



LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Bama Town, Bama LGA, Borno State, Nigeria

October 2018

Introduction

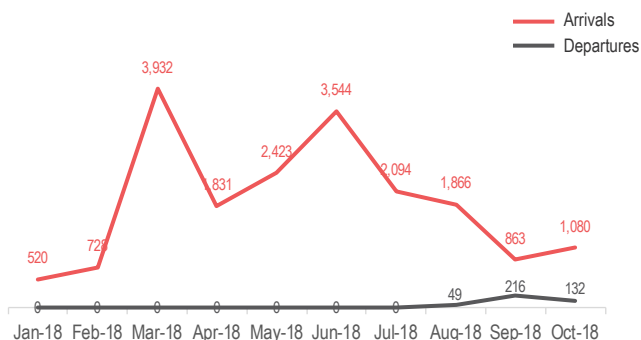
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.¹ Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).² The humanitarian response 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 availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, 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. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 1 and 3 October 2018. 144 HH surveys were conducted in accessible areas of Bama LGA with a confidence level of 95% and a margin of error of 10%.

Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 49,139³

Displacement

Arrivals vs. departures in Bama town in 2018:



18,881 IDPs arrived in Bama town from 3 January to 26 June 2018, while 397 departed from the location.³ This is a notable decrease as compared to the departures documented in the last quarter of the previous monitoring period.

Of the 102 IDP HHs assessed, 33% reported that either a lack of means, a lack of shelter, or a lack of education services was their top push factor to leave their current location. The top 3 reported pull factors in choosing a future location were: access to security (67%), access to food (67%), and reunification with family (67%).⁴

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 Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

³ IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

⁴ This question refers to a subset of the population surveyed. Results should be considered indicative only.

Access to Services

ACCESS TO WASH SERVICES

3% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:⁵

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	96%
	Handpump	89%
	Public tap	58%

13% of HHs reported that they needed more than 30 minutes (including traveling and queueing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

No problem

6% of HHs 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: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	56%	
Yes, sometimes	3%	
No, water is clean	25%	
No, treatment not available	4%	
Other / No response / Don't know	12%	

Most commonly reported water treatment method: **N/A**

37% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



99% Yes, access to latrine
0% No, open defecation in the bush
1% No, open defecation in designated area
0% No response/Don't know

Main type of latrine accessed by HH in LGA:
Traditional latrine (pit)

Most commonly reported garbage disposal practice in community:

Disposed anywhere, buried

⁵ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: BAMA TOWN

ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

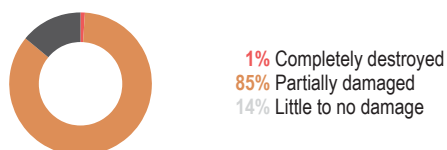
Top 3 reported shelter types for HHs in the given area:

Emergency shelter given by aid agency	57%	<div></div>
Masonry building (blocks/bricks)	41%	<div></div>
Traditional house (adobe/mudbrick)	2%	<div></div>

HHs reporting the most common shelter occupancy arrangement:

Hosted by community members

% of HHs reporting damage to shelter, by severity of damage:



Most commonly reported cause of damage to shelter in area:

Bullet holes / conflict

Least owned basic NFI kit items, by % of HHs reporting having them:

School textbooks	0%	
Sanitary pads / Aquatabs	1%	<div></div>
School bags / School notebooks	1%	<div></div>

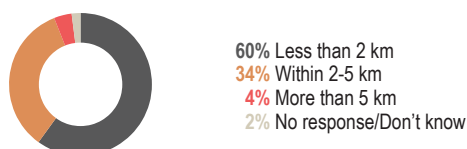
ACCESS TO HEALTH SERVICES

35% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:⁶

Fever

% of HHs reporting distance to closest health facility:



26% of HHs reported that one female member had given birth in the year prior to data collection.

Most commonly reported location for women to give birth:

At NGO health facility

Most commonly reported person attending to birth:

Skilled birth attendant

ACCESS TO FOOD & AGRICULTURE

Top 3 reported means of accessing food items:⁶

Food assistance from humanitarian organisations	90%	<div></div>
Purchased in local markets	34%	<div></div>
Own agriculture / cultivation	3%	<div></div>

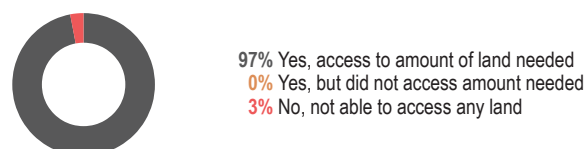
41% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most commonly reported barrier to accessing enough food:

Food is not being distributed

31% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:



Most commonly reported barrier to accessing land in area:

Insecurity / not safe to farm

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:⁶

Purchase food on credit	65%	<div></div>
Borrow money	27%	<div></div>
Spend savings	23%	<div></div>

ACCESS TO LIVELIHOODS & RECOVERY

Top 3 reported sources of income for HHs in the 30 days prior to data collection:⁶

Small business	61%	<div></div>
Agriculture	30%	<div></div>
Trade	20%	<div></div>

Most commonly reported way of accessing physical cash in area:

Cash in hand

ACCESS TO EDUCATION SERVICES

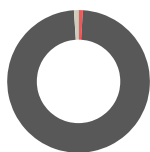
66% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

56% of HHs had at least one child that had never attended formal school, at the time of data collection.

⁶ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: BAMA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



1% No CFS in area
98% NGO-run CFS
0% Park
1% Nursery
0% No response/Don't know

Most common reported barrier to accessing education, if any:

No barrier

ACCESS TO SAFETY AND SECURITY

39% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Armed attacks

73% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



67% Yes
33% No
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:⁷



76% Yes
24% No
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:⁷

N/A Yes
N/A No
N/A No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:⁷



50% Yes
49% No
1% No response / Don't know

Most common reported type of humanitarian assistance received:

Food assistance

⁷ This information refers to a subset of the population assessed and therefore results should be considered indicative only.

