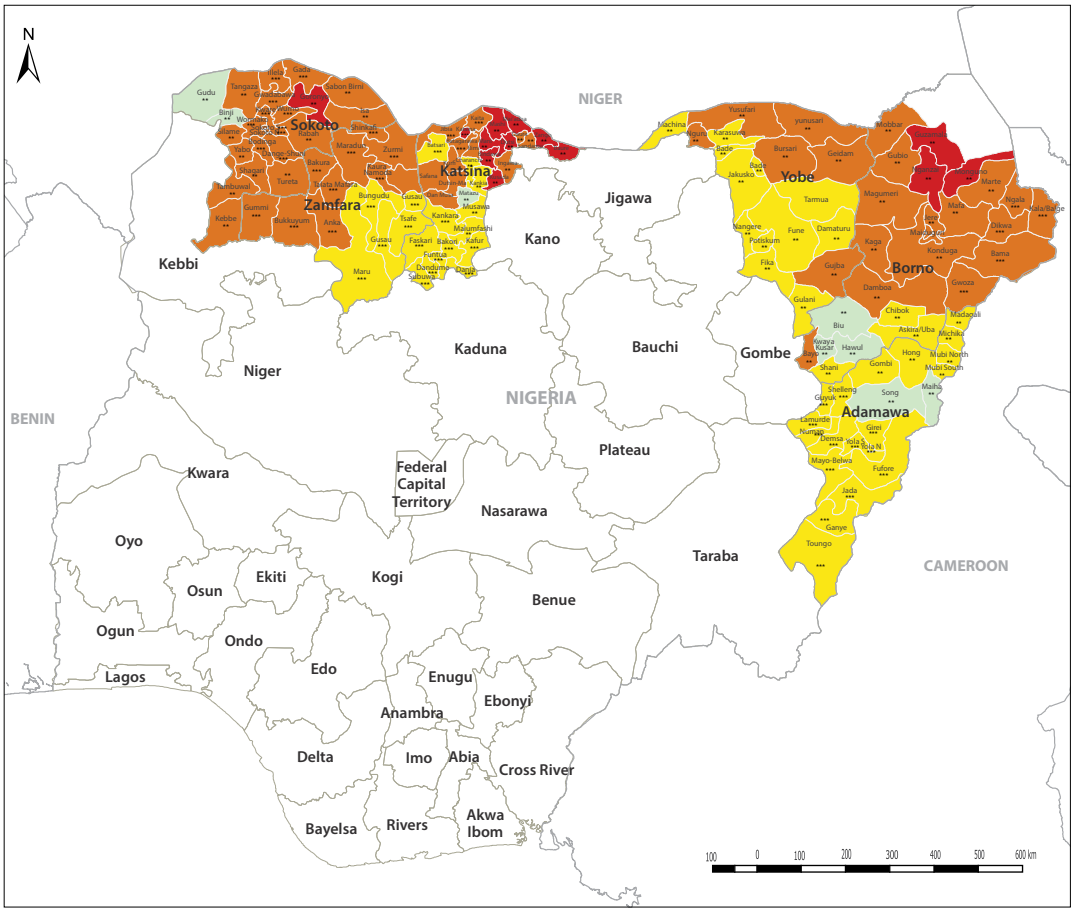
The major contributing factors to acute malnutrition for the northwest are linked to poor food consumption (both in terms of diversity and frequency) and limited health seeking behaviours. Across the 15 domains in the northwest, the proportion of children who received food from 5 or more food groups (minimum dietary diversity) ranges from 0% to 22.2%, while those who received solid, semi-solid or soft foods based on the recommended minimum number of times ranges from 14.8% to 61.9%. The percentage of children who receive the recommended minimum acceptable diet (MAD) ranges from only 0% to 24.8% which means that most children across all regions do not have an adequate diet.

The outcome of the Cadre Harmonisé (CH) analysis is Phase 2 in 10 domains and Phase 3 in 5 domains shows that poor access to health services and low coverage of nutrition and health services are major contributing factors. Additionally, poor sanitation services and infrastructure in some areas are also of concern. The usual shocks include flooding, cholera and measles outbreaks, and banditry and kidnapping whereas the unusual shocks include insecurity, fire, cattle rustling and economic downturn leading to inflation.

Trend Analysis

Given that this is the first IPC AMN analysis done for the northwest (Sokoto, Katsina and Zamfara), there is no historical evidence to establish a basis of comparison with the current period of analysis (May – September 2022).

FIRST PROJECTED SITUATION MAP AND OVERVIEW: OCTOBER – 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

Evidence Level

* Acceptable
** Medium
*** High

Projected Situation Overview (October to December 2022)

Northeast NIGERIA

The AMN situation in Northeast Nigeria is expected to improve slightly during the period of October – December 2022, which corresponds to the decreasing malnutrition (harvest) season compared to the preceding peak malnutrition (lean) season (May – September 2022). Seventeen LGAs are anticipated to improve into lower phases from their current classifications in the peak malnutrition season while 46 are expected to remain in the same phase. During the first projection period, 3 LGAs are likely to be in IPC AMN Phase 4 (Critical), 22 in Phase 3 (Serious), 33 in Phase 2 (Alert) and 5 in Phase 1 (Acceptable).

The period from October – December 2022 is projected to see improvement in food availability and access of households as well as a decline of food prices in the market because of the harvest season. This will likely improve household food consumption and impact the Minimum Acceptable Diet (MAD) for children and Minimum Dietary Diversity (MDD) for women. The incidence of diseases associated with the season such as malaria and acute watery diarrhoea are expected to reduce – leading to decreased acute malnutrition.

Trend Analysis

Historical data on AMN levels during the projection period is scarce. Available data suggests that the AMN levels will likely start to decrease during the period of October – December 2022 compared to the peak season (May to September 2022).

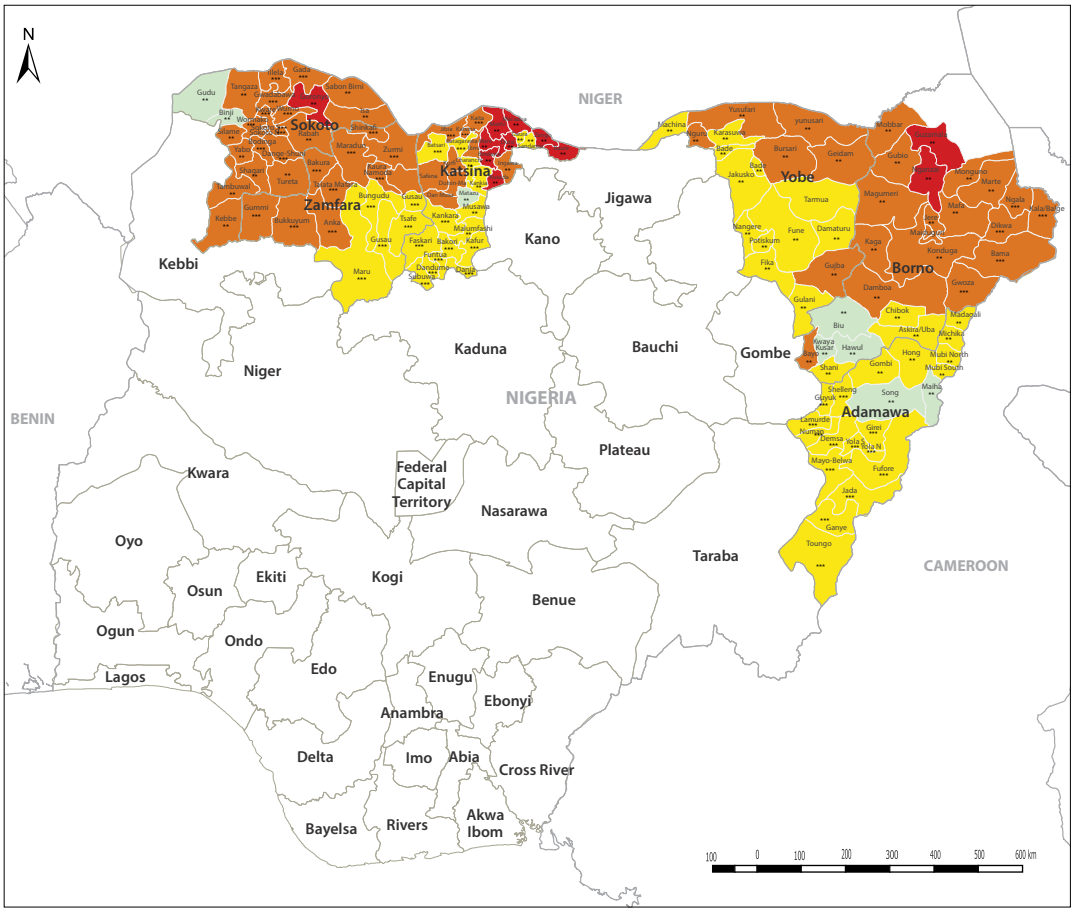
Northwest NIGERIA

According to the IPC AMN analysis, the acute malnutrition situation in the harvest season (October to December 2022) is not expected to improve in most of the LGAs compared to the current period classifications. The heightened security and increased conflicts expected around the 2023 general elections may pose a risk to farmers, aid workers and government aid actors during this period and therefore acute malnutrition is expected to persist. The major contributing factors to malnutrition will be deteriorating security, disease outbreaks (measles, cholera and malaria) and acute respiratory infections (ARIs). Sanitation practices are expected to deteriorate as well.

