Local Government Area Settlement Profiling

Dikwa Town, Dikwa LGA
January 2019
BORNO STATE

CONTEXT AND METHODOLOGY

Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.[1] Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).[2] The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availablility of services and persons' access to services in accessible locations and the varying vulnerabilites of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in 6 accessible LGA towns in Borno State, aims to support multi-sectoral coordination and evidence-based response at the LGA level through information management.

This factsheet presents evidence-based data on household (HH) needs and access to basic services in Dikwa town, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. Both the HH survey and infrastructure mapping data was collected between 30 November and 7 December 2018. 197 HH surveys were conducted in Dikwa town (81 HH surveys at formal camps and 116 at host community sites), with a representative sample at site level with a confidence level of 95% and a margin of error of 8%.

DEMOGRAPHICS

The estimated population of Dikwa is **78,939**, including **60,502** Internally Displaced Persons (IDPs).[3]

41% of HHs lived in formal camps, while **59%** lived in the host community.

Population displacement status per site:

	Formal camp	Host community
IDPs	90%	28%
Non-displaced	5%	10%
Returnees	5%	62%

36% of households were female-headed in the formal camp, and **23%** in the host community.

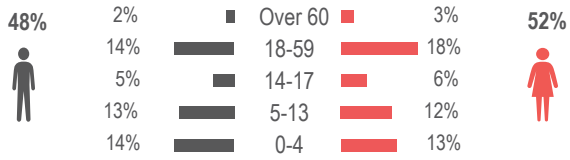
% of HHs with single Head of households (HoH), by gender:

	Formal camp	Host community
Female, single-headed HH	22%	14%
Male, single-headed HH	0%	4%

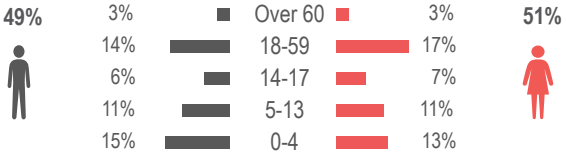
% of HHs reporting the following vulnerable members:

	Formal camp	Host community
Pregnant or lactating women (PLW)	72%	72%
Separated / Unaccompanied children	10%	21%
Chronically ill persons	9%	10%
Persons with physical/mental disability	15%	16%

Age and sex of HH members - Formal camps



Age and sex of HH members - Host community



PRIORITY NEEDS

Top 3 reported needs of HHs per site:

	Formal camp	Host community
1	Food	Food
2	Livelihoods	Water
3	Water	Livelihoods

[1] More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: https://data2.unhcr.org/en/situations/nigeriasituation
[2] Local Goverment Areas constitute the 2nd administrative level in Nigeria. As of December 2018, only urban centres were accessible in most LGAs, and two out of the 27 LGAs in Borno State were inaccessible (OCHA, December 2018).
[3] Estimated population figures were calculated based on the Vaccination Tracking System (VTS) and the IOM Displacement Tracking Matrix (DTM), December 2018, Round XXVI dataset of site assessment.

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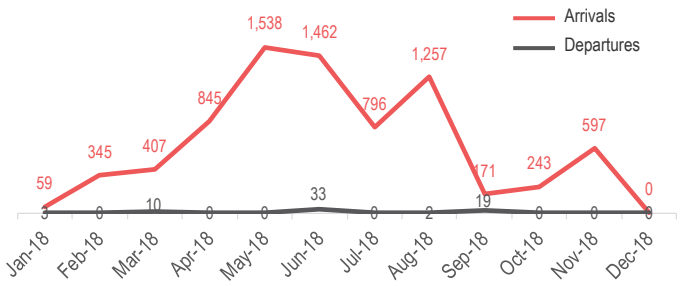
For more information on this factsheet, please contact reach.nigeria@reach-initiative.org

DISPLACEMENT

Arrivals vs. departures in Dikwa town in 2018:



7,720 arrived to the location between January and December 2018, and **67** departed from the location.[4]

Reported movement intentions of IDP HHs per site:[5]

	Formal camp	Host community
Plan to stay permanently	19%	48%
Would like to move in the future	64%	45%
Currently planning to move	16%	3%
No response / Don't know	1%	4%

Push factors: Top 3 reasons why HHs planned to leave current location, among those who reportedly planned to move at the time of the survey, per site:[5,6]

	Formal camp	Host community
1	Lack of food	Lack of food
2	Lack of shelter	Lack of shelter
3	Lack of access to land	Lack of access to land

Pull factors: Top 3 reasons why HHs planned to move to another location, among those who reportedly planned to move at the time of the survey, per site: [5,6]

	Formal camp	Host community
1	Access to land	Access to food
2	Access to food	Access to shelter
3	Access to shelter	Access to land

FOOD SECURITY

Top 3 reported ways of accessing food, per site:[6]

Formal camp		Host community	
1. Food distributions by NGOs	98%	1. Purchase in local markets	89%
2. Purchase in local market	43%	2. Own cultivation	65%
3. Assistance from relatives	25%	3. Food distributions by government	11%

48% of HHs in the formal camps reported that they did not have physical access to a marketplace, as opposed to **28%** in the host community, in the two weeks prior to data collection.

