

Borno - Health

Assessment of Hard-to-Reach Areas in Northeast Nigeria

September 2019

Overview

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno state as hard to reach. To address information gaps facing the humanitarian response in Northeast Nigeria and inform humanitarian actors on the demographics of households in hard-to-reach areas of Northeast Nigeria, as well as to identify their needs, access to services and movement intentions, REACH has been conducting a monthly assessments of hard-to-reach areas in Northeast Nigeria since November 2018.

Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in hard-to-

reach areas through monthly multi-sector interviews in accessible Local Government Area (LGA) capitals with the following typology of Key Informants (KIs):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last 3 months¹
- KIs who have had contact with someone living or having been in a hard-to-reach settlement in the last month (traders, migrants, family members, etc.)¹

Selected KIs are purposively sampled and are interviewed on settlement-wide circumstances in hard-to-reach areas, rather than their individual

experiences. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as 'no consensus'. While included in the calculations, the percentage of settlements for which no consensus was reached is not displayed in the results below.

All percentages presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within a LGA reporting this specific response. Findings are only reported on

LGAs where at least 5% of all settlements in the respective LGA have been assessed.

The findings presented are indicative of broader trends in assessed settlements in September 2019, and are not statistically generalisable.

Assessment Coverage

1,560 Key Informants interviewed

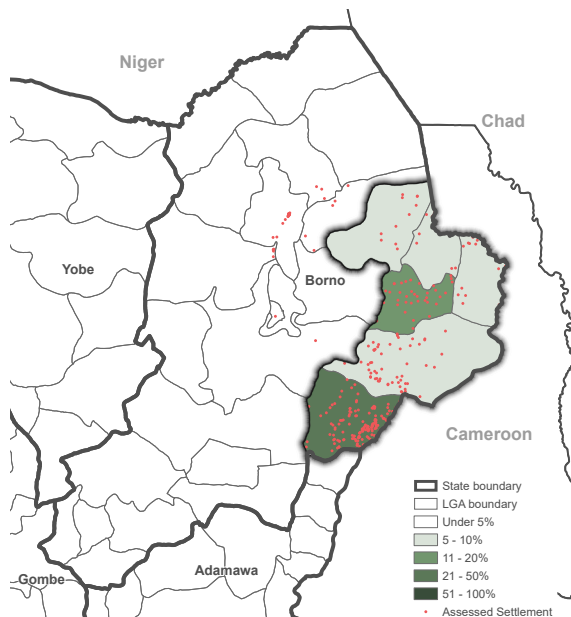
434 Settlements assessed

19 LGAs assessed

6 LGAs with 5% or more coverage²

Assessment coverage

Proportion of settlements assessed:

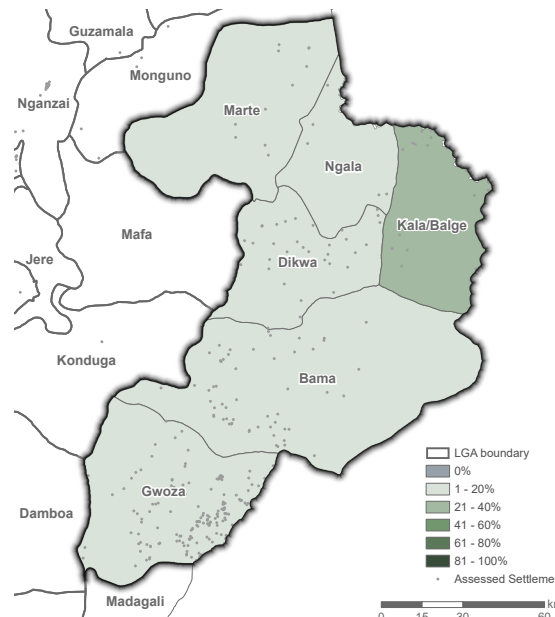


¹ Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed. If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area.

² LGA level data is only represented for LGAs in which at least 5% of settlements have been assessed. The most recent version of the VTS dataset (released in February 2019 on vts.eocng.org) has been used as the reference for settlement names and locations.

Access to health services

Proportion of assessed settlements reporting a functional health service that people can walk to:



Most common health problems reported by assessed settlements:

Malaria / Fever	45%
Malnutrition	19%
Diarrhoea	6%
Skin disease	4%
None	4%

83%

of assessed settlements with no access to a functional health service reported that the main barrier to accessing health services is that they were either destroyed or never existed

21%

of assessed settlements reported that mosquito nets are available and are being used in the location

2%

of assessed settlements reported having access to feeding programmes that provide plumpy sup, CSB++ or other nutrition items