Trend Analysis

Since this is the first AMN analysis done in Northwest Nigeria, there is no historical data on acute malnutrition classifications during the projection period of October – December 2022. However, available SAM admission data from the ongoing IMAM programme of some LGAs and contextual understanding suggests that the acute malnutrition levels during this period will decrease compared to the current period (May – September 2022).

SECOND PROJECTED SITUATION MAP AND OVERVIEW: JANUARY – APRIL 2023



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

Evidence Level

* Acceptable
** Medium
*** High

Projected Situation Overview (January to April 2023)

NORTHEAST NIGERIA

In the projected period of January to April 2023 (low acute malnutrition/post-harvest season) the AMN situation is expected to remain the same as the previous projection period (October – December 2022). Two LGAs; Nganzai and Guzamala are expected to remain in Phase 4 (Critical) while 22 in Borno will be likely in IPC AMN Phase 3. The majority of LGAs (34) are expected to be in Phase 2 (Alert) and 5 will be in Phase 1 (Acceptable). During the second projection period, 2 LGAs (Nganzai and Guzamala) are anticipated to be in IPC AMN Phase 4 (Critical), 22 in IPC AMN Phase 3 (Serious), 34 in IPC AMN Phase 2 (Alert) and 5 in IPC AMN Phase 1 (Acceptable).

Trend Analysis

Historical trends of AMN in the regions shows low levels of acute malnutrition in the period of January to April 2023, compared to the peak acute malnutrition season (January – April 2023) and decreasing acute malnutrition season (October – December 2022). However, the levels of acute malnutrition in January – April 2023 is anticipated to be higher than the same period in the previous year (January – April 2022), with the number of LGAs in IPC AMN Phase 4 (Critical) expected to increase from 0 to 2 while the number of LGAs in IPC AMN Phase 3 (Serious) are also expected to increase from 3 to 22 when compared with the last IPC AMN analysis (January – April 2022).

NORTHWEST NIGERIA

For the IPC AMN analysis during the projected period of January – April 2023, which corresponds to the post-harvest season (low malnutrition), the acute malnutrition situation is expected to improve in 6 LGAs and remain more or less the same in the remaining 65 LGAs when compared to the first projection period of October – December 2022.

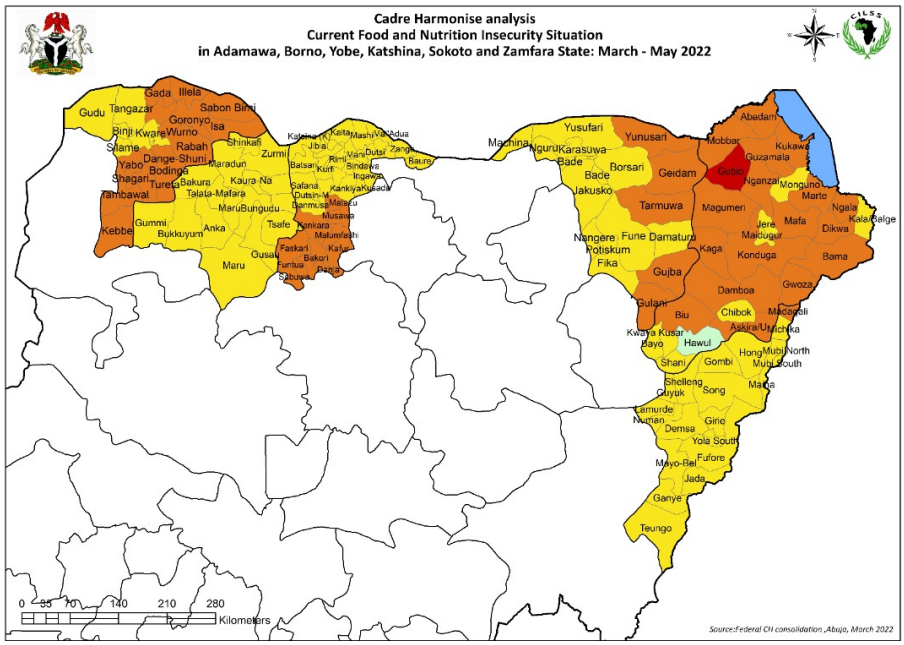
The period from January – April 2023 is projected to be characterised by relative improvement in food availability and access – especially in the early part – because of the harvest in the first projection period (October – December 2022). This is expected to improve food consumption, including quality and quantity of dietary intake. However, due to the depletion of harvest, increasing food prices during the latter part of this projection period may slightly impact food access. The period will also feature a reduction in cases of acute watery diarrhoea and malaria, even though a slight increase in the cases of acute respiratory tract infections and measles is expected. Nevertheless, due to very limited farm activities during this period, caregivers will likely have more time to give attention to caregiving and feeding practices as well as health seeking behaviour.

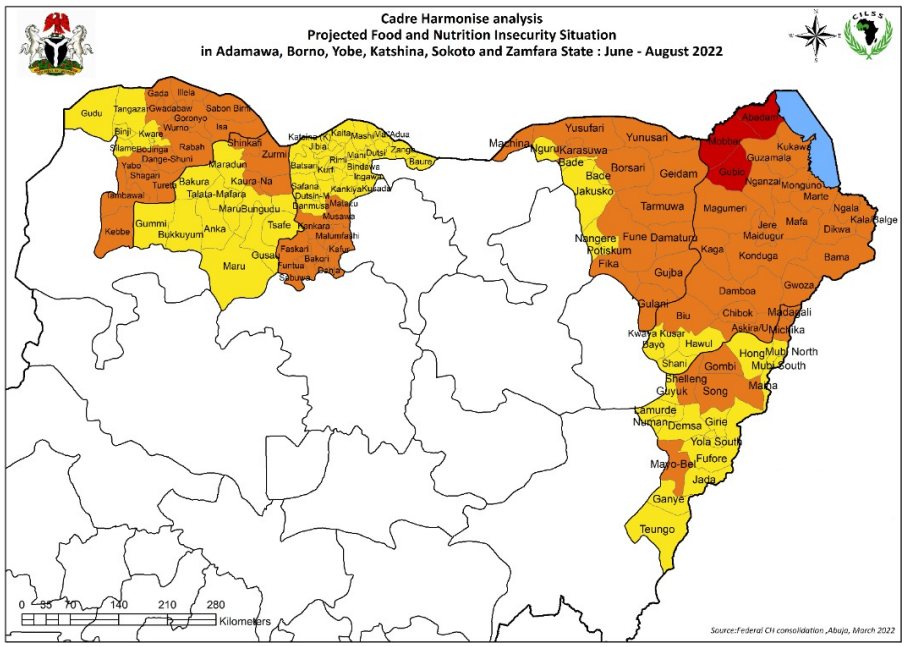
In addition, 2023 electioneering campaigns and resulting post-election fallouts at various levels may contribute to worsening security and banditry situations, reduced or lack of government funding for key nutrition interventions, and delayed or suspended programme implementation.

Trend Analysis

There is scarce historical data on acute malnutrition levels during the projection period of January – April 2023. Available SAM admission data from the ongoing IMAM programme and contextual understanding suggests that the acute malnutrition levels during this period are the lowest when compared to other periods of the year.