Most commonly reported barriers to accessing food per site:[6]

Formal camp		Host community	
1. Limited / no income	43%	1. Unusually high prices	45%
2. Unusually high prices	38%	2. Market too far away	41%
3. Food not distributed	28%	3. Food not being distributed	11%

51% of HHs in the formal camps and **49%** in the host community reportedly needed access to land in the 3 months prior to data collection.

% of HHs who were able to access land per site, among those who needed access:

Formal camp		Host community
15%	Yes, access to amount of land needed	25%
58%	Yes, but did not access amount needed	63%
27%	No, not able to access any land	12%

Most commonly reported barriers to accessing land, if any, among those who needed access, per site:[5,6]

Formal camp		Host community	
1. No barrier	59%	1. No barrier	44%
2. Insecurity	29%	2. Insecurity	39%
3. Land already taken	20%	3. Charges too expensive	14%

EARLY RECOVERY & LIVELIHOODS

52% of HHs in the formal camps, and **23%** in the host community reported having no access to income.

Top 3 reported sources of income for HHs per site:[6]

Formal camp		Host community	
1. Agriculture	25%	1. Small business	43%
2. Small business	25%	2. Agriculture	27%
3. Livestock	15%	3. Livestock	15%

47% of HHs in the formal camps, and **17%** in the host community reported having no access to cash.

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection, per site:[6]

Formal camp		Host community	
1. Borrow money	59%	1. Borrow money	61%
2. Purchase food on credit	51%	2. Purchase food on credit	54%
3. Depend on support	41%	3. Depend on support	36%

31% of HHs in the formal camps, and **26%** in the host community reportedly resorted to begging to cope with the lack of income.

[4] IOM Emergency Tracking Tool (ETT) January - December 2018, Report No. 48.- 99.
[5] This question refers to a subset of the population surveyed. Results should be considered indicative only.
[6] Respondents could select multiple answers.

WASH

57% of HHs living in formal camps, and **40%** of those living in the host community reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Most commonly sources of water used by HHs per site:[7]

Site	Water source	Percentage	Water source type
Formal camp	Borehole / tubewell	81%	
	Public tap	30%	Improved water source
	Handpump	14%	
Host community	Borehole / tubewell	76%	
	Public tap	40%	Improved water source
	Handpump	16%	

54% of HHs living in formal camps, and **45%** of those living in the host community reported that they needed more than 30 minutes to collect water (including traveling and queueing) for their daily needs.

% of HHs reporting the following issues, if any, when collecting water:[7]

	Formal camp	Host community
Long queueing	81%	70%
Long traveling	63%	48%

19% of HHs living in formal camps, and **21%** of those living in the host community reported that their main source of drinking water was of average or bad quality.

The most commonly reported reason for average or bad quality water in formal camps and host community: Water tastes bad.[7]

% of HHs reporting the frequency with which they treated the main source of HH water per site:

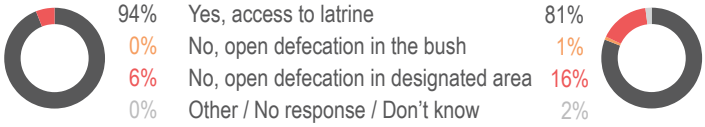
	Formal camp	Host community
Yes, always	12%	11%
Yes, sometimes	29%	35%
No, water is clean	57%	52%
No, treatment not available	2%	2%
Other / No response / Don't know	0%	0%

Most commonly reported water treatment method per site:

Formal camp: Aquatabs **Host community:** Aquatabs

49% of HHs living in formal camps, and **41%** of those living in the host community reported not having soap in their HH.
The most commonly reported reason among those who reported not having soap: Waiting for distribution (48% of HHs in formal camps and 42% of those in host community)[8]

% of HHs reporting access to latrine per site:



