

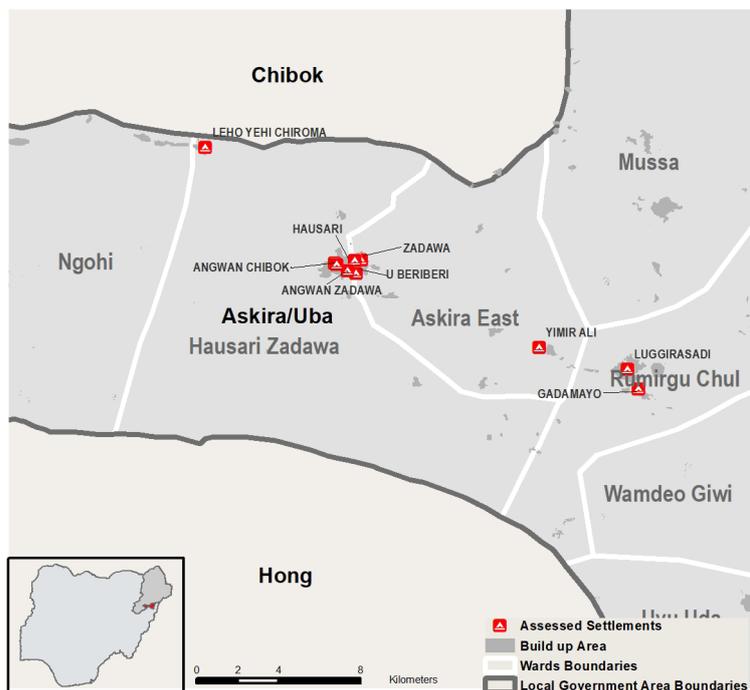
# Vulnerability and Essential Needs Assessment (VENA) Factsheet - Askira/Uba LGA, Borno State, Nigeria, May 2020

## CONTEXT

The ongoing regionalised armed conflict in Northeast Nigeria and the resulting crisis is entering its tenth year, leaving an estimated 7.1 million people in need of humanitarian assistance according to the 2019 Nigeria Humanitarian Needs Overview (HNO). Therefore, there is an urgency to better understand the ability of the population to meet essential needs, as well as the scope and severity of existing needs.

As per the HNO, the most acute humanitarian needs are concentrated in areas affected by conflict and locations hosting large numbers of internally displaced persons (IDPs) and returnees. The objective of this assessment was to explore different types of vulnerability dimensions across multiple sectors from a representative sample of IDP and Host Community<sup>1</sup> (HC) households in six local government areas (LGAs), namely Askira/Uba, Gujba, Hawul, Jere, Maiduguri and Michika, that were identified in the 2019 HNO to have the highest number of people in need. Furthermore, this assessment seeks to determine what proportion of the targeted population are fully able, partially able, or unable to meet their essential needs. Please see the last page of this factsheet for additional information on the assessments's methodology.

## AREA COVERED IN ASSESSMENT



## KEY FINDINGS

- **10%** of IDP households and **4%** of HC households in Askira/Uba LGA reported **not having enough money to buy items from the food Survival Minimum Expenditure Basket (SMEB)<sup>2</sup>**
- **70%** of IDP households and **48%** of HC households in Askira/Uba LGA **live in extreme poverty<sup>3</sup>** as defined by the Nigerian National Statistics Bureau (NBS)
- **16%** of IDP households and **23%** of HC households in Askira/Uba LGA **were found to be highly vulnerable to potential health risks**

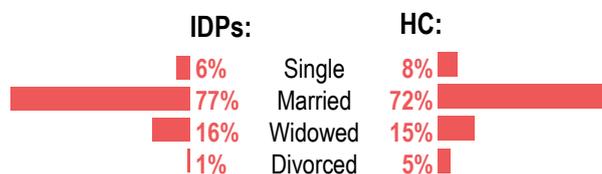
## DEMOGRAPHICS

Of the **249** HHs surveyed, **49%** reported being IDPs and **51%** reported being from the HC.