COMPARISON WITH CADRE HARMONISÉ (CH) CLASSIFICATIONS





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 CH analysis was conducted at the LGA level. Although the IPC AMN classification was done at the LGA level, the analysis of contributing factors to acute malnutrition was carried out at the zonal or domain level (i.e., a cluster of several LGAs). This is because almost all data on contributing factors was only available at the zonal or domain level. As a result, it is not possible to compare the CH analysis results with the IPC AMN results. The evidence that is available suggests the following as the common drivers of food insecurity and acute malnutrition: insecurity, banditry, displacement and flooding.

Impact of Ukraine-Russia conflict on acute malnutrition

Results of the detailed analysis conducted as part of the CH analysis suggest that the potential impact of the Ukraine-Russia conflict on food security and malnutrition in both Northeast and Northwest Nigeria is minimal. However, systems are now established to monitor any possible impact in the future. It is important to account for the results of these monitoring systems to determine the need for an update on the IPC AMN projections.

RECOMMENDATIONS FOR ACTION: NORTHEAST NIGERIA

Immediate/short-term recommendations

- Scale up early detection of acute malnutrition and referrals to treatment sites in LGAs classified as Serious or Critical through the Mother Mid-Upper Arm Circumference (MUAC) approach, Community Nutrition Mobilisers (CNM) and Community Health Influencers Promoters and Services (CHIPS) Agents.
- Roll out the Rapid Response Mechanism (RRM) in hard-to-reach areas where the nutrition situation is critical but lacking implementing partners; curative and preventive services have been suspended due to insecurity; and/or existing capacity is insufficient to address the nutrition needs of children and women among new arrivals.
- Leverage the second round of the bi-annual Maternal, New-born, and Child Health Week (MNCHW) campaign to increase access to preventive health and nutrition services, promote optimal maternal, infant, and young child nutrition (MIYCN) and sensitise communities on improved sanitation and good hygiene practices.
- Improve food consumption of children and PLW through improving coverage of household food assistance combined with supplementary nutrition interventions to meet dietary requirements of children and PLW.
- Advocate for funding to maintain access to lifesaving humanitarian assistance (nutrition, WASH, food security and health) especially among IDPs and communities that were severely impacted by flooding and outbreaks of cholera and measles.

Medium to long-term recommendations

- Leverage the existing surveillance and early warning systems to monitor the impact of recent flooding, epidemics and protracted armed conflict on food security and nutrition – sentinel surveillance, screening of new arrivals at reception centres, humanitarian situation monitoring (HSM) and SMART surveys by partners.
- Advocate for the integration of resilience, SMART agronomy, production and access to local nutritive foods, and livelihood activities into the nutrition response.
- Scale up the coverage of approaches that promote the use of nutritious locally available foods (Tom Brown and porridge mum) to manage moderate acute malnutrition especially in wards lacking the traditional Targeted Supplementary Feeding Programme (TSFP).
- Scale up social protection programs targeting most vulnerable households through the Social Protection Register and home gardening and small animals rearing to improve nutrition and livelihood conditions.
- Integrate Social Behavioural Change Communications (SBCC) to improve maternal and child feeding practices in health, social protection and all relevant sectors.
- Strengthen the nutrition surveillance system including sentinel surveys, LGA level SMART nutrition and mortality surveys and KAP surveys on MIYCN.

Risk factors to monitor for Northeast Nigeria

The protracted crisis in Northeast Nigeria has created a complex humanitarian crisis, with widespread displacement, destroyed infrastructure and collapsed basic social services. Overall, recent surveillance outcomes indicate a high burden of malnutrition recorded. Food insecurity and inadequate access to safe nutritious foods, especially in the context of rising food prices, has led to poor feeding. Similarly, diseases and infection trends with poor WASH, low coverage of health services and poor health seeking behaviours have impacted THE nutritional status of children. IT has become imperative that the following risk factors be closely monitored to improve the situation:

1. Influx/movements of internally displaced persons (IDPs) and returnees within the northeast to inform better resource allocation.
2. Accessibility of humanitarian assistance and availability of basic services including food, WASH, Nutrition and Health services in hard-to-reach areas.
3. Effects of floods on crop production and impact of food availability in flood affected regions and other dependent areas.
4. Coverage of nutrition treatment and prevention services.
5. Morbidity patterns that may likely predispose children under the age of five to seasonal diseases such as measles and ARI during the projection periods.
6. Fluctuations in market prices of food, inflation, food security and needs, and the economic impact on the fragile regions for early warning and early action.
7. Coverage of public health campaigns by government and partners to ensure adequate and even distribution while avoiding duplication.
8. Social protection programs/humanitarian assistance such as cash transfers and complementary livelihood assistance – particularly for rural crop and livestock farmers, IDPs and host populations in food-insecure population groups.
9. WASH accessibility and availability especially during months in the post-harvest season.
10. Depletions of household food stocks in the early start of lean season.

RECOMMENDATIONS FOR ACTION: NORTHWEST NIGERIA

Immediate/short-term recommendations

- Urgent scale-up of acute malnutrition treatment programs to improve access to treatment and prevent morbidities and mortalities associated with the high levels of acute malnutrition.
- Scale up and strengthen MIYCN activities/programs both at the community level and health facilities to improve MIYCN practices i.e., dietary diversity, EBF as well as robust social mobilisation to improve health seeking behaviour.
- Establishment of food assistance programs in areas classified as serious and critical, including distribution of fortified blended foods to promote nutritionally adequate diets.
- Leverage the second round of the bi-annual Maternal, New-born, and Child Health Week (MNCHW) campaign to increase access to preventive health and nutrition services, promote optimal maternal, infant, and young child nutrition (MIYCN) and sensitise communities on improved sanitation and good hygiene practices.
- Advocate for a coordinated humanitarian response and funding in the northwest based on the findings of the current IPC acute malnutrition analysis that indicate the high severity and burden of acute malnutrition.

Medium to long-term recommendations

- Integrate IMAM services, MIYCN and micronutrient intervention into the routine government health services through robust capacity building of MoH staff.
- Scale-up social and behavioural change communications with regards to nutrition education to improve the MIYCN and food consumption indicators through contextualised SBCC.
- Ensure equitable access to nutrition specific as well as nutrition sensitive social protection interventions including nutrition sensitive CBTs and home gardening and small animals rearing to improve food and nutrition security of the population.
- Improve water supply as well as hygiene and sanitation services and practices to prevent water-related infections.
- Scale-up community led interventions such as CHIPS for timely identification and referral of malnutrition and other child morbidity issues in the catchment area.
- Strengthen nutrition surveillance system in the northwest through conducting periodical SMART nutrition and mortality survey and sentinel surveillance.
- Improve coordination system between different sectors, organisations and partners to strengthen joint approaches to malnutrition prevention in the region.

Risk factors to monitor for Northeast Nigeria

1. Trends of insecurity and banditry activities which may result in displacement and influx of population movements.
2. Morbidity patterns that may likely predispose children under the age of five to seasonal diseases such as measles, meningitis and ARI during the projection periods.
3. Fluctuations in market prices of food, inflation, food security and needs, and the economic impact on the fragile regions for early warning and early action.
4. Coverage of public health campaigns by government and partners to ensure adequate and even distribution while avoiding duplication.
5. Food consumption indices like MDD, MMF and MAD and caring practices of children 6-23 months.
6. Water scarcity during the dry season and poor sanitation that may follow.
7. Humanitarian response and social programmes like cash distribution.
8. Coverage of nutrition treatment services.
9. Depletions of household food stocks in the early start of lean season.

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 covering Northeast and Northwest regions of Nigeria. The team comprised of representatives from the government, international and national NGOs, UN organisations and other stakeholders in the nutrition sector from the two regions and at national levels.

The analysis was jointly organised and coordinated by UNICEF, the national government authorities as well as the nutrition sector in the northeast. It was facilitated by the IPC Global Support Unit (IPC GSU) with support from in-country co-facilitators. The analysis – conducted in Kano, Kano State between 5-15 October 2022 – was the fifth such analysis for the northeast and the first for the northwest. The analysis workshop included the analysis of the current situation (May – Sept 2022) and two projections (Oct – Dec 2022 and Jan – Apr 2023). The two projections represented the decreasing acute malnutrition season (post-harvest) and low acute malnutrition season (harvest) respectively. The IPC AMN Phase classification was conducted at the LGA level, with re-analysed acute malnutrition data from the domain level.