Main reasons for HH members not using latrines, as reported by HHs where not all HH members had access to it, per site: [7,8,9]

	Formal camp	Host community
1	Not safe for children	Not safe for children
2	Latrine damaged	N/A
3	Not safe at night	N/A

Most commonly reported trash disposal methods, per site:

Formal camp: Dedicated site / public trash bins, burned
Host community: Dedicated site or public trash bins, left in open area

SHELTER & NFIS

Top 3 reported shelter types, per site:

	Formal camp		Host community	
1.	Tent	43%	Traditional house	59%
2.	Emergency tent	26%	Masonry building	20%
3.	Collective shelter	11%	Makeshift shelter	8%

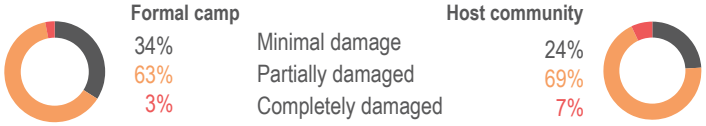
% of HHs reportedly living in each shelter occupancy arrangement, per site:

	Formal camp	Host community
Owned / purchased	9%	47%
Rented	1%	18%
Squatted with permission	80%	29%
Squatted without permission	9%	3%
Hosted by relative	1%	0%
Hosted by community member	0%	3%

71% of HHs living in the host community reported that they had a written rental contract, among those who were renting their shelter.[8]

36% of HHs living in formal camps, and **39%** of those in the host community reported that their shelter was damaged.

% of HHs reporting severity of damage to housing per site:[8]



The main reported reason for damage of housing among formal camp and host community HHs: Storm / wind (79% in formal camps, 67% in host community). [7,8]

Least owned NFI kit items, by % of HHs reporting having them:[7]

	Formal camp		Host community	
1.	Reusable sanitary pads	0%	Laundry detergent	3%
2.	School textbooks	1%	Reusable sanitary pads	4%
3.	10l basin	2%	School textbooks	9%

[7] Respondents could select multiple answers.
[8] This question refers to a subset of the population surveyed. Results should be considered indicative only.
[9] Percentages calculated based on the 9 HHs (12%) in the formal camps and 15 HHs (16%) in the host community that reported that some HH members did not use / could not access the latrines.

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HEALTH

30% of HHs living in formal camps, and **55%** of those living in the host community reported that at least one member had been ill in the 15 days prior to data collection.

Most commonly reported symptoms by HHs, per site: [10,11]

Formal camp		Host community	
1. Fever	79%	1. Coughing	66%
2. Coughing	38%	2. Fever	42%
3. Diarrhea	17%	3. Diarrhea	39%

% of HHs reporting distance to health facility, per site:

Formal camp		Host community
99%	Less than 2 km	98%
0%	Within 2-5 km	0%
0%	More than 5 km	0%
1%	No response / Don't know	2%

Type of closest health facility reported by HHs, per site:

Formal camp		Host community
64%	Hospital	45%
21%	Primary Health Care (PHC)	47%
11%	Mobile clinic	3%
0%	NGO-run clinic	2%
4%	Other / No response / Don't know	3%

Top 3 reported barriers to accessing healthcare, if any, per site: [10]

Formal camp		Host community	
1. No barrier	94%	1. Treatment not available	92%
2. High cost of medicine	5%	2. High cost of services	5%
3. Facility too far	2%	3. High cost of medicine	4%

23% of HHs living in formal camps, and **27%** of those living in the host community reported that one female member had given birth in the three months prior to data collection.

The main location of birth was for both HHs living in formal camps and in the host community: At home[11]

42% of HHs living in formal camps, and **52%** of host community HHs reported the birth was assisted by a traditional birth attendant.[11]

EDUCATION

% of HHs reporting access to formal education per site:

Formal camp		Host community
7%	All children enrolled	14%
38%	Some children are enrolled	41%
12%	Children dropped out	16%
43%	None of the children ever attended in their life	29%

% of HHs reporting access to informal education per site:

Formal camp		Host community
19%	All children enrolled	19%
38%	Some children are enrolled	48%
25%	Children dropped out	19%
18%	None of the children ever attended in their life	14%

51% of HHs living in formal camps, and **64%** of those living in the host community reported that children had access to a child-friendly space.

Top 3 reported barriers to accessing education, either formal or informal, per site: [10]

Formal camp		Host community	
1. No barrier	79%	1. No barrier	69%
2. Opposed to western education	11%	2. Opposed to western education	14%
3. School too far away	6%	3. Children busy helping at HH	11%

PROTECTION

12% of HHs living in formal camps, and **9%** of those living in the host community reported that they experienced a security incident in the three months prior to data collection.

