Assessment of hard-to-reach areas: Water, Sanitation, and Hygiene (WASH) and Health
October - December 2022
Adamawa and Yobe States, Northeast Nigeria

KEY FINDINGS

• Findings suggest that people in a majority (87%) of assessed settlements use unimproved sources of drinking water that are not protected from outside contamination.
• In over one-third (36%) of assessed settlements, people reportedly defecate in the open.
• According to key informants (KIs), people in 60% of assessed settlements do not have access to any health facilities within an hour from their settlement, with the main reported barrier in one-third (33%) of assessed settlements cited as there never having been any health facilities nearby.

WATER

% of assessed settlements in which the reported main source of drinking water for people in the settlement was unimproved:

Main sources of drinking water for people in the settlement in the month prior to data collection, by % of assessed settlements:

- Unimproved: 87%
- Improved: 7%
- No consensus (NC): 6%

Unimproved water sources that are not protected from outside contamination, including unprotected wells and surface water, were reportedly used most commonly by people in a majority of assessed settlements.

CONTEXT AND RATIONALE

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Yobe and Adamawa states as inaccessible. To address information gaps facing the humanitarian response 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 monthly assessments of hard-to-reach areas in Northeast Nigeria since November 2018.

Using the Area of Knowledge (AoK) methodology, REACH collected data from 12th October to 13th December 2022. Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within an LGA. The findings presented are indicative of broader trends in assessed settlements in October, November, and December 2022, and are not statistically generalisable. Find more methodological information on the last page of this factsheet.

1. REACH H2R sectoral factsheets from November 2020 to September 2022.
Reported main problems with collecting water, by % of assessed settlements:

- Quality of the water is not good: 77%
- Long waiting times to access water: 65%
- Water structure damaged: 53%
- Water is insufficient: 52%
- People fear for their safety: 19%

Reported time it took for most people to reach, access, and return from the main drinking water source, by % of assessed settlements:

- Under 30 minutes: 27%
- 30 minutes to 1 hour: 36%
- 1 hour to less than half a day: 24%
- Half a day or more: 2%

Drinking water was named as a priority need for most households in 51% of assessed settlements.

Reported main coping strategies used by community members when there was not enough water in the settlement, by % of assessed settlements:

- Walk long distances: 41%
- Use an unpreferred water source: 17%
- Leave the settlement: 8%
- Dig new unprotected well: 7%
- Harvest rain water: 4%

Reported main sanitation facility used in the settlement, by % of assessed settlements:

- None - open defecation: 36%
- Pit latrine without a slab and/or platform: 26%
- Open hole: 15%
- Ventilated improved pit (VIP) latrine: 9%
- Pit latrine with a slab and/or platform: 2%

Reported proportion of people who were using latrines in the settlement in the month prior to data collection, by % of assessed settlements:

- Less than half: 67%
- Around half: 13%
- More than half: 4%
- All: 2%

Hygiene items, such as soap and sanitary pads, as well as sanitation services, including latrines, were named as a priority need for most households in 22% of assessed settlements.

Reported main hand-washing materials used in the settlement, by % of assessed settlements:

- Only water: 70%
- Sand (with water): 11%
- Soap (with water): 7%
- Don't wash their hands: 3%
- Ash (with water): 2%
HEALTH

% of assessed settlements in which most people did not have access to a functional health facility within less than one hour by walking or by most common mode of transport:

In 60% of assessed settlements, KIs reported that people were not able to access any health facilities (within less than one hour by walking or by most common mode of transport).

Reported main barriers to accessing health facilities, by % of assessed settlements:

- There were never health facilities nearby: 33%
- There is a lack of/no medicine available: 12%
- There is a lack of/no healthcare workers in the area: 10%
- Lack of cash to pay for transportation or healthcare fees: 5%
- The area is too insecure: 5%

By % of assessed settlements, in the month prior to data collection, were vaccinations reported to have taken place in the settlement?

Assessed settlements where vaccinations took place in the last month, reported type of vaccinations given, by % of assessed settlements:

- Polio: 90%
- Cholera: 6%
- Diptheria: 2%
- Covid-19: 1%
- Typhoid: 1%
METHODOLOGY AND COVERAGE

Proportion of assessed settlements², October - December 2022

Using the 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 key informants (KIs) who are either (1) newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last month or (2) 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.).

If not stated otherwise, the recall period for each question is set to one month prior to the last information the KI has had from the hard-to-reach area. 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’.

Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within an LGA. Findings are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed. The findings presented are indicative of broader trends in assessed settlements in October, November, and December 2022, and are not statistically generalisable.³ Due to precautions related to accessibility and insecurity in some LGAs, data were collected remotely through phone interviews with assistance from local stakeholders. Data collection took place from 12th October 2022 to 13th December 2022.

More information on the methodology can be found in the Terms of Reference.

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<th>State</th>
<th>LGA</th>
<th># of assessed settlements</th>
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<td>Mubi North</td>
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<td>Gulani</td>
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<td></td>
<td>Yunusari</td>
<td>101</td>
</tr>
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Number of key informant interviews: 1339
Number of assessed settlements: 845
Number of assessed LGAs: 11
Number of assessed LGAs with sufficient coverage: 10

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² The National Population Estimates v1.2 on grid3.gov.ng/datasets has been used as the reference for settlement names and locations, and adjusted to account for deserted villages based on information shared by OCHA.

³ Due to changes in migration patterns, the specific settlements assessed within each LGA vary each month. Changes in results reported in this factsheet, compared to previous factsheets, may therefore be due to variations in the assessed settlements instead of changes over time.