The workshop also included a full four-day training on the IPC AMN classification.

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, Joint Approach to Nutrition and Food Security Assessment (JANFSA), Emergency Food Security Assessment (EFSA), DHIS2 data, the Cadre Harmonisé report, Northeast Nigeria Nutrition Sector 5W and other national-level data including the DHIS and DHS.

Limitations

The analysis was limited by lack of historical data at LGA level. This lack of acute malnutrition data at the LGA level particularly hindered the trend analysis. In addition, only limited LGA data was available for many of the contributing factors, since sampling for surveys was conducted at the "domain ievel" by combining

several LGAs. In many cases, contributing factor indicators for basic causes and other outcomes was 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 was 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 contribu- ting factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

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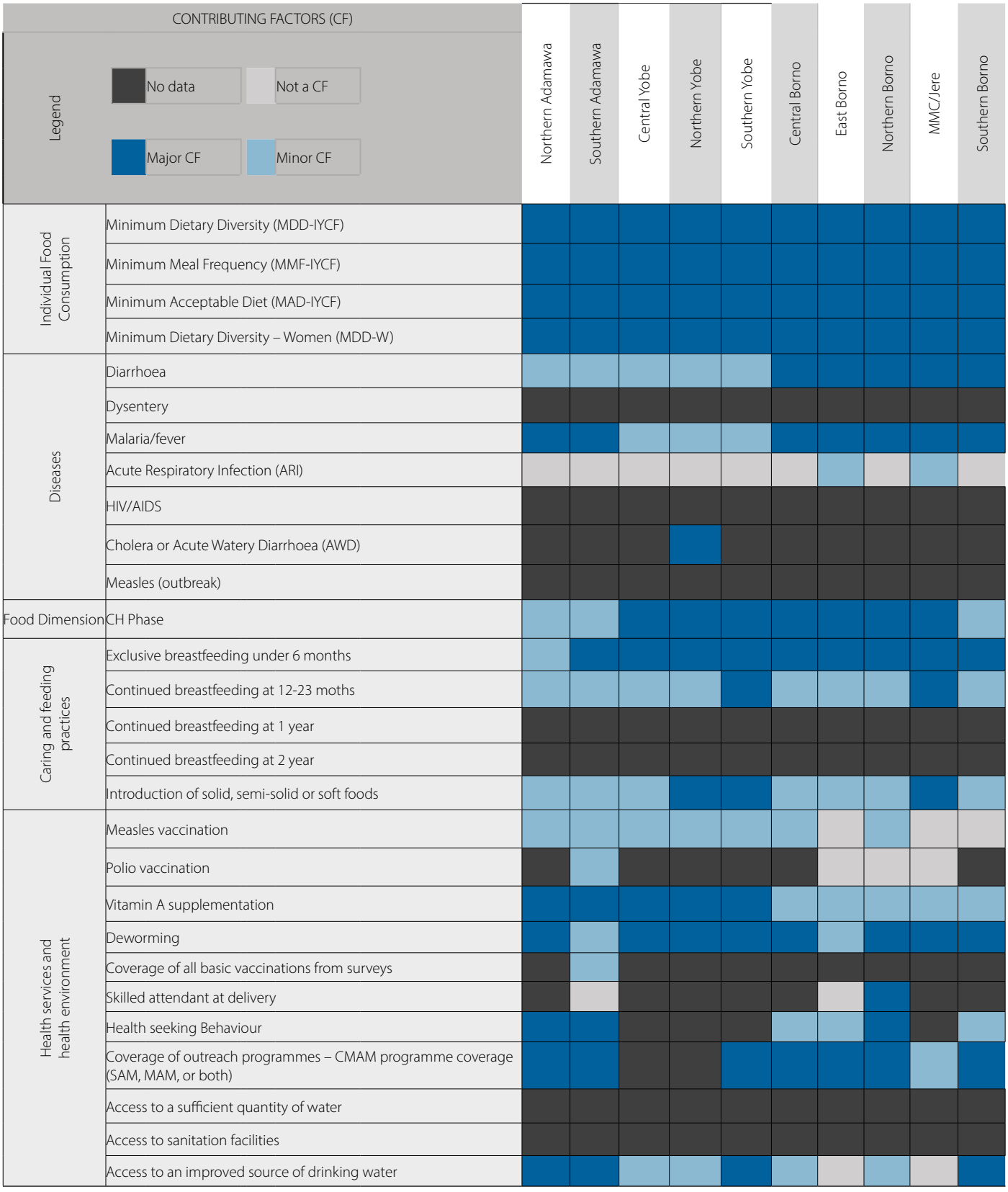
Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA,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

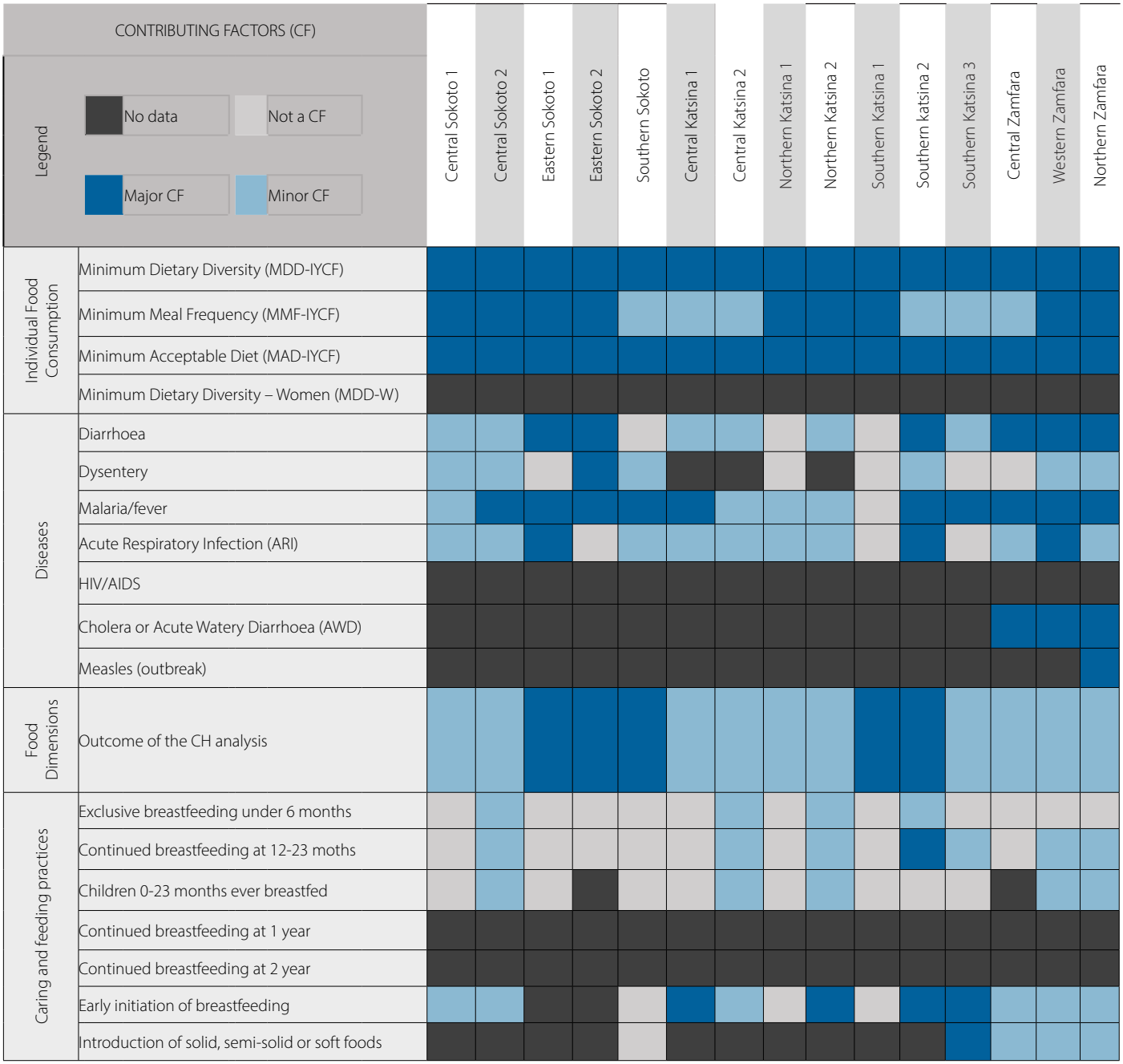
Analysis Partners:

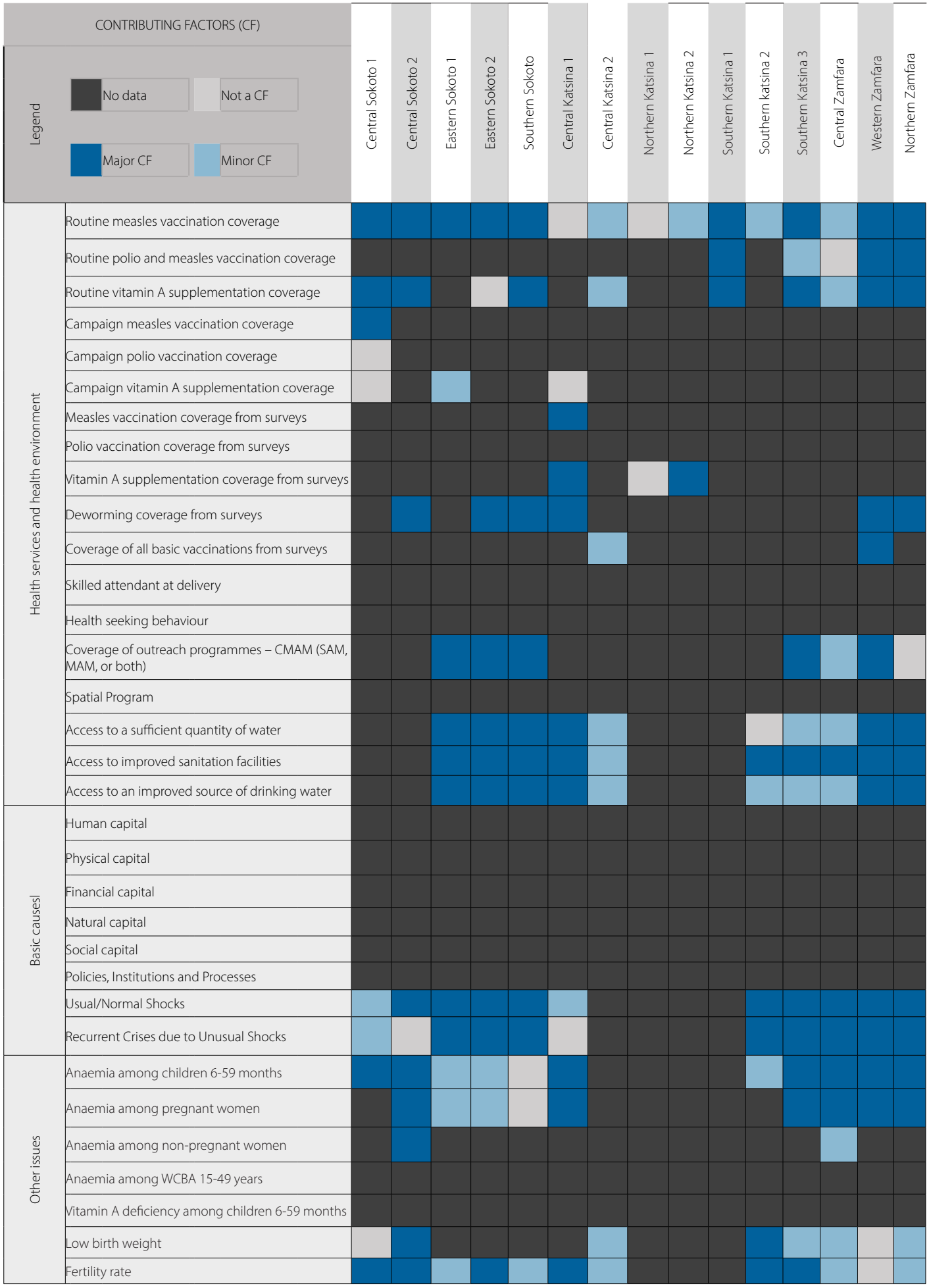
ANNEX 1A: FACTORS CONTRIBUTING TO ACUTE MALNUTRITION IN NORTH-EAST NIGERIA




CONTRIBUTING FACTORS (CF)
Legend
No data
Not a CF
Major CF
Minor CF
Northern Adamawa
Southern Adamawa
Central Yobe
Northern Yobe
Southern Yobe
Central Borno
East Borno
Northern Borno
MMC/Jere
Southern Borno
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)
Other Nutrition issues
Anaemia among children 6-59 months
Anaemia among women of Child bearing age
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 1B: FACTORS CONTRIBUTING TO ACUTE MALNUTRITION IN NORTH-WEST NIGERIA




CONTRIBUTING FACTORS (CF)
Legend
No data
Not a CF
Major CF
Minor CF
Central Sokoto 1
Central Sokoto 2
Eastern Sokoto 1
Eastern Sokoto 2
Southern Sokoto
Central Katsina 1
Central Katsina 2
Northern Katsina 1
Northern Katsina 2
Southern Katsina 1
Southern katsina 2
Southern Katsina 3
Central Zamfara
Western Zamfara
Northern Zamfara
Health services and health environment
Routine measles vaccination coverage
Routine polio and measles vaccination coverage
Routine vitamin A supplementation coverage
Campaign measles vaccination coverage
Campaign polio vaccination coverage
Campaign vitamin A supplementation coverage
Measles vaccination coverage from surveys
Polio vaccination coverage from surveys
Vitamin A supplementation coverage from surveys
Deworming coverage from surveys
Coverage of all basic vaccinations from surveys
Skilled attendant at delivery
Health seeking behaviour
Coverage of outreach programmes – CMAM (SAM, MAM, or both)
Spatial Program
Access to a sufficient quantity of water
Access to improved sanitation facilities
Access to an improved source of drinking water
Basic causesl
Human capital
Physical capital
Financial capital
Natural capital
Social capital
Policies, Institutions and Processes
Usual/Normal Shocks
Recurrent Crises due to Unusual Shocks
Other issues
Anaemia among children 6-59 months
Anaemia among pregnant women
Anaemia among non-pregnant women
Anaemia among WCBA 15-49 years
Vitamin A deficiency among children 6-59 months
Low birth weight
Fertility rate

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

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 9 was used in the formula to calculate the total number of SAM cases while an incident factor of 5 was used to calculate the total number of MAM cases

Zone	Local Government Area	# of Children under 5							Pregnant and Lactating women		
		Total #	Combined GAM %	Combined MAM %	Combined SAM %	Estimated # of GAM cases	Estimated # of MAM cases	Estimated # of SAM cases	Total #	AMN %	# of cases AMN
Southern Adamawa	Demsa	37,576	9.2	7.7	1.5	18,093	13,020	5,073	15,030	12.0	1,804
Southern Adamawa	Fufore	92,173	9.2	7.7	1.5	44,381	31,938	12,443	36,869	12.0	4,424
Southern Adamawa	Ganye	55,514	9.2	7.7	1.5	26,730	19,236	7,494	22,206	12.0	2,665
Southern Adamawa	Girei	46,633	9.2	7.7	1.5	22,454	16,158	6,295	18,653	12.0	2,238
Northern Adamawa	Gombi	57,543	7.0	6.0	1.0	20,715	15,537	5,179	23,017	10.0	2,302
Southern Adamawa	Guyuk	30,491	9.2	7.7	1.5	14,681	10,565	4,116	12,196	12.0	1,464
Northern Adamawa	Hong	57,958	7.0	6.0	1.0	20,865	15,649	5,216	23,183	10.0	2,318
Southern Adamawa	Jada	74,706	9.2	7.7	1.5	35,971	25,886	10,085	29,883	12.0	3,586
Southern Adamawa	Lamurde	23,062	9.2	7.7	1.5	11,104	7,991	3,113	9,225	12.0	1,107
Northern Adamawa	Madagali	32,300	7.0	6.0	1.0	11,628	8,721	2,907	12,920	10.0	1,292
Northern Adamawa	Maiha	36,321	7.0	6.0	1.0	13,076	9,807	3,269	14,528	10.0	1,453
Southern Adamawa	Mayo-Belwa	59,510	9.2	7.7	1.5	28,654	20,620	8,034	23,804	12.0	2,856
Northern Adamawa	Michika	44,340	7.0	6.0	1.0	15,963	11,972	3,991	17,736	10.0	1,774
Northern Adamawa	Mubi North	46,425	7.0	6.0	1.0	16,713	12,535	4,178	18,570	10.0	1,857
Northern Adamawa	Mubi South	45,711	7.0	6.0	1.0	16,456	12,342	4,114	18,284	10.0	1,828
Southern Adamawa	Numan	19,016	9.2	7.7	1.5	9,156	6,589	2,567	7,606	12.0	913
Southern Adamawa	Shelleng	25,890	9.2	7.7	1.5	12,466	8,971	3,495	10,356	12.0	1,243
Northern Adamawa	Song	68,809	7.0	6.0	1.0	24,771	18,578	6,193	27,524	10.0	2,752
Southern Adamawa	Teungo	22,705	9.2	7.7	1.5	10,932	7,867	3,065	9,082	12.0	1,090
Southern Adamawa	Yola North	47,151	9.2	7.7	1.5	22,703	16,338	6,365	18,860	12.0	2,263
Southern Adamawa	Yola South	87,845	9.2	7.7	1.5	42,297	30,438	11,859	35,138	12.0	4,217