Among those who experienced an incident, HHs living in formal camps reported that most often the security incident took place in their current location (50%). HHs living in the host community most frequently reported that it happened during their displacement journey (60%).[10,11]

Most commonly reported types of security incidents, among those who experienced an incident: [10,11]

Formal camp		Host community	
1. Armed attack	70%	1. Killing / physical violence	50%
2. Killing / physical violence	50%	2. Armed attack	50%
3. Fire outbreak	50%	3. Abduction	40%

91% of HHs living in formal camps, and **62%** of those living in the host community reported that some or all of the adult HH members were lacking identity documents.

86% of HHs living in formal camps, and **78%** of those living in the host community reported that some or all of the children in the HH were lacking a birth certificate.

Type of movement restriction reported by HHs, if any, per site:

	Formal camp	Host community
Yes, during evening / night	32%	38%
Yes, 5-10 km outside of camp	0%	3%
Yes, when in a small group	0%	0%
Yes, complete movement restrictions	0%	0%
No restrictions	68%	59%

100% of HHs living in formal camps reported that the movement restrictions were imposed by the military, and **0%** that it was self-imposed. In the host community, it was **83%** and **17%** respectively.

[10] Respondents could select multiple answers.
[11] This question refers to a subset of the population surveyed. Results should be considered indicative only.

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16% of HHs living in formal camps, and **5%** of HHs living in the host community reported someone from their HH or community having been injured or killed by explosives. Most commonly reported location of the accident by formal camp HHs: Residential areas (54%), for host community HHs: Agricultural lands (50%).[12]

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who reportedly received assistance in the 3 months prior to data collection, per site:

Formal camp		Host community
79%	Yes, received assistance	74%
21%	No, did not receive	26%

The main source of assistance at both sites was international organizations.

% of HHs that reported that they or their community had been asked about what aid they would like to receive during the 3 months prior to data collection, per site:[13]

Formal camp		Host community
21%	Yes	22%
77%	No	78%
2%	Don't know	0%

Most commonly reported types of humanitarian assistance received, per site:[12,13]

Formal camp: Food support (93%), WASH assistance (58%)
Host community: Food support (86%), WASH assistance (35%)

% of HHs that reported that the assistance received was appropriate to their needs or the needs of the community, per site:[13]

Formal camp		Host community
45%	Yes	78%
55%	No	22%
0%	Don't know	0%

% of HHs that reported feeling treated with respect by aid workers while receiving assistance, per site:[13,14]

Formal camp		Host community
95%	Yes	96%
5%	No	3%
0%	Don't know	1%

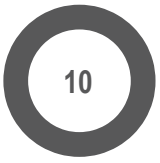
About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: **reach.nigeria@reach-initiative.org**.
Visit **www.reach-initiative.org** and follow us on Twitter: **@REACH_info** and Facebook: **www.facebook.com/IMPACT.init**

[12] Respondents could select multiple answers.
[13] This information refers to a subset of the population assessed and therefore results should be considered indicative only.
[14] For more information on indicators related to protection mainstreaming, see: http://www.globalprotectioncluster.org/themes/protection-mainstreaming/

INFRASTRUCTURE MAPPING

Health facilities
6 primary health care centres, 2 clinics, 1 dispensary, 1 hospital

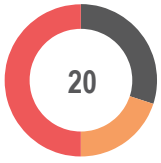


Most commonly reported barrier to being fully functional:
N/A

Malaria medicines were the most frequently needed medicines

20% of health facilities had no access to improved water sources

Education facilities
8 primary schools, 1 secondary school, 1 religious school, 10 non-functional schools

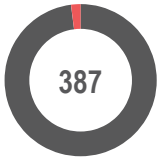


Most commonly reported barrier to being fully functional:
Not enough school materials

50% of functional facilities had no access to improved water sources

40% of functional facilities had no access to functioning latrines

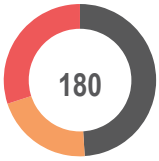
Marketplaces
13 central, open air markets, 4 market shops, 344 small shops, 26 pharmacies



Most commonly reported barrier to being fully functional:
No barrier

9 reported marketplaces were permanently closed

Water access points
Top 3 reported: 111 boreholes, 56 public taps, 6 piped wells



Most commonly reported barrier to being fully functional:
Structure is damaged

118 out of the 126 functional or partially functional water points were public

Latrine blocks
55% separated by gender

Most commonly reported barrier to being fully functional:
Latrines unclean

Infrastructure type functionality: Functioning | Partially functioning[15] | Not functioning