About REACH

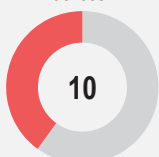
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: reach.nigeria@reach-initiative.org.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

Infrastructure Mapping



Health facilities

5 clinics, 2 primary health centres, 2 hospitals, 1 dispensary, 0 nutrition facilities



Most commonly reported barrier to being fully functional:
Damaged structure

4 health facilities in Bama experienced a disease outbreak

60% of health facilities have access to functioning latrines



Education facilities

6 primary/secondary schools, 13 primary schools, 2 secondary schools



Most commonly reported barrier to being fully functional:
Inadequate access

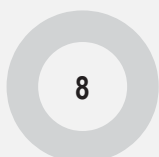
463 average of currently enrolled students (over-capacity)

19% of school facilities have access to functioning latrines



Marketplaces

3 central, open air markets, 5 local shops, 0 market shops, 0 pharmacies



Most commonly reported barrier to being fully functional:
No barrier

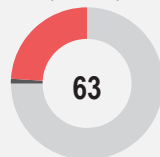
0 reported marketplaces which are permanently closed

680 average number of traders in central, open-air markets



Water access points

The 3 most common: 28 boreholes, 26 hand pumps, 7 public taps

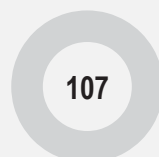


Most commonly reported barrier to being fully functional:
No barrier



Latrine blocks

28% separated by gender



Most commonly reported barrier to being fully functional:
Latrines unclean

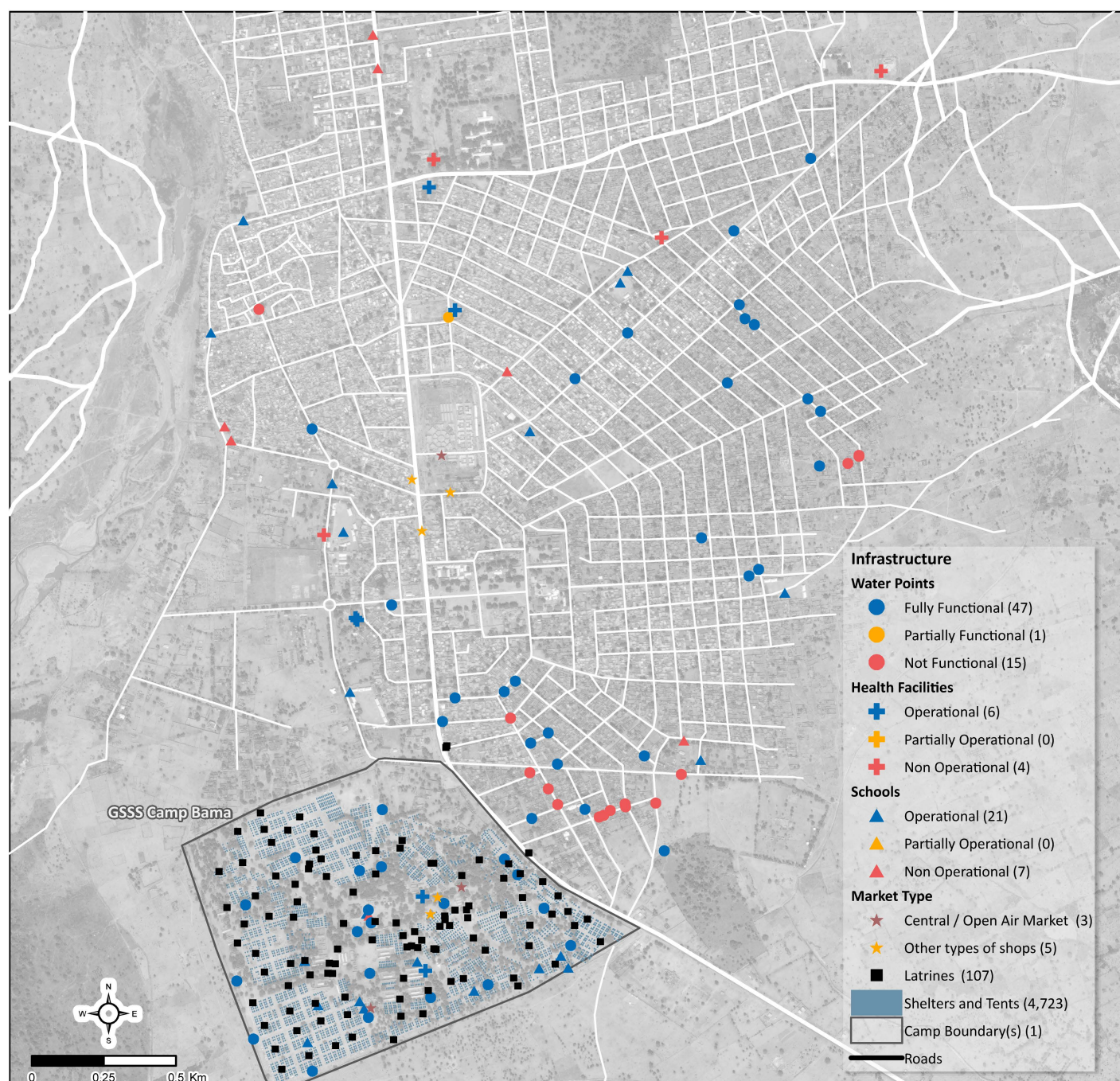
Infrastructure type functionality: Functioning Partially functioning^a Not functioning

Change in functionality since previous monitoring period: Functionality has improved Functionality did not change Functionality has worsened

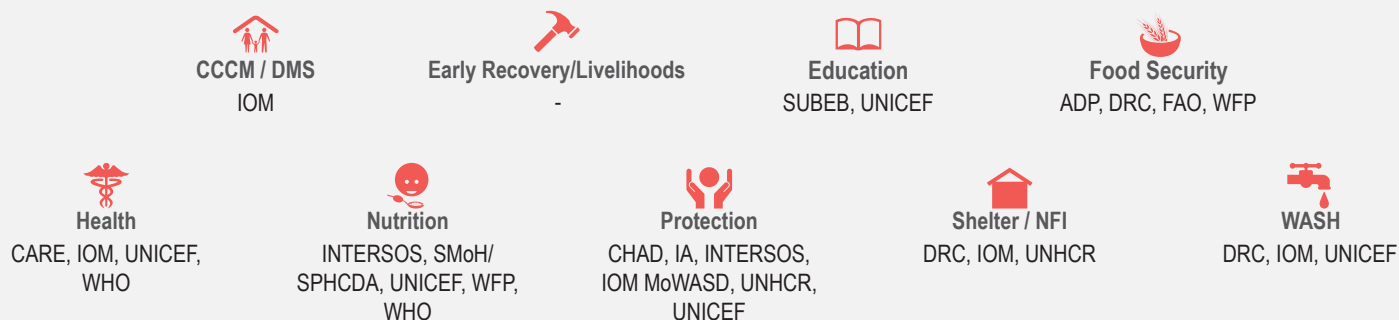
^a "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: BAMA TOWN

Bama Settlement Infrastructure



Who does What, Where?⁹ - Bama town: 15 partners (-1 compared to previous monitoring period)



⁹ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)



LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Damboa Town, Damboa LGA, Borno State, Nigeria

October 2018

Introduction

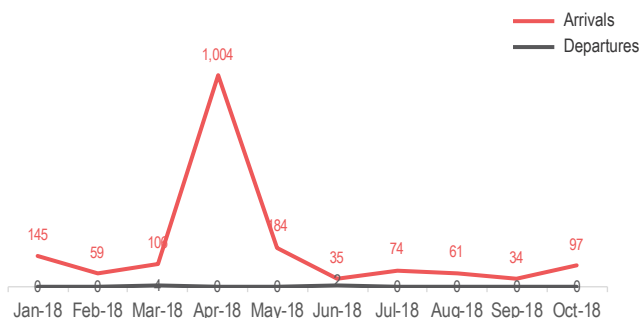
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.¹ Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).² The humanitarian response 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 availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, 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. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 5 October 2018. 163 HH surveys were conducted in accessible areas of Damboa LGA with a confidence level of 95% and a margin of error of 10%.

Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 88,186³

Displacement

Arrivals vs. departures in Damboa town in 2018:



1,799 IDPs arrived in Damboa town from 3 January to 26 June 2018, while 6 departed from the location.³ This is a notable decrease as compared to the departures documented in the last quarter of the previous monitoring period.

Of the 75 IDP HHs assessed, 63% reported that lack of security was their top push factor to leave their current location, followed by a lack of food (60%) and a lack of health services (29%). The top 3 reported pull factors in choosing a future location were: access to security (54%), access to food (54%), and presence of health services (29%).⁴

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 Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

³ IOM Displacement Tracking Matrix (DTM, April 2018), Round XXIII dataset of baseline assessment.

⁴ This question refers to a subset of the population surveyed. Results should be considered indicative only.

Access to Services

ACCESS TO WASH SERVICES

30% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:⁵

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	60%
	Handpump	42%
Unimproved water source	Water vendor / Mai moya	27%

21% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

Water point too far away

8% of HHs reported that their main source of drinking water was of average or bad quality.

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	20%
Yes, sometimes	50%
No, water is clean	28%
No, treatment not available	2%
Other / No response	0%

Most commonly reported water treatment method:

Aquatab / chlorination

50% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



92% Yes, access to latrine
3% No, open defecation in the bush
4% No, open defecation in designated area
1% No response/Don't know

Main type of latrine accessed by HH in LGA:
Traditional latrine (pit)

Most commonly reported garbage disposal practice in community:

Dedicated site, collected by public authorities

⁵ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

Top 3 reported shelter types for HHs in the given area:

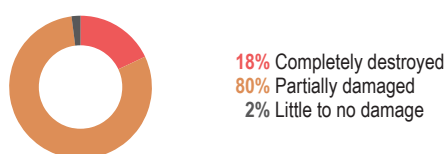
Traditional house (adobe/mudbrick)	53%	<div></div>
Masonry building (blocks/bricks)	23%	<div></div>
Makeshift shelter	10%	<div></div>

HHs reporting the most common shelter occupancy arrangement:

Owned / purchased

70% of HHs reported that they had a written rental contract out of those renting their shelter (29% of HHs).

% of HHs reporting damage to shelter, by severity of damage:



Most commonly reported cause of damage to shelter in area:

Storm / wind

Least owned basic NFI kit items, by % of HHs reporting having them:

Sanitary pads	2%	<div></div>
Serving spoons	3%	<div></div>
Laundry detergent / Stainless cups / School textbooks	4%	<div></div>

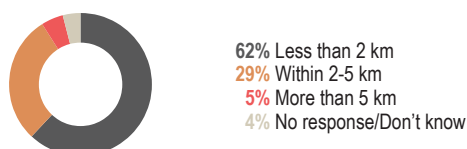
ACCESS TO HEALTH SERVICES

38% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:⁶

Fever

% of HHs reporting distance to closest health facility:



39% of HHs reported that one female member had given birth in the year prior to data collection.

Most commonly reported location for women to give birth:

At home

Most commonly reported person attending to birth:

Skilled birth attendant

ACCESS TO FOOD & AGRICULTURE

Top 3 reported means of accessing food items:⁶

Purchased in local markets	73%	<div></div>
Food assistance from humanitarian organisations	47%	<div></div>
Own agriculture / cultivation	31%	<div></div>

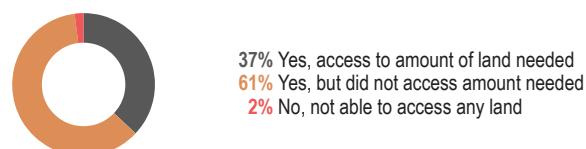
34% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most commonly reported barrier to accessing enough food:

Limited resources to buy food

94% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:



Most commonly reported barrier to accessing land in area:

No barrier

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:⁶

Purchase food on credit	44%	<div></div>
Borrow money	40%	<div></div>
Spend savings	29%	<div></div>

ACCESS TO LIVELIHOODS & RECOVERY

Top 3 reported sources of income for HHs in the 30 days prior to data collection:⁶

Agriculture	86%	<div></div>
Trade	20%	<div></div>
Small business	13%	<div></div>

Most commonly reported way of accessing physical cash in area:

Cash in hand

ACCESS TO EDUCATION SERVICES

54% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

48% of HHs had at least one child that had never attended formal school, at the time of data collection.

⁶ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



43% No CFS in area
48% NGO-run CFS
0% Park
7% Nursery
2% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

ACCESS TO SAFETY AND SECURITY

44% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Presence of UXOs

37% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



71% Yes
29% No
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:⁷



93% Yes
7% No
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:⁷



97% Yes
2% No
1% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:⁷



55% Yes
43% No
2% No response / Don't know

Most common reported type of humanitarian assistance received:

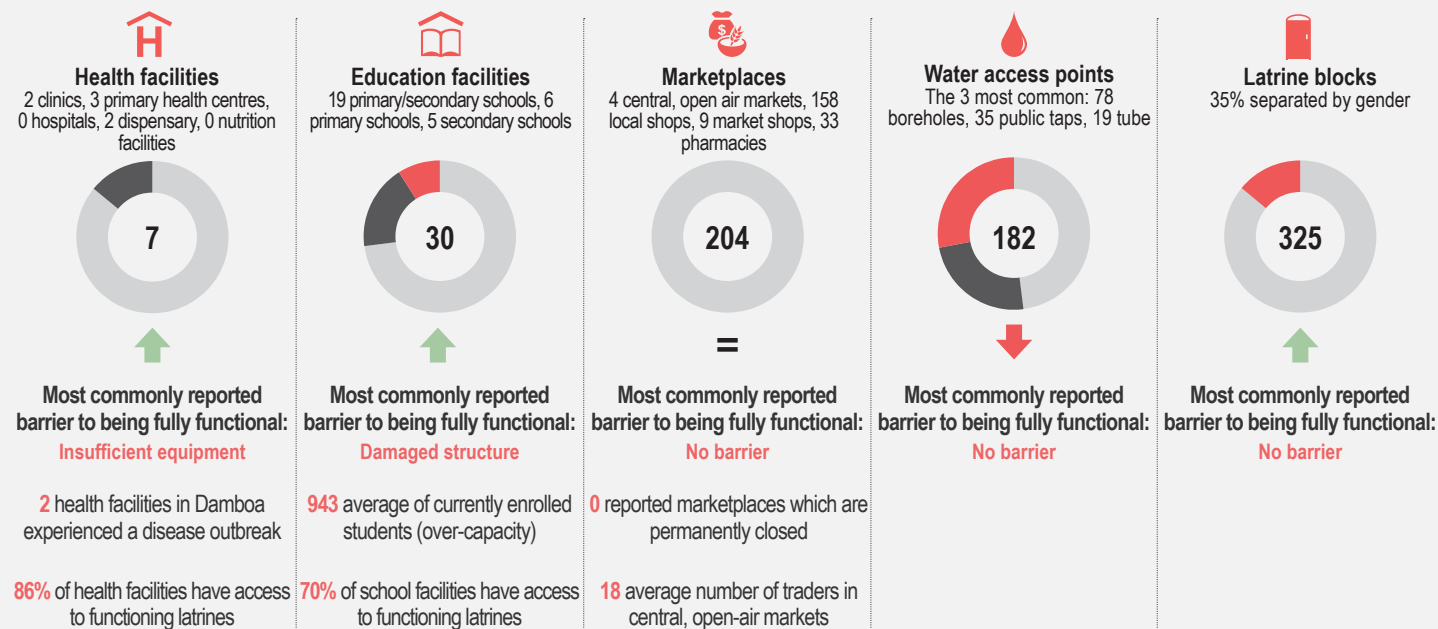
Food assistance

⁷ This information refers to a subset of the population assessed and therefore results should be considered indicative only.

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

Infrastructure Mapping



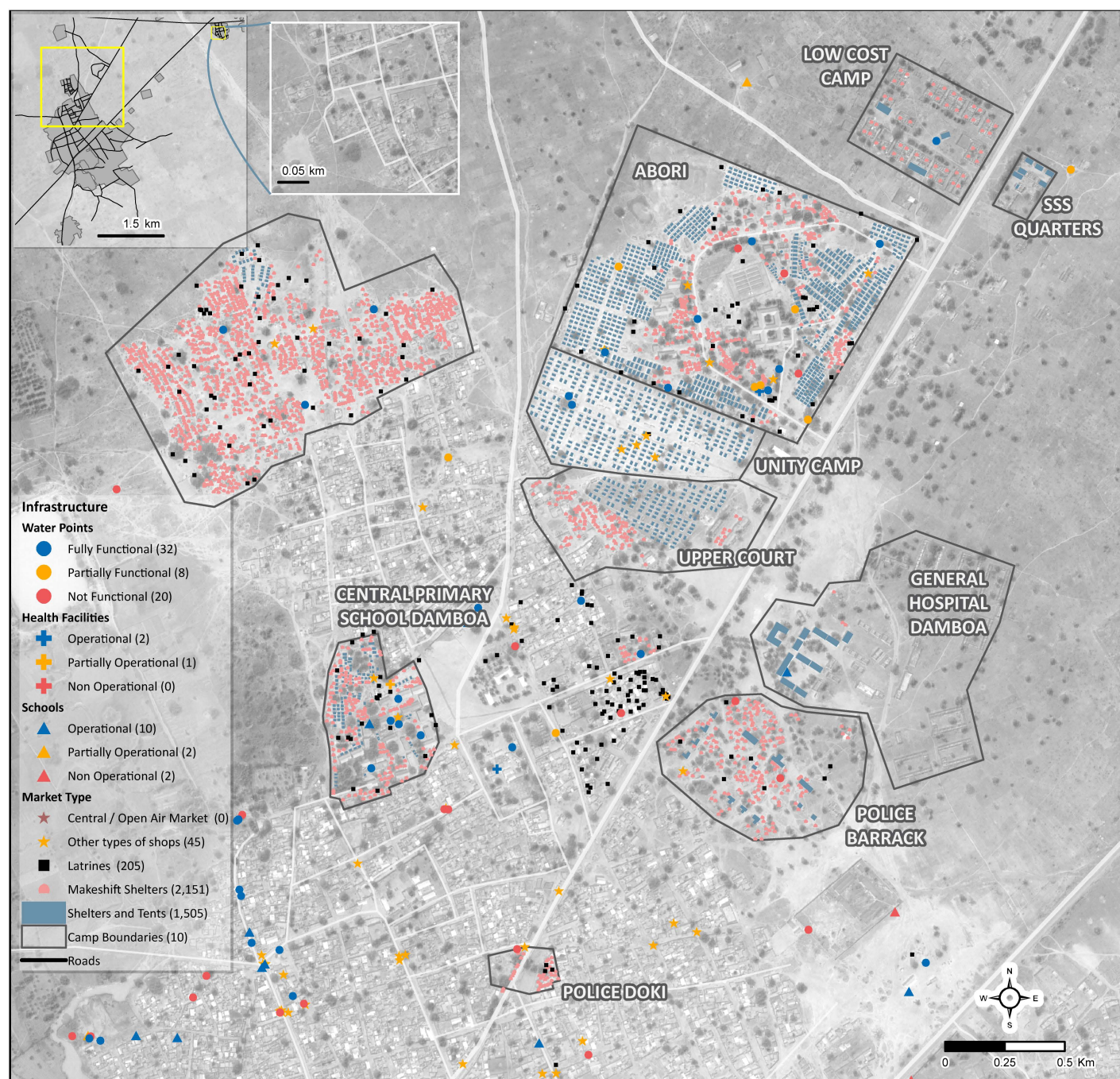
Infrastructure type functionality: ■ Functioning ■ Partially functioning^a ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