**20%** of IDP HHs were reportedly female-headed, among HC HHs this was **21%**.

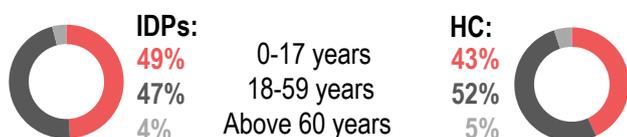
**59%** of survey respondents from IDP HHs were female, in HC HHs this was **47%**. The HH female-to-male ratio was **0.96** in IDP HHs and **1.04** in HC HHs.

### Reported Marital Status of HoH<sup>4</sup>

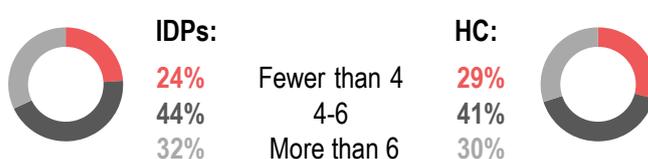


There were an average of **5.1** HH members in IDP HHs and **4.7** in HC HHs.

### HH Members by Age Group



### Reported Number of Members per HH



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## KEY CROSS-CUTTING INDICATORS

The poverty thresholds used are based on the cost of the food SMEB defined by the WFP and the poverty threshold set by the NBS. Expenditure patterns reflect household choices and higher spending levels indicate more capacity to absorb future shocks.

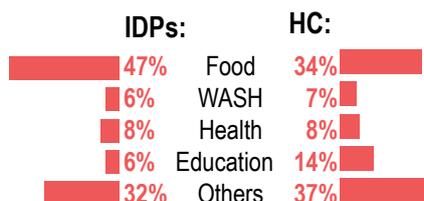
### HH Economic Vulnerability Score<sup>5</sup>



### Avg. Reported Total Per Capita Monthly Expenditure<sup>6</sup>

IDPs: **5798 naira**  
 HC: **10635 naira**

### Reported HH Expenses by Category



**86%** of IDP HHs reported not receiving any cash assistance in the 12 months prior to data collection, while **85%** did not receive any in-kind assistance. Among HC HHs, **83%** and **83%** reported the same for cash assistance and in-kind assistance respectively.

Of the IDP HHs receiving in-kind assistance, **0%** reported that the amount received was not sufficient to meet HH needs, it was **0%** of HC HHs. Of IDP and HC HHs receiving cash, **0%** and **0%**, respectively reported that the amount received was insufficient.<sup>7</sup>

Of the IDP HHs receiving cash assistance, the average amount received per month was **737 naira**, whereas HC HHs reported receiving **1316 naira**.<sup>6</sup>

Among IDPs, the most commonly reported frequency for receiving cash assistance was **once a year** for IDPs (reported by **71%** of IDP HHs receiving cash assistance). In the HC, cash assistance was commonly received **once a year** (reported by **67%** of HC HHs receiving cash assistance).

Among IDPs, the average HH dependency ratio was found to be **2.6 dependents** (non-autonomous adults, children, elderly) to **1 non-dependent** (able-bodied, working-age adults), compared to **2.4** for HC HHs.

**15%** of IDP HHs reported having at least one member with a disability<sup>8</sup>, compared to **12%** of HC HHs.

### Most Commonly Reported HH Needs<sup>9</sup>

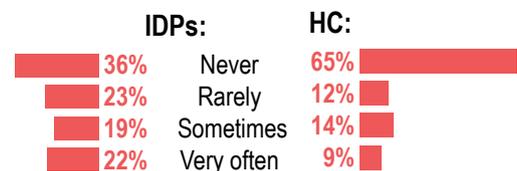
Category	IDPs	HC
1. Shelter	27%	25%
2. Food	17%	21%
3. Livelihoods	16%	17%

## PROTECTION

Understanding protection needs was addressed through safety in the community, barriers to accessing humanitarian assistance and the prevalence of child labour<sup>11</sup>. Indicators that are likely to be key to protection vulnerability, such as prevalence of gender-based violence, child-headed households, and presence of unaccompanied minors, were not included in the assessment due to the sensitive nature of such questions. Hence, no explicit protection vulnerability score was calculated.<sup>10</sup>

**7%** of IDP HHs and **13%** of HC HHs reported at least one member in the household facing barriers in accessing humanitarian assistance.