[15] "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as such as lack of hygiene, crowdedness, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

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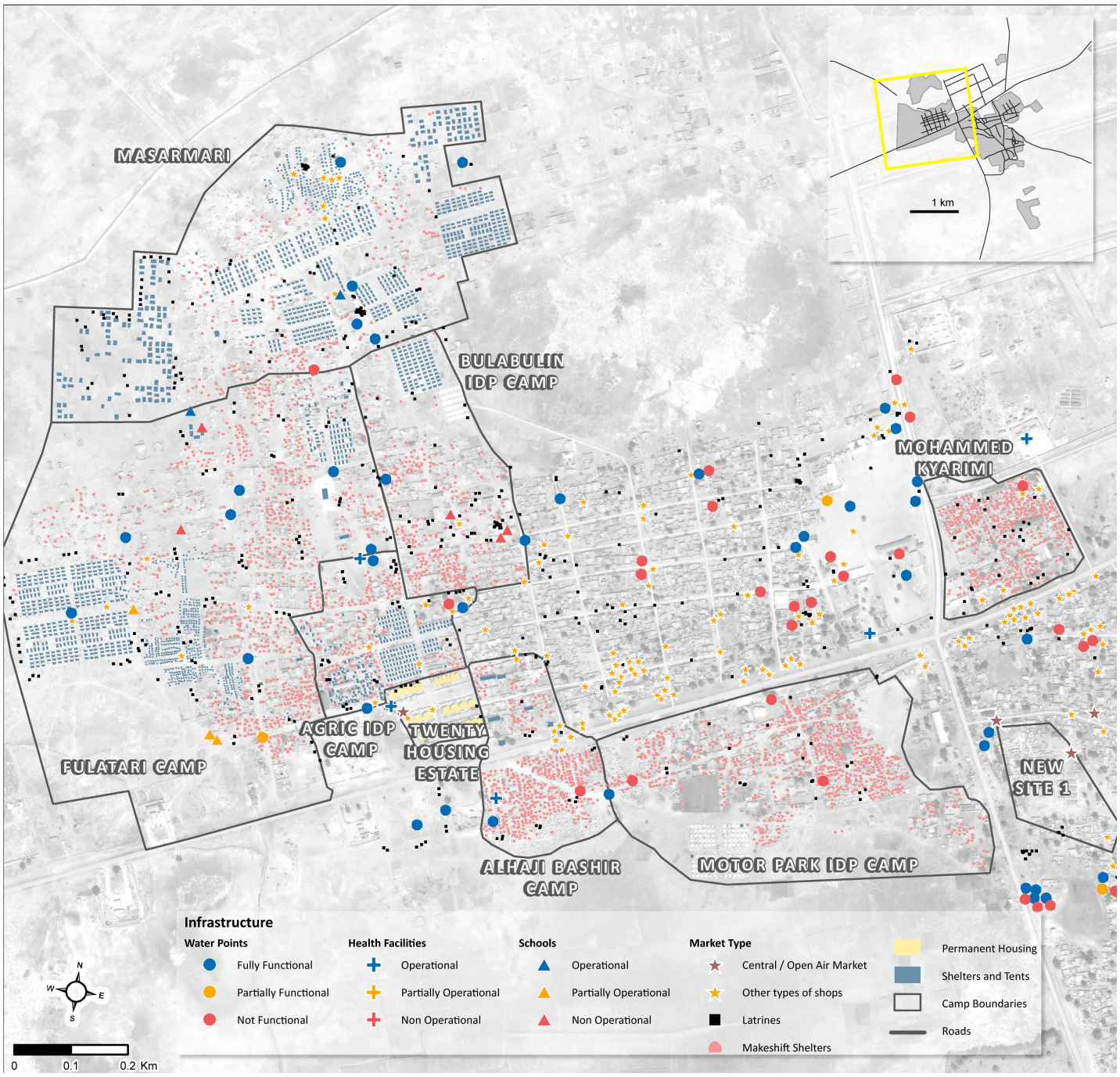
Dikwa Settlement Infrastructure - Zone 1, as of 7 December, 2018