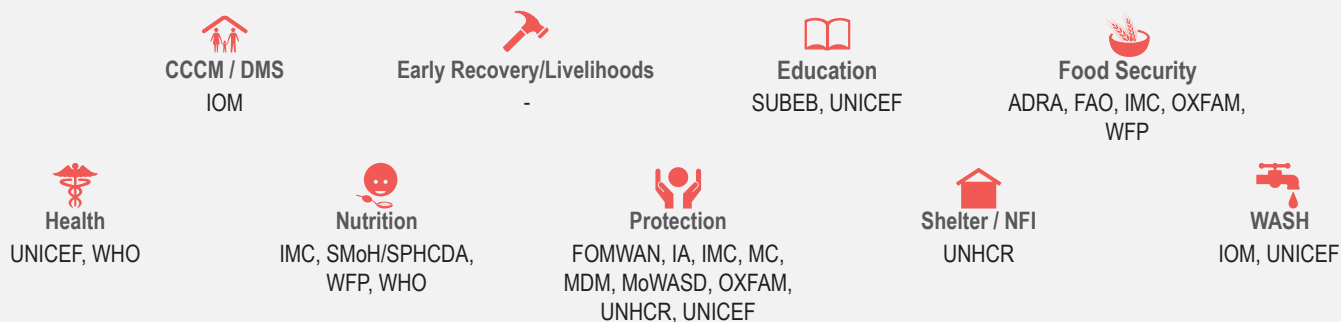
^a "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

Damboia Settlement Infrastructure - Zone 1



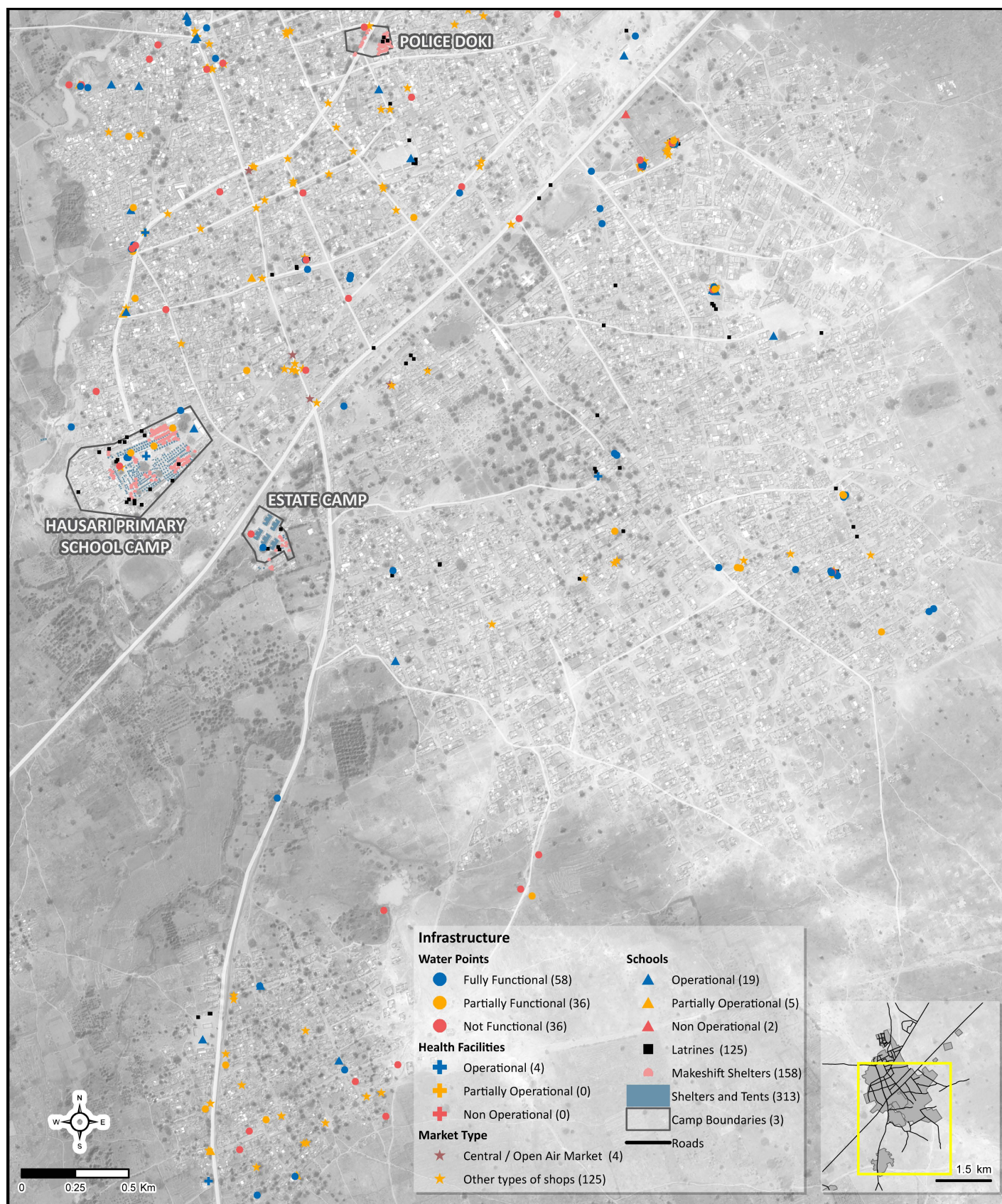
Who does What, Where?⁹ - Damboia town: 16 partners (+4 compared to previous monitoring period)



⁹ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

Damboa Settlement Infrastructure - Zone 2





LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Dikwa Town, Dikwa LGA, Borno State, Nigeria

October 2018

Introduction

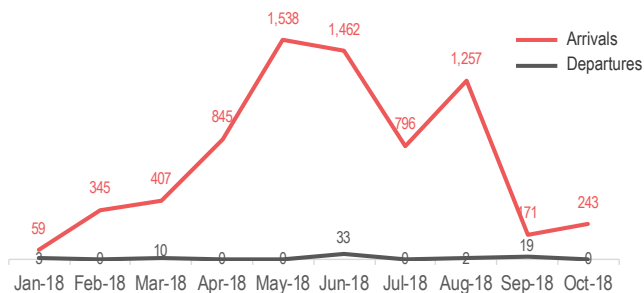
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Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 59,660³

Displacement

Arrivals vs. departures in Dikwa town in 2018:



7,123 IDPs arrived in Dikwa town from 3 January to 26 June 2018, while 67 departed from the location.³ This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

Of the 169 IDP HHs assessed, 86% reported that a lack of security was their top push factor to leave their current location, followed by a lack of food (27%) and a lack of health services (9%). The top 3 reported pull factors in choosing a future location were: access to security (73%), access to food (32%), and presence of health services (23%).⁴

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 Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

³ IOM Displacement Tracking Matrix (DTM, April 2018), Round XXIII dataset of baseline assessment.

⁴ This question refers to a subset of the population surveyed. Results should be considered indicative only.