Zone	Local Government Area	# of Children under 5							Pregnant and Lactating women		
		Total #	Combined GAM %	Combined MAM %	Combined SAM %	Estimated # of GAM cases	Estimated # of MAM cases	Estimated # of SAM cases	Total #	AMN %	# of cases AMN
Northern Borno*	Abadam*	23,701	0	0	0	0	0	0	0	0	0
Southern Borno	Askira/Uba	63,310	8.2	7.2	1.0	26,211	20,513	5,698	25,324	12.2	3,090
Eastern Borno	Bama	51,574	17.7	13.1	4.6	51,755	30,403	21,352	20,630	14.8	3,053
Southern Borno	Bayo	39,116	8.2	7.2	1.0	16,194	12,674	3,520	15,647	12.2	1,909
Southern Borno	Biu	74,235	8.2	7.2	1.0	30,733	24,052	6,681	29,694	12.2	3,623
Southern Borno	Chibok	25,493	8.2	7.2	1.0	10,554	8,260	2,294	10,197	12.2	1,244
Central Borno	Damboa	46,274	17.7	13.5	4.2	45,603	28,111	17,492	18,510	17.7	3,276
Eastern Borno	Dikwa	24,405	17.7	13.1	4.6	24,491	14,387	10,104	9,762	14.8	1,445
Central Borno	Gubio	35,002	17.7	13.5	4.2	34,495	21,264	13,231	14,001	17.7	2,478
Northern Borno	Guzamala*	20,455	18.2	12.9	5.3	21,631	11,874	9,757	8,182	13.5	1,105
Eastern Borno	Gwoza	48,306	17.7	13.1	4.6	48,475	28,477	19,999	19,323	14.8	2,860
Southern Borno	Hawul	63,189	8.2	7.2	1.0	26,160	20,473	5,687	25,275	12.2	3,084
MMC/Jere	Jere	112,229	15.5	12.1	3.4	95,450	61,108	34,342	44,891	16.5	7,407
Central Borno	Kaga	25,470	17.7	13.5	4.2	25,101	15,473	9,628	10,188	17.7	1,803
Eastern Borno	Kala/Balge	15,103	17.7	13.1	4.6	15,156	8,903	6,253	6,041	14.8	894
Central Borno	Konduga	41,474	17.7	13.5	4.2	40,872	25,195	15,677	16,589	17.7	2,936
Northern Borno*	Kukawa*	24,306	0	0	0	0	0	0	0	0	0
Southern Borno	Kwaya/Kusar	32,057	8.2	7.2	1.0	13,272	10,386	2,885	12,823	12.2	1,564
Central Borno	Mafa	21,474	17.7	13.5	4.2	21,162	13,045	8,117	8,589	17.7	1,520
Central Borno	Magumeri	43,523	17.7	13.5	4.2	42,892	26,440	16,452	17,409	17.7	3,081
MMC/Jere	Maiduguri	169,332	15.5	12.1	3.4	144,017	92,201	51,815	67,733	16.5	11,176
Central Borno	Marte*	18,461	17.7	13.5	4.2	18,194	11,215	6,978	7,385	17.7	1,307
Northern Borno	Mobbar	43,739	18.2	12.9	5.3	46,254	25,391	20,864	17,496	13.5	2,362
Central Borno	Monguno	41,319	17.7	13.5	4.2	40,720	25,102	15,619	16,528	17.7	2,925
Eastern Borno	Ngala	48,702	17.7	13.1	4.6	48,873	28,710	20,163	19,481	14.8	2,883
Northern Borno	Nganzai	21,051	18.2	12.9	5.3	22,262	12,220	10,042	8,421	13.5	1,137
Southern Borno	Shani	47,788	8.2	7.2	1.0	19,784	15,483	4,301	19,115	12.2	2,332

Zone	Local Government Area	# of Children under 5							Pregnant and Lactating women		
		Total #	Combined GAM %	Combined MAM %	Combined SAM %	Estimated # of GAM cases	Estimated # of MAM cases	Estimated # of SAM cases	Total #	AMN %	# of cases AMN
Central Yobe	Bade	47,468	11.9	9.5	2.4	30,546	20,293	10,253	18,987	16.3	3,095
Central Yobe	Bursari	44,718	11.9	9.5	2.4	28,776	19,117	9,659	17,887	16.3	2,916
Southern Yobe	Damaturu	74,768	11.5	9.1	2.4	46,767	30,617	16,150	29,907	15.0	4,486
Southern Yobe	Fika	65,281	11.5	9.1	2.4	40,833	26,732	14,101	26,112	15.0	3,917
Southern Yobe	Fune	104,382	11.5	9.1	2.4	65,291	42,744	22,547	41,753	15.0	6,263
Central Yobe	Geidam	64,399	11.9	9.5	2.4	41,441	27,531	13,910	25,760	16.3	4,199
Southern Yobe	Gujba	48,041	11.5	9.1	2.4	30,050	19,673	10,377	19,216	15.0	2,882
Southern Yobe	Gulani	58,645	11.5	9.1	2.4	36,683	24,015	12,667	23,458	15.0	3,519
Central Yobe	Jakusko	53,630	11.9	9.5	2.4	34,511	22,927	11,584	21,452	16.3	3,497
Northern Yobe	Karasuwa	32,767	14.2	10.5	3.7	26,394	15,483	10,911	13,107	17.9	2,346
Northern Yobe	Machina	35,916	14.2	10.5	3.7	28,930	16,970	11,960	14,366	17.9	2,572
Southern Yobe	Nangere	39,611	11.5	9.1	2.4	24,777	16,221	8,556	15,845	15.0	2,377
Northern Yobe	Nguru	46,361	14.2	10.5	3.7	37,344	21,905	15,438	18,544	17.9	3,319
Southern Yobe	Potiskum	105,005	11.5	9.1	2.4	65,681	43,000	22,681	42,002	15.0	6,300
Southern Yobe	Tarmua	43,560	11.5	9.1	2.4	27,247	17,838	9,409	17,424	15.0	2,614
Northern Yobe	Yunusari	60,173	14.2	10.5	3.7	48,469	28,432	20,038	24,069	17.9	4,308
Northern Yobe	Yusufari	55,190	14.2	10.5	3.7	44,456	26,077	18,378	22,076	17.9	3,952
Total`						2,028,316	1,331,694	696,622	1,265,871		178,501

**Inaccessible areas, no data available*

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

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 3.8 was used in the formula to calculate the total number of SAM cases while an incident factor of 5 was used to calculate the total number of MAM cases