Who does What, Where?[16] - Dikwa town: 21 partners

CCCM / DMS
IOM

Early Recovery/Livelihoods
-

Education
Herwa CDI, SC, SUBEB, UNICEF

Food Security
CA, CARE, DHCBI, FAO, GREENCODE, NRC, WFP

Health
INTERSOS, IOM, UNICEF, WHO

Nutrition
FHI360, INTERSOS, SMoH/SPHCDA, UNICEF, WFP, WHO

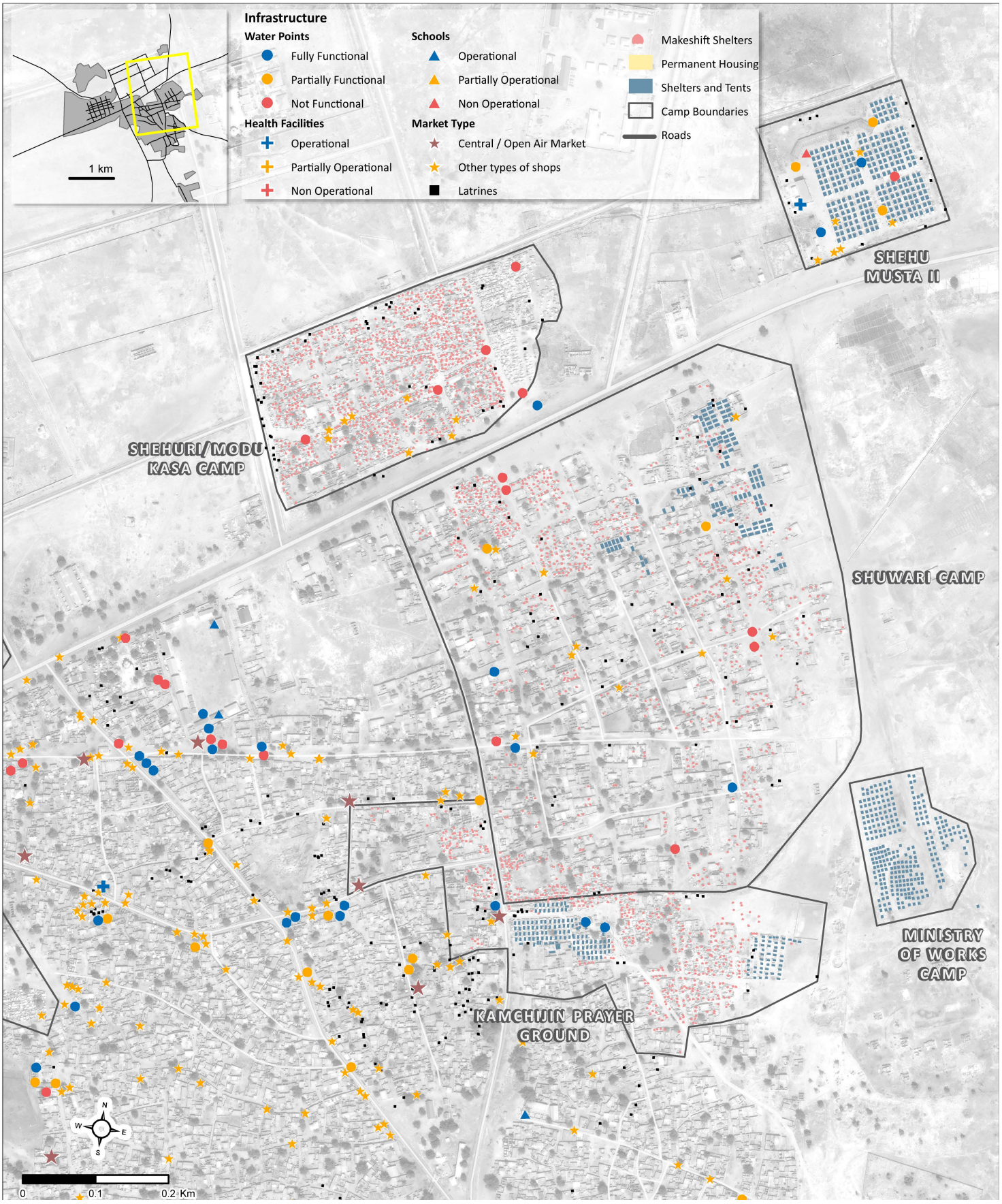
Protection
DRC, IA, INTERSOS, IOM, MC, MoWASD, NRC, UNHCR, UNICEF

Shelter / NFI
IOM, NRC, UNHCR

WASH
IOM, MC, UNICEF

[16] OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)

Dikwa Settlement Infrastructure - Zone 2, as of 7 December, 2018



Dikwa Settlement Infrastructure - Zone 3, as of 7 December, 2018