### Reported Incidents of Discrimination of IDPs in the Community a Month Prior to the Assessment



**11%** of IDP HHs reported having at least one child (younger than 18 years) engaging in harsh labor<sup>11</sup>, it was **18%** of HC HHs.

### Reported Incidents of Harassment of Women in the Community a Month Prior to the Assessment



### Reported Incidents of Harassment of Girls (Younger Than 18) in the Community a Month Prior to the Assessment

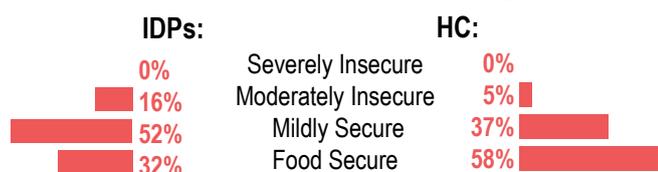


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## FOOD SECURITY & LIVELIHOODS

Understanding of food security vulnerability is based on the Consolidated Approach for Reporting Indicators of Food Security (CARI), which combines the Livelihood Coping Strategy Index, the Food Consumption Score, and the average share of household food expenditure.

### HH Food Security Standards Vulnerability Score<sup>12</sup>



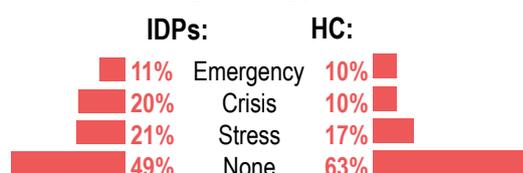
### Average Reported Monthly Per Capita Food Expenditure<sup>6</sup>

IDPs: **2751 naira**  
 HC: **3596 naira**

### HH Food Consumption Score<sup>4 13</sup>



### HH Livelihood Coping Strategy Index<sup>14</sup>



According to the majority of IDP HHs (52%), **self produced** was the most important source of food, while this was **self produced** for the majority of HC HHs (54%).

The average reported travel time to buy food was **31 minutes** for IDP HHs and **33 minutes** for HC HHs. The most common mode of transportation used to buy food was **walking** for IDPs (reported by 63% of HHs) and **walking** for the HC (reported by 48% of HHs).<sup>4</sup>

The most preferred mode of receiving food assistance was **in-kind** among IDPs (reported by 72% of HHs) and **in-kind** in the HC (reported by 60% of HHs).

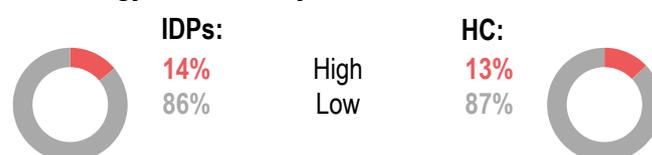
66% of IDP HHs reported **agriculture** was the HH's main source of income, and 48% of HC HHs reported **agriculture** as the main source of income.

Among IDPs, the top reported option for accessing credit was **friends & family** for IDPs (reported by 80% of HHs). In the HC, the top reported option was **friends & family** (reported by 67% of HHs).<sup>4</sup> However, 2% of IDP HHs and 1% of HC HHs reported no access to credit.

## ENERGY & ENVIRONMENT

Three areas mainly inform the energy vulnerability of a household: presence of barriers to access energy sources, time taken to access primary energy sources and the use of inefficient energy products as the primary source of fuel.