Access to Services

ACCESS TO WASH SERVICES

46% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:⁵

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	86%
	Handpump	22%
Unimproved water source	Water vendor / Mai moya	17%

23% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

No problem

17% of HHs 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: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	23%
Yes, sometimes	30%
No, water is clean	45%
No, treatment not available	2%
Other / No response	0%

Most commonly reported water treatment method:

Aquatab / chlorination

83% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



92% Yes, access to latrine
3% No, open defecation in the bush
5% No, open defecation in designated area
0% No response/Don't know

Main type of latrine accessed by HH in LGA:
Traditional latrine (pit)

Most commonly reported garbage disposal practice in community:
Dedicated site, collected by waste management committee

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

Top 3 reported shelter types for HHs in the given area:

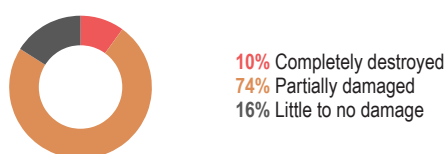
Tent	24%	<div></div>
Masonry building (blocks/bricks)	22%	<div></div>
Makeshift shelter	20%	<div></div>

HHs reporting the most common shelter occupancy arrangement:

Squatted with permission

75% of HHs reported that they had a written rental contract out of those renting their shelter (7% of HHs).

% of HHs reporting damage to shelter, by severity of damage:



Most commonly reported cause of damage to shelter in area:

Storm / wind

Least owned basic NFI kit items, by % of HHs reporting having them:

Serving spoons	4%	<div></div>
School textbooks	4%	<div></div>
Rope	5%	<div></div>

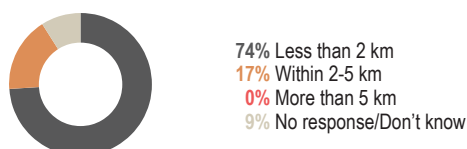
ACCESS TO HEALTH SERVICES

24% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:⁶

Fever

% of HHs reporting distance to closest health facility:



12% of HHs reported that one female member had given birth in the year prior to data collection.

Most commonly reported location for women to give birth:

At home

Most commonly reported person attending to birth:

Traditional birth attendant

ACCESS TO FOOD & AGRICULTURE

Top 3 reported means of accessing food items:⁶

Food assistance from humanitarian organisations	40%	<div></div>
Purchased in local markets	40%	<div></div>
Own agriculture / cultivation	18%	<div></div>

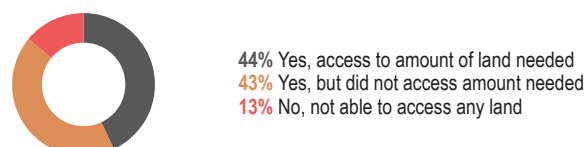
69% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most commonly reported barrier to accessing enough food:

Food prices are unusually high

48% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:



Most commonly reported barrier to accessing land in area:

Insecurity / not safe to farm

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:⁶

Purchase food on credit	29%	<div></div>
Sell household goods	25%	<div></div>
No problem with income	19%	<div></div>

ACCESS TO LIVELIHOODS & RECOVERY

Top 3 reported sources of income for HHs in the 30 days prior to data collection:⁶

No source of income	48%	<div></div>
Agriculture	16%	<div></div>
Trade	12%	<div></div>

Most commonly reported way of accessing physical cash in area:

No access to cash

ACCESS TO EDUCATION SERVICES

53% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

52% of HHs had at least one child that had never attended formal school, at the time of data collection.

⁶ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

% of HH reporting presence of a child-friendly space (CFS) in the area:



80% No CFS in area
17% NGO-run CFS
0% Park
0% Nursery
3% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

ACCESS TO SAFETY AND SECURITY

2% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Abduction

62% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



32% Yes
68% No
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:⁷



76% Yes
24% No
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:⁷



96% Yes
4% No
0% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:⁷



11% Yes
88% No
1% No response / Don't know

Most common reported type of humanitarian assistance received:

Food assistance

⁷ This information refers to a subset of the population assessed and therefore results should be considered indicative only.

About REACH

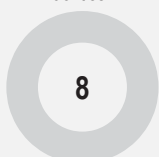
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: reach.nigeria@reach-initiative.org.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

Infrastructure Mapping



Health facilities

0 clinics, 7 primary health centres, 1 hospitals, 0 dispensary, 0 nutrition facilities



8

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

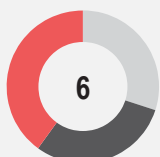
6 health facilities in Dikwa experienced a disease outbreak

100% of health facilities have access to functioning latrines



Education facilities

4 primary/secondary schools, 1 primary schools, 1 secondary schools



6

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

1,486 average of currently enrolled students (over-capacity)

100% of school facilities have access to functioning latrines



Marketplaces

1 central, open air markets, 0 local shops, 0 market shops, 0 pharmacies



1

Most commonly reported barrier to being fully functional:
Transportation costs / Forced closure

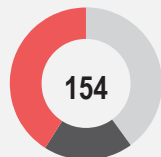
0 reported marketplaces which are permanently closed

