Key messages for decision makers

- The distribution of food assistance has impacted positively on beneficiaries in Monguno leading to a decrease in the proportion of households with poor food consumption from 44% at baseline to 5% in February 2017.
- On average, households with acceptable food consumption consumed cereals for 7 days, pulses for 4 days, vegetable for 7 days and meat for 2 days, with the consumption of sugar and oil improving to 4 and 7 days from 2 and 6 days respectively compared to the baseline.
- The proportion of poor food consumption households is higher for households that consumed one meal per day (34%).
- In spite of the substantial decrease in the proportion of households with poor food consumption as compared to the baseline, the use of coping strategies remain high among all households.
- There has been an improvement in the global acute malnutrition rate based on a rapid MUAC screening of children 6-59 months; about 6.24% in January 2017 compared to 27.3% findings of the August 2016 rapid assessment.

Introduction

According to the Armed Conflict Location and Event Data Project, more than 146 people have been killed by Boko Haram insurgents in Mungono and its surrounding communities since the beginning of 2015 and this has forced many residents to seek refuge in the safety of displaced persons camps in Maiduguri. The round 14 of the Displacement Tracking matrix (DTM) revealed that a total of 46,813 individuals moved from communities in the Monguno, notably, Soye, Kumhe, Gulumba and Walasa to safer places in Bama and Banki towns.

The tense security situation associated with the ongoing violence continue to disrupt the livelihoods of the local population as well as the functioning of markets.

A second round of Rapid Response Mechanism (RRM) was conducted to Monguno from the 19th to the 25th of February 2017 and a total of 988 tons of food items were distributed to 96,402 beneficiaries in three IDP camp and the host community. A total of 66.505 tons of the food items was plumpy sup meant to support Blanket Supplementary Feeding in the three camps. Nutrition screening was conducted for 13,267 children aged 6-59 months in order to determine the prevalence of acute malnutrition.
Methodology

A total of 300 household questionnaires were administered during the assessment. Seventy-four percent of households are male-headed. The households were randomly selected to respond to questions on food consumption and strategies they use to cope with limited access to food. While 67 percent of households are IDPs in camps, 17 percent are IDPs in host communities and 13 percent are permanent resident. The remaining 3 percent are IDPs in informal settlements or IDPs returnees.

Food consumption

As compared to the baseline, the proportion of households consuming one meal per day decreased from 19.2 percent to 10.4 percent while the proportion of households consuming two meals a day increased from 36 percent to 59 percent. Similarly, the proportion of households with poor food consumption decreased from 44 percent at baseline to 5 percent in February while the proportion of households with acceptable food consumption increased from 29 percent at baseline to 44 percent during this period. Moreover, the proportion of IDPs households with poor food consumption decreased from 30 percent at baseline to 5 percent in February while the proportion of host community households with poor food consumption decreased from 30 percent at baseline to 0 percent.

On average, households with acceptable food consumption consumed cereals for 7 days, pulses for 4 days, vegetables for 7 days and meat for 2 days with the consumption of sugar and oil improving to 4 and 7 days from 2 and 6 days respectively compared to the baseline. Among borderline food consumption households, the consumption of cereals increased from 6 to 7 days while the consumption of vegetable increased from 1 to 5 days.

The proportion of poor food consumption households is higher for households that consumed one meal per day (34.4 percent), with only 2.3 percent of households with poor food consumption consuming 2 meals per day. On the other hand, nearly 77 percent of households with acceptable food consumption consumed three meals a day. As compared to the baseline, 81 percent of households with poor food consumption ate 1 meal a day while 15 percent of households with borderline food consumption also ate one meal per day.

RRM to Monguno - Key figures

During the first RRM mission (17th to 21st January 2017), WFP assistance reached 73,230 beneficiaries including 8,637 children aged 6-59 months receiving Blanket Supplementary Feeding (BSFP). During the second RRM mission (19th to 25th February 2017), WFP has distributed 741.703 metric tons of food (cereals, pulses, vegetable oil and salt) to 96,402 beneficiaries in three IDP camps including 66.505 metric tons of Plumpy Sup® to 13,267 children aged 6-59 months (BSFP).
Food consumption-based coping strategies

The mean reduce Coping Strategy (rCSI) which measures the use of five food consumption-based coping strategies during the seven days preceding the assessment increased from 17.9 at baseline to 23 in February 2017. During this period, 92% of households reported using coping strategies which is the same as the baseline. The mean rCSI was 17.4 for households with poor food consumption, 18.4 for those with borderline food consumption and 18.1 for households with acceptable food consumption.

Households that consume one meal are more frequently using coping strategies (33.7) than households consuming two meals (23.4) and three meals (21.5). At baseline, households consuming one meal had a mean coping strategy index of 19.4 compared to 14.9 for households with borderline food consumption and 19 for households with acceptable food consumption.

Nutrition

About 4,546 children aged 6-59 months were screened for to determine their nutrition status based on their Mid-Upper Arm Circumference (MUAC). The GAM was found at 6.24% with severe acute malnutrition rate at 0.24%. This was a significant improvement from the August 2016 when the GAM was at 27.3%.

This improvement may be largely attributed not only to the health services and WASH activities availed in the IDP camps by humanitarian actors, but also to the malnutrition prevention blanket supplementary feeding programme for all children aged 6-59 months as well as the general food assistance to all households.

Conclusions

While the distribution of food assistance has impacted positively on households in Monguno with the proportion of households with poor food consumption decreasing from 44 percent at baseline in January to 5 percent in February, serious concerns remain. In particular, households are more frequently employing food consumption-based coping strategies which underscores some level of unmet food needs. The increasing use of coping strategies in the face of improving household level food consumption calls for sustained food assistance-based interventions along with some focuses on the recovery of livelihoods.

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