### HH Energy Vulnerability Score<sup>15</sup>



### Most Commonly Reported Main Energy Sources

IDPs:		HC:
1.	Firewood	87%
2.	Electricity	14%
3.	Charcoal	3%
1.	Firewood	79%
2.	Charcoal	33%
3.	Electricity	4%

### %HHs Reporting Barriers To Access Energy Sources

IDPs: **4%**  
 HC: **8%**

### Average Reported Round-trip Travel Time by Foot to Access Cooking Fuel

IDPs: **59 minutes**  
 HC: **45 minutes**

The majority of IDP HHs (71%) reported their main source of cooking fuel to be **firewood**, and the majority of HC HHs (48%) reported **firewood** to be their main source of fuel. The most commonly reported transportation mode used to access cooking fuel was **walking** for IDP HHs (59%) and **walking** for HC HHs (47%).<sup>4</sup>

Among IDP HHs, the average reported per capita monthly expenditure on energy was **406 naira**. For HC HHs, the average reported per capita monthly expenditure on energy was **641 naira**.<sup>6</sup>

Among IDPs, the most preferred mode of receiving energy assistance was **in-kind** (reported by 76% of HHs), and **in-kind** was the most preferred in the HC (reported by 61% of HHs).<sup>4</sup>

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## SHELTER AND NON-FOOD ITEMS (NFI)

Understanding of household shelter needs is approached through assessing type of shelter and shelter conditions. Some of the indicators that are likely to affect shelter vulnerability, such as threat of evictions, security of the tenure agreement and household crowding index, fell outside the scope of this assessment. Hence, no explicit shelter and NFI vulnerability score was calculated.<sup>25</sup>

### Most Commonly Reported HH Shelter Types<sup>9</sup>

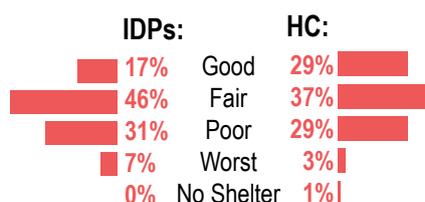
**IDPs:**

1. Rented public housing 40%
2. Rented private housing 21%
3. Own house 19%

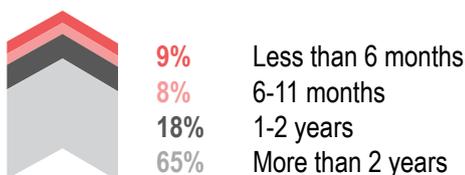
**HC:**

1. Own house 56%
2. Rent-free private housing 14%
3. Rented public housing 13%

### %HHs By Observed Shelter Condition



### Reported Tenure in the Settlement for IDPs



The most preferred mode of receiving shelter assistance was **in-kind** among IDPs (reported by 66% of HHs) and **in-kind** in the HC (reported by 58% of HHs).<sup>4</sup>

### Most Commonly Reported Preferred Modalities Of NFI Assistance<sup>2</sup>



### Reported Presence Of Key NFI Items<sup>16</sup>



## WATER, SANITATION & HYGIENE

The WASH vulnerability is combination of water and hygiene vulnerability. Water vulnerability pertains to the quantity and the quality of water, whereas hygiene vulnerability considers the type of latrine used.

### HH WASH Vulnerability Score<sup>17</sup>



### HH Water Vulnerability Score<sup>18</sup>



### HHs Reporting Unimproved Main Water Source<sup>19</sup>

IDPs: 66%  
HC: 71%

### Average Daily Quantity of Water Available to Each HH Member<sup>19</sup>

IDPs: 32 Litres  
HC: 48 Litres

### HH Hygiene Vulnerability Score<sup>20</sup>



### Most Commonly Reported HH Latrine Types<sup>9</sup>

**IDPs:**

1. Household latrine 54%
2. Private pit 17%
3. Shared 10%

**HC:**

1. Household latrine 72%
2. Private pit 10%
3. Open Defecation 6%

# VENA Factsheet - Askira/Uba LGA, Borno State

Among IDP HHs, the average reported monthly per capita expenditure on WASH was **352 naira**.<sup>3</sup> For HC HHs, the average monthly per capita expenditure on WASH was reported to be **734 naira**.<sup>6</sup>

The average reported walking time to the nearest latrine was **5 minutes** for IDP HHs and **2 minutes** for HC HHs.