2000 average number of traders in central, open-air markets



Water access points

The 3 most common: 93 boreholes, 45 public taps, 10 tube



154

Most commonly reported barrier to being fully functional:
No barrier

No barrier



Latrine blocks

55% separated by gender



859

Most commonly reported barrier to being fully functional:
Latrines unclean

Latrines unclean

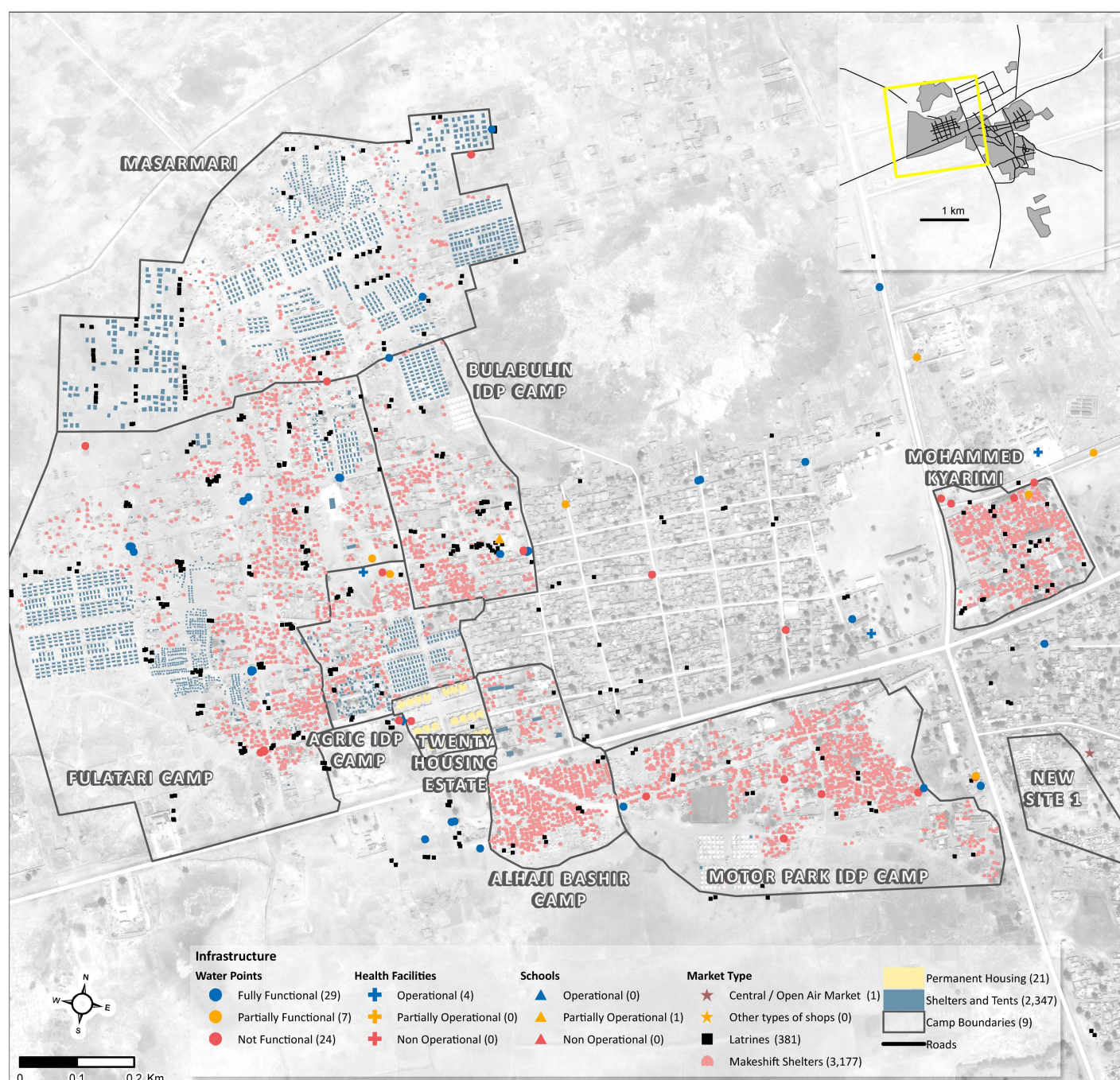
Infrastructure type functionality: Functioning Partially functioning^a Not functioning

Change in functionality since previous monitoring period: Functionality has improved Functionality did not change Functionality has worsened

^a "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 a 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

Dikwa Settlement Infrastructure



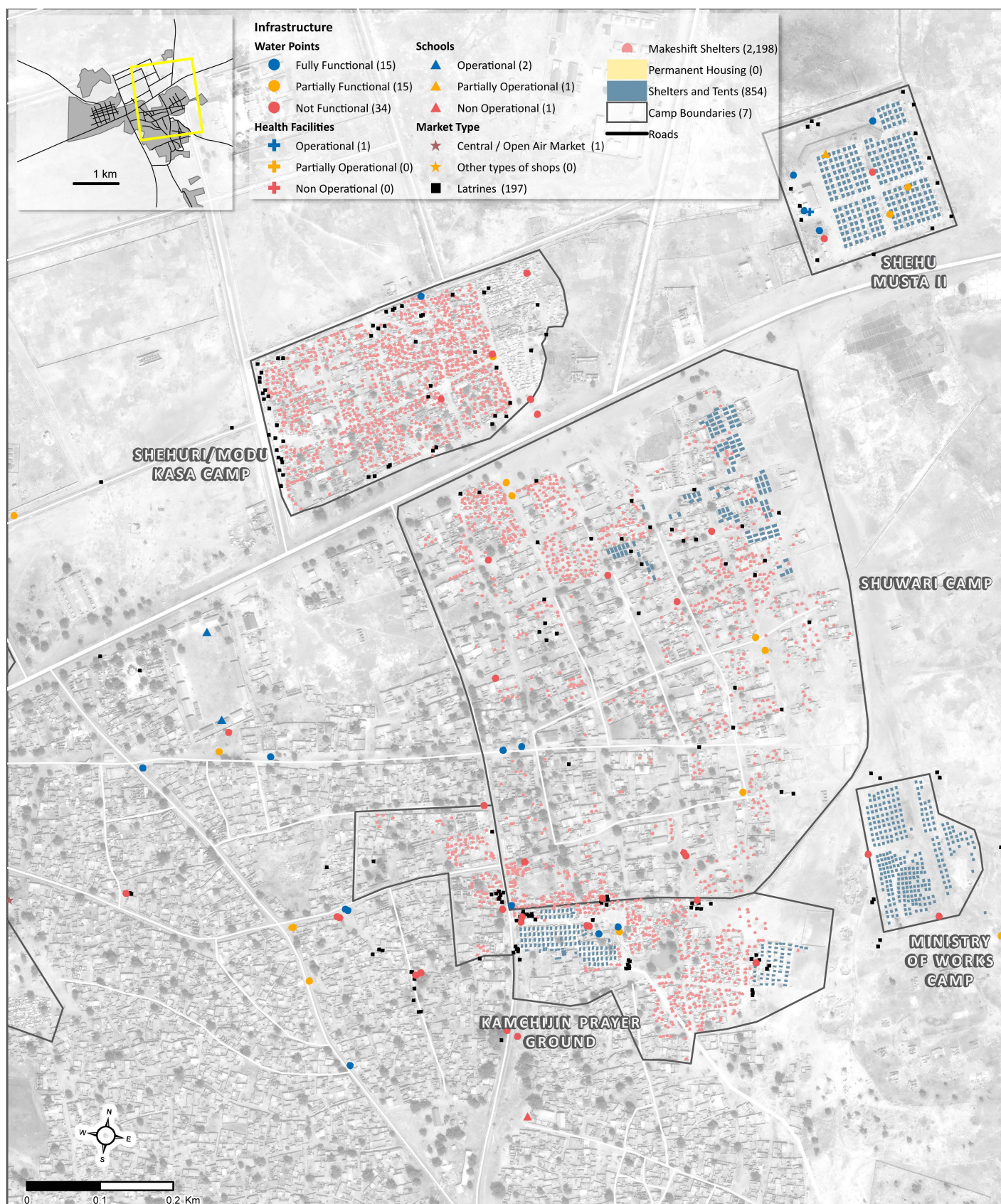
Who does What, Where?⁹ - Dikwa town: 21 partners (-4 compared to previous monitoring period)



⁹ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)