Zone	Local Government Area	# of Children under 5							Pregnant and Lactating women		
		Total #	Combined GAM %	Combined MAM %	Combined SAM %	Estimated # of GAM cases	Estimated # of MAM cases	Estimated # of SAM cases	Total #	AMN %	# of cases AMN
Central Katsina 1	Batsari	69,524	17.1	12.8	4.3	55,856	44,496	11,360	27,810	27.9	7,759
Central Katsina 2	Dan Musa	37,824	16.8	11.6	5.2	29,412	21,938	7,474	15,129	23.6	3,571
Southern Katsina 1	Dandume	48,486	13.5	10.9	2.6	31,215	26,425	4,790	19,394	22.4	4,344
Northern Katsina 1	Daura	73,098	24.1	15.5	8.6	80,540	56,651	23,889	29,239	28.3	8,275
Central Katsina 2	Dutsin Ma	56,447	16.8	11.6	5.2	43,894	32,740	11,154	22,579	23.6	5,329
Southern Katsina 1	Faskari	65,218	13.5	10.9	2.6	41,988	35,544	6,444	26,087	22.4	5,844
Central Katsina 1	Jibia	56,473	17.1	12.8	4.3	45,370	36,143	9,228	22,589	27.9	6,302
Central Katsina 1	kaita	61,348	17.1	12.8	4.3	49,287	39,263	10,024	24,539	27.9	6,846
Southern Katsina 2	Kankara	81,754	12.6	9.6	3.0	48,562	39,242	9,320	32,702	23.7	7,750
Central Katsina 2	Kurfi	39,118	16.8	11.6	5.2	30,418	22,688	7,730	15,647	23.6	3,693
Northern Katsina 2	Mashi	57,600	20.4	13.9	6.5	54,259	40,032	14,227	23,040	11.7	2,696
Southern Katsina 3	Matazu	38,367	14.0	10.3	3.7	25,154	19,759	5,394	15,347	19.4	2,977
Southern Katsina 3	Musawa	57,127	14.0	10.3	3.7	37,453	29,420	8,032	22,851	19.4	4,433
Southern Katsina 1	Sabuwa	45,262	13.5	10.9	2.6	29,140	24,668	4,472	18,105	22.4	4,055
Central Katsina 2	Safana	61,141	16.8	11.6	5.2	47,543	35,462	12,081	24,456	23.6	5,772
Southern Katsina 2	Bakori	49,694	12.6	9.6	3.0	29,518	23,853	5,665	19,878	23.7	4,711
Central Katsina 1	Batagarawa	61,406	17.1	12.8	4.3	49,333	39,300	10,034	24,562	27.9	6,853
Northern Katsina 1	Baure	65,681	24.1	15.5	8.6	72,367	50,903	21,465	26,272	28.3	7,435
Northern Katsina 2	Bindawa	50,687	20.4	13.9	6.5	47,747	35,227	12,520	20,275	11.7	2,372
Northern Katsina 2	Charanchi	45,782	20.4	13.9	6.5	43,127	31,819	11,308	18,313	11.7	2,143
Southern Katsina 2	Danja	41,820	12.6	9.6	3.0	24,841	20,074	4,767	16,728	23.7	3,965

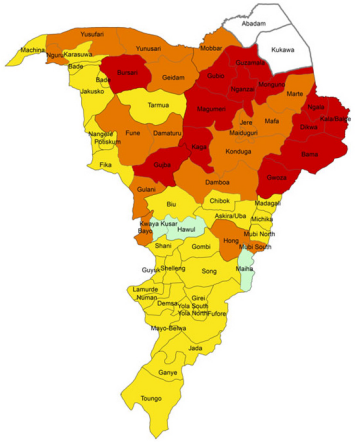
Zone	Local Government Area	# of Children under 5							Pregnant and Lactating women		
		Total #	Combined GAM %	Combined MAM %	Combined SAM %	Estimated # of GAM cases	Estimated # of MAM cases	Estimated # of SAM cases	Total #	AMN %	# of cases AMN
Northern Katsina 2	Dutsi	39,930	20.4	13.9	6.5	37,614	27,751	9,863	15,972	11.7	1,869
Southern Katsina 1	Funtua	75,045	13.5	10.9	2.6	48,314	40,899	7,414	30,018	22.4	6,724
Southern Katsina 3	Ingawa	56,475	14.0	10.3	3.7	37,025	29,084	7,940	22,590	19.4	4,382
Southern Katsina 2	Kafur	67,497	12.6	9.6	3.0	40,093	32,399	7,695	26,999	23.7	6,399
Southern Katsina 3	Kanka	50,380	14.0	10.3	3.7	33,029	25,946	7,083	20,152	19.4	3,910
Central Katsina 1	Katsina	105,947	17.1	12.8	4.3	85,118	67,806	17,312	42,379	27.9	11,824
Southern Katsina 3	Kusada	33,025	14.0	10.3	3.7	21,651	17,008	4,643	13,210	19.4	2,563
Northern Katsina 1	Mai'Adua	66,929	24.1	15.5	8.6	73,743	51,870	21,873	26,772	28.3	7,576
Southern Katsina 2	Malumfashi	60,855	12.6	9.6	3.0	36,148	29,211	6,937	24,342	23.7	5,769
Northern Katsina 2	Mani	58,874	20.4	13.9	6.5	55,460	40,918	14,542	23,550	11.7	2,755
Central Katsina 2	Rimi	51,149	16.8	11.6	5.2	39,773	29,666	10,107	20,459	23.6	4,828
Northern Katsina 1	Sandamu	45,674	24.1	15.5	8.6	50,323	35,397	14,926	18,269	28.3	5,170
Northern Katsina 1	Zango	51,481	24.1	15.5	8.6	56,722	39,898	16,824	20,592	28.3	5,828
Central Sokoto 1	Bodinga	66,693	18.0	12.6	5.4	55,702	42,017	13,685	26,677	14.8	3,948
Central Sokoto 1	Dange-Shuni	57,782	18.0	12.6	5.4	48,260	36,403	11,857	23,113	14.8	3,421
Central Sokoto 1	Sokoto North	75,510	18.0	12.6	5.4	63,066	47,571	15,495	30,204	14.8	4,470
Central Sokoto 1	Sokoto South	116,304	18.0	12.6	5.4	97,137	73,272	23,866	46,522	14.8	6,885
Central Sokoto 1	Wammako	136,494	18.0	12.6	5.4	114,000	85,991	28,009	54,598	14.8	8,080
Central Sokoto 2	Binji	22,980	16.7	12.8	3.9	18,113	14,707	3,406	9,192	16.7	1,535
Central Sokoto 2	Gudu	26,836	16.7	12.8	3.9	21,152	17,175	3,977	10,734	16.7	1,793
Central Sokoto 2	Silame	86,318	16.7	12.8	3.9	68,036	55,244	12,792	34,527	16.7	5,766
Central Sokoto 2	Tangaza	81,013	16.7	12.8	3.9	63,854	51,848	12,006	32,405	16.7	5,412
Eastern Sokoto 1	Goronyo	68,887	25.1	16.3	8.8	79,179	56,143	23,036	27,555	21.0	5,787
Eastern Sokoto 1	Isa	40,626	25.1	16.3	8.8	46,696	33,110	13,585	16,250	21.0	3,413
Eastern Sokoto 1	Raba	106,217	25.1	16.3	8.8	122,086	86,567	35,519	42,487	21.0	8,922
Eastern Sokoto 1	Sabon -Birni	189,789	25.1	16.3	8.8	218,143	154,678	63,465	75,916	21.0	15,942