**69%** of IDP HHs were found to have high risk hand washing practices, it was **64%** for HC HHs.<sup>21</sup>

Of all (**95%** IDP and **95%** HC) HHs with reported presence of women of reproductive age, **12%** and **5%** respectively reported not using sanitary pads in the 3 months prior to data collection.<sup>22</sup>

## HEALTH

The health vulnerability indicator focuses on factors that influence an individual's ability to mitigate health risks. The health vulnerability indicator is informed by the accessibility and availability of health care and the time taken to reach the nearest health facility.

### HH Health Vulnerability Score<sup>23</sup>



### Average Reported Round-trip Travel Time to Access Healthcare

IDPs: **40 minutes**  
HC: **36 minutes**

### % Of HHs reporting having at least one sick HH member who did not receive medical treatment in the 30 days prior to data collection:

IDPs: **15%**  
HC: **21%**

Among IDP HHs that reported not receiving medical treatment in the last month, the most commonly reported barrier to accessing healthcare was: **no cash for drugs** (**63%** of HHs), for HC HHs, this was: **closed health center** (**37%** of HHs).<sup>4</sup>

The most common mode of transportation used to access healthcare was **walking** for IDPs (reported by **42%** of HHs) and **walking** for the HC (reported by **34%** of HHs).<sup>4</sup>

Among IDP HHs, the average reported monthly per capita expenditure on health was reported to be **472 naira**.<sup>6</sup> For HC HHs, the average reported monthly expenditure on health was **831 naira**.<sup>6</sup>

## EDUCATION

Primary education is free and compulsory in Nigeria, however, surveyed families face several barriers to ensure all the children have access and remain in education. The HH education vulnerability score considers time taken to travel to school and the enrollment status of school-aged children.

### HH Education Vulnerability Score<sup>24</sup>



### Average Reported Travel Time to Go to School

IDPs: **30 minutes**  
HC: **39 minutes**

**26%** IDP HHs and **16%** HC HHs reported having at least one school-aged child in the family not enrolled in school

For IDP HHs, the most common mode of transportation used to go to school was **walking** (reported by **63%** of HHs), and **walking** for the HC (reported by **47%** of HHs).<sup>4</sup>

The most preferred mode of receiving education assistance was **in-kind** among IDPs (reported by **54%** of HHs) and **in-kind** in the HC (reported by **47%** of HHs).<sup>4</sup>

# VENA Factsheet - Askira/Uba LGA, Borno State

## METHODOLOGY

A stratified cluster sampling designed at LGA level was utilized with the primary sampling unit defined as the settlement/camp, and the secondary sampling unit is the households within those locations. Sampling is conducted at a 90% confidence interval with a 10% margin of error per strata.

Data collection was conducted by trained field surveyors through home visits and took place between 16 March and 1 April 2020 in six LGAs, namely Askira/Uba, Gujba, Hawul, Jere, Maiduguri and Michika which were selected on the basis of having the highest number of people in need, as defined by the 2019 HNO. In total, 1,381 HH surveys were conducted with head of households or their equivalents.

The respondents were asked about their income, expenses and barriers to accessing essential needs and services. As the methodology relies on self-reported levels of expenditure, productive assets and assistance, there is potential for inaccuracies and bias. To avoid extreme outliers, only the distribution of all values from zero to 99% was considered in the analysis. The last one percent of each distribution were replaced with blank values.

## ACRONYMS

CARI	Consolidated Approach to Reporting Indicators of Food Security
FCS	Food Security Score
GBV	Gender Based Violence
HC	Host Community (Includes both non-displaced and returnees)
HH	Household
HNO	Humanitarian Needs Overview
IDP	Internally Displaced Person
LCSI	Livelihood Coping Strategy Index
LGA	Local Government Area
NFI	Non-Food Items
SMEB	Survival Minimum Expenditure Basket
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WG	Washington Group

## ENDNOTES

- <sup>1</sup> Host communities includes both non-displaced and returnee population.
- <sup>2</sup> The [food SMEB](#) is the collection of food items that will make up for the minimum calorie requirement per capita per day as defined by WFP.
- <sup>3</sup> Poverty threshold is defined as any household that spend less than 137,430 naira per person per year, according to [National Bureau of Statistics \(NBS\)](#).
- <sup>4</sup> Non-responses have been removed.
- <sup>5</sup> Economic vulnerability score is based on the cost of the [food SMEB](#) as defined by WFP and the Nigerian extreme poverty threshold numbers produced by [Nigerian Bureau of Statistics](#). A HH has a high vulnerability if the monthly per capita expenditure on food is less than the per capita cost of the food SMEB for the respective LGA. A HH has a moderate economic vulnerability if the total per capita monthly expenditure is lower than the extreme poverty threshold numbers.
- <sup>6</sup> Currency was converted using the average February 2020 rate of 359 naira to 1 United States Dollar provided by the [Nigerian Central Bank](#).
- <sup>7</sup> Assistance insufficiency is a self-reported indicator reported by HH that are unable to meet at least 50% of their essential needs while using assistance.
- <sup>8</sup> Disability is calculated using the globally accepted standard of [Washington Group on Disability Statistics \(WG\)](#)
- <sup>9</sup> Respondents could select multiple answers.
- <sup>10</sup> Addressing [protection vulnerability](#) is informed by the principles and standards of international refugee and human rights frameworks, other areas of international law, and how these are applied in individual country contexts.
- <sup>11</sup> Harsh or hazardous labour as defined by [ILO](#)
- <sup>12</sup> Food vulnerability is informed based on globally recognised standards provided by [CARI](#) (Consolidated Approach for Reporting Indicators of Food Security)
- <sup>13</sup> FCS is calculated using the standard formula developed by [WFP](#).
- <sup>14</sup> LCSI is calculated using the globally accepted standard defined by [WFP](#).
- <sup>15</sup> Energy vulnerability classification was based on the REACH Uganda VENA assessment. Vulnerability was calculated based on a combination of barriers to access, time taken to gather cooking fuel and the primary light source.
- <sup>16</sup> Key NFI items were identified and categorised according to [Nigeria shelter cluster](#).
- <sup>17</sup> WASH vulnerability score is a composite of water and hygiene vulnerability score. If a household is highly vulnerable in water or hygiene, then it qualifies to be vulnerable for WASH as well.
- <sup>18</sup> Water vulnerability is informed using two indicators: the per capita water available per day and presence of improved water sources. If a HH has less than [15 litres per capita per day](#) of water available or is accessing unimproved water sources such as open spring, borewell etc. as primary water source then the household is considered vulnerable.
- <sup>19</sup> List of improved water sources as defined by [Nigeria WASH cluster](#).
- <sup>20</sup> If a household is using an uncovered latrine or members of the household are defecating openly, then the household is considered to have high hygiene vulnerability.
- <sup>21</sup> [High-risk hand washing behaviour](#) - A HH reporting not washing hands before or after majority of key activities during the day like eating, defecating, feeding children etc. is considered to be high risk hand-washing behaviour.
- <sup>22</sup> Only HHs with women of reproductive age were asked about sanitary pad use.
- <sup>23</sup> Health vulnerability - HH reporting not receiving medical treatment for a sick member in last 30 days or the health facility is more than an hour away by foot.
- <sup>24</sup> Education vulnerability - A Household with at least one school-aged child not enrolled in school or schools are more than 30 minutes away by foot are considered to be vulnerable.
- <sup>25</sup> Shelter and NFI indicators were informed by the Nigeria shelter cluster [technical guidance document](#).