Zone	Local Government Area	# of Children under 5							Pregnant and Lactating women		
		Total #	Combined GAM %	Combined MAM %	Combined SAM %	Estimated # of GAM cases	Estimated # of MAM cases	Estimated # of SAM cases	Total #	AMN %	# of cases AMN
Eastern Sokoto 2	Gada	118,494	20.0	14.7	5.3	110,958	87,093	23,865	47,398	15.8	7,489
Eastern Sokoto 2	Gwadabawa	57,313	20.0	14.7	5.3	53,668	42,125	11,543	22,925	15.8	3,622
Eastern Sokoto 2	Kware	80,249	20.0	14.7	5.3	75,145	58,983	16,162	32,100	15.8	5,072
Eastern Sokoto 2	Illela	68,028	20.0	14.7	5.3	63,701	50,001	13,701	27,211	15.8	4,299
Eastern Sokoto 2	Wurno	101,180	20.0	14.7	5.3	94,745	74,367	20,378	40,472	15.8	6,395
Southern Sokoto	Shagari	101,160	19.6	13.0	6.6	91,125	65,754	25,371	40,464	12.2	4,937
Southern Sokoto	Kebbe	57,594	19.6	13.0	6.6	51,881	37,436	14,445	23,038	12.2	2,811
Southern Sokoto	Tambuwal	177,306	19.6	13.0	6.6	159,717	115,249	44,468	70,922	12.2	8,653
Southern Sokoto	Tureta	59,184	19.6	13.0	6.6	53,313	38,470	14,843	23,674	12.2	2,888
Southern Sokoto	Yabo	76,608	19.6	13.0	6.6	69,008	49,795	19,213	30,643	12.2	3,738
Central Zamfara	Bungudu	109,012	11.5	9.3	2.2	59,804	50,690	9,113	43,605	7.9	3,445
Central Zamfara	Gusau	58,040	11.5	9.3	2.2	31,841	26,989	4,852	23,216	7.9	1,834
Central Zamfara	Maru	116,973	11.5	9.3	2.2	64,171	54,392	9,779	46,789	7.9	3,696
Central Zamfara	Tsafe	48,388	11.5	9.3	2.2	26,545	22,500	4,045	19,355	7.9	1,529
Western Zamfara	Anka	25,486	13.7	9.7	4.0	16,234	12,361	3,874	10,194	10.9	1,111
Western Zamfara	Bukkuyum	124,944	13.7	9.7	4.0	79,590	60,598	18,992	49,978	10.9	5,448
Western Zamfara	Gumi	39,647	13.7	9.7	4.0	25,255	19,229	6,026	15,859	10.9	1,729
Western Zamfara	Maradun	61,334	13.7	9.7	4.0	39,070	29,747	9,323	24,534	10.9	2,674
Western Zamfara	Talata-Mafara	69,825	13.7	9.7	4.0	44,479	33,865	10,613	27,930	10.9	3,044
Northern Zamfara	Bakura	65,071	13.6	10.5	3.1	41,828	34,162	7,665	26,028	7.6	1,978
Northern Zamfara	Birnin -Magaji	71,786	13.6	10.5	3.1	46,144	37,688	8,456	28,714	7.6	2,182
Northern Zamfara	Kauran-Namoda	49,521	13.6	10.5	3.1	31,832	25,999	5,834	19,808	7.6	1,505
Northern Zamfara	Shinkafi	15,301	13.6	10.5	3.1	9,836	8,033	1,803	6,121	7.6	465
Northern Zamfara	Zurmi	24,686	13.6	10.5	3.1	15,868	12,960	2,908	9,874	7.6	750
Total		4,779,699				3,903,218	2,976,710	926,508	1,911,880		333,389

NORTHEAST NIGERIA IPC AMN SNAPSHOT

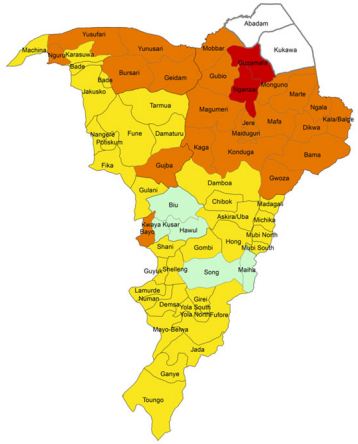
ACUTE MALNUTRITION CURRENT SITUATION MAY-SEPT 2022

00 LGA	Extremely Critical
13 LGA	Critical
17 LGA	Serious
30 LGA	Alert
03 LGA	Acceptable



ACUTE MALNUTRITION PROJECTED SITUATION OCT – DEC 2022

ACUTE MALNUTRITION PROJECTED SITUATION JAN – APR 2023



ESTIMATED NO OF CHILDREN WITH ACUTE MALNUTRITION IN NEED OF TREATMENT

ADMIN UNIT	Northern Adamawa	Southern Adamawa	Central Borno	Northern Borno	East Borno	MMC/Jere	Southern Borno	Southern Yobe	Central Yobe	Northern Yobe
% MAM*	6.0	7.7	13.5	12.9	13.1	12.1	7.2	9.1	9.5	10.5
% SAM*	1.0	1.5	4.2	5.3	4.6	3.4	1.0	2.4	2.4	3.7
% GAM*	7.0	9.2	17.5	18.2	17.7	15.5	8.2	11.5	11.	14.2

*Severe, Moderate and Global Acute Malnutrition

KEY DRIVERS

- Poor food consumption
- Poor health seeking behaviour
- Poor access to health services
- Sub-optimal child caring practices

MAY 2022 – APRIL 2023

2,028,316
Cases of children aged 6-59 months acutely malnourished

178,501
Cases of pregnant or lactating women malnourished

IN NEED OF URGENT ACTION

696,622 SAM*
Cases of children aged 6-59 months severely malnourished

1,331,694 MAM*
Cases of children aged 6-59 months moderately malnourished

3,212,685
Total population of children <5

PROJECTION OCT 2022 – APR 2023

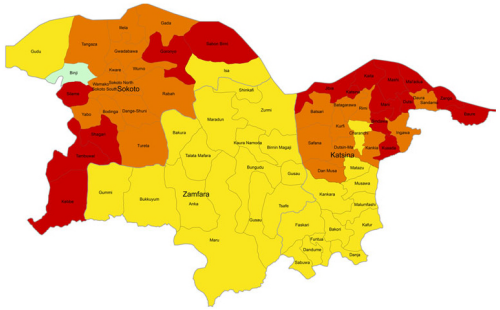
63 LGAs ACUTE MALNUTRITION IS EXPECTED TO IN

DETERIORATE	00 LGA
REMAIN STABLE	44 LGA
IMPROVE	19 LGA

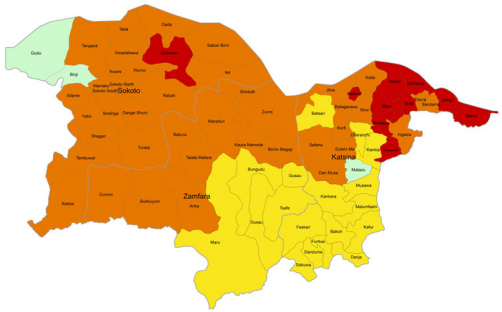
NORTHWEST NIGERIA IPC AMN SNAPSHOT

ACUTE MALNUTRITION CURRENT SITUATION MAY-SEPT 2022

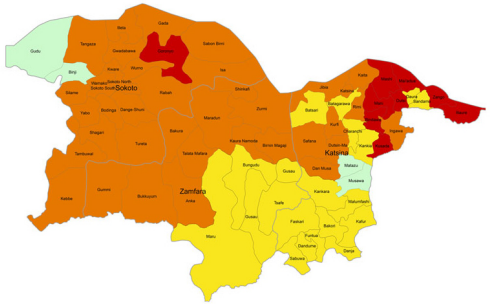
00 LGA	Extremely Critical
19 LGA	Critical
22 LGA	Serious
29 LGA	Alert
01 LGA	Acceptable



ACUTE MALNUTRITION PROJECTED SITUATION OCT – DEC 2022



ACUTE MALNUTRITION PROJECTED SITUATION JAN – APR 2023



ESTIMATED NO OF CHILDREN WITH ACUTE MALNUTRITION IN NEED OF TREATMENT

ADMIN UNIT	C Sokoto 1	C Sokoto 2	E Sokoto 1	E Sokoto 2	S Sokoto	C Katsina 1	C Katsina 2	N Katsina 1	N Katsina 2	S Katsina 1	S Katsina 2	S Katsina 3	C Zamfara	W Zamfara	N Zamfara
% MAM*	12.6	12.8	16.3	14.7	13.0	12.8	11.6	15.5	13.9	10.9	9.6	10.3	9.3	9.7	10.5
% SAM*	5.4	3.9	8.8	5.3	6.6	4.3	5.2	8.6	6.5	2.6	3.0	3.7	2.2	4.0	3.1
% GAM*	18.0	16.7	25.1	20.0	19.6	17.1	16.8	24.1	20.4	13.5	12.6	14.0	11.5	13.7	13.6

Severe, Moderate and Global Acute Malnutrition

KEY DRIVERS

Poor food consumption

Poor health seeking behaviour

Shocks such as banditry and floods

Poor hygiene and infrastructure

MAY 2022 – APRIL 2023

3,903,218
Cases of children aged 6-59 months acutely malnourished

333,389
Cases of pregnant or lactating women malnourished

IN NEED OF URGENT ACTION

926,508 SAM*
Cases of children aged 6-59 months severely malnourished

2,976,710 MAM*
Cases of children aged 6-59 months moderately malnourished

4,779,699
Total population of children <5

PROJECTION OCT 2022 – APR 2023

63 LGAs ACUTE MALNUTRITION IS EXPECTED TO

		IN
DETERIORATE	11 LGA UNIT	
REMAIN STABLE	44 LGA UNIT	
IMPROVE	16 LGA ADMIN UNIT	