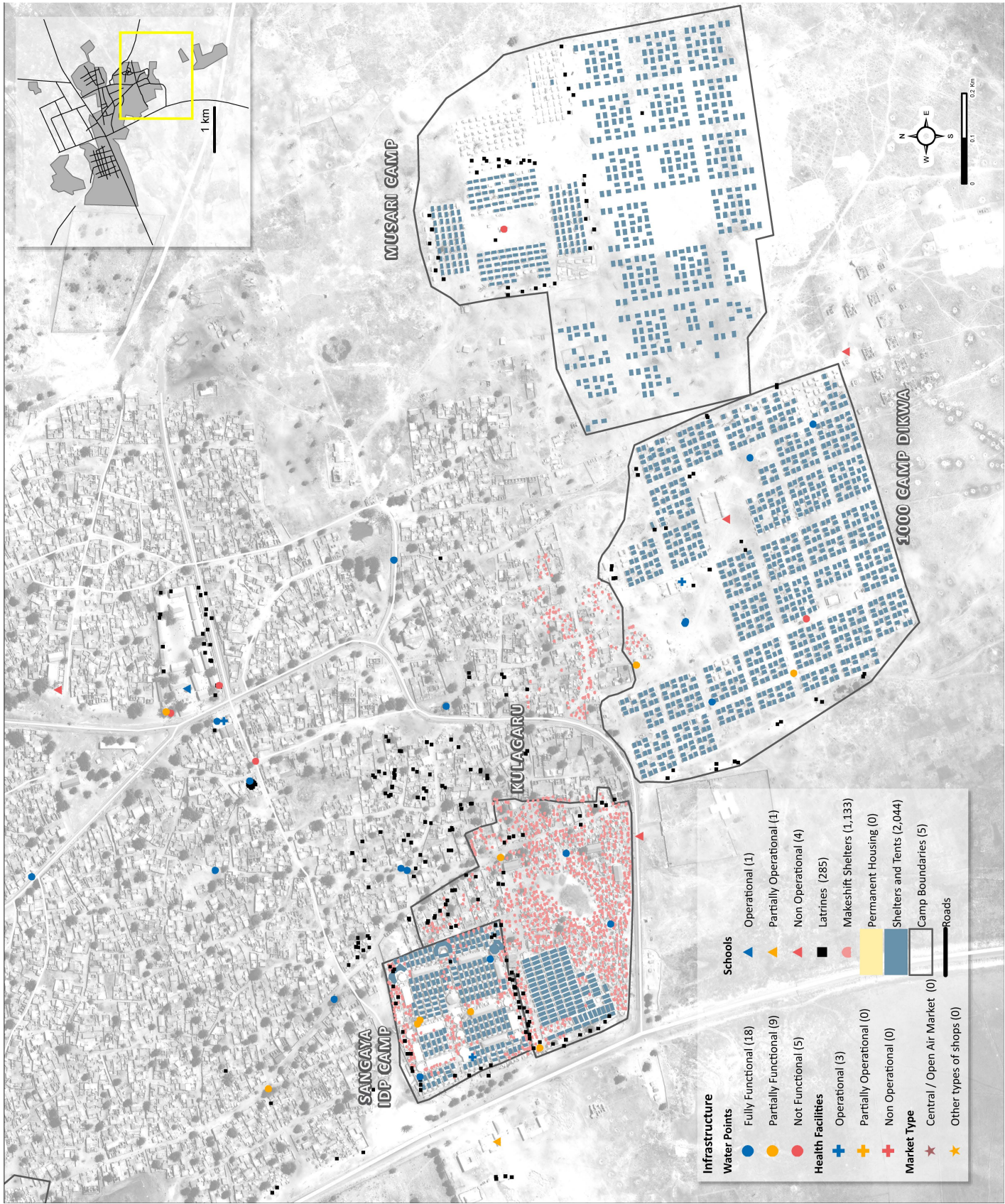
LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

Dikwa Settlement Infrastructure - Zone 2



LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

Dikwa Settlement Infrastructure - Zone 3





LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Gwoza Town, Gwoza LGA, Borno State, Nigeria

October 2018

Introduction

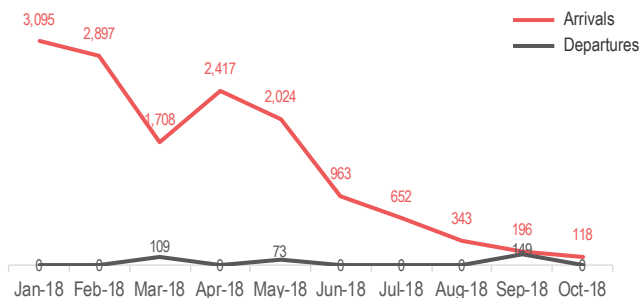
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.¹ Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).² The humanitarian response 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 availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, 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 security 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. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 4 October 2018. 180 HH surveys were conducted in accessible areas of Gwoza LGA with a confidence level of 95% and a margin of error of 10%.

Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 86,990³

Displacement

Arrivals vs. departures in Gwoza town in 2018:



14,413 IDPs arrived in Gwoza town from 3 January to 26 June 2018, while 331 departed from the location.³ This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

Of the 144 IDP HHs assessed, 80% reported that lack of food was their top push factor to leave their current location, followed by lack of security (60%) and a lack of employment/access to cash (40%). The top 3 reported pull factors in choosing a future location were: access to security (80%), access to food (80%), and presence of education services (40%).⁴

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 Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

³ IOM Displacement Tracking Matrix (DTM, April 2018), Round XXIII dataset of baseline assessment.

⁴ This question refers to a subset of the population surveyed. Results should be considered indicative only.

Access to Services

ACCESS TO WASH SERVICES

37% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:⁵

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	73%
	Handpump	18%
Unimproved water source	Unprotected well	9%

29% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

Long waiting time at water point

21% of HHs 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: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	4%
Yes, sometimes	17%
No, water is clean	71%
No, treatment not available	8%
Other / No response	0%

Most commonly reported water treatment method:

Aquatab / chlorination

57% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



95% Yes, access to latrine
4% No, open defecation in the bush
1% No, open defecation in designated area
0% No response/Don't know

Main type of latrine accessed by HH in LGA:
Traditional latrine (pit)

Most commonly reported garbage disposal practice in community:

Dedicated site, burned

⁵ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: GWOZA TOWN

ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

Top 3 reported shelter types for HHs in the given area:

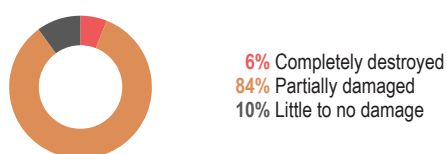
Traditional house (adobe/mudbrick)	71%	<div></div>
Tent	18%	<div></div>
Masonry building (blocks/bricks)	10%	<div></div>

HHs reporting the most common shelter occupancy arrangement:

Squatted with permission

28% of HHs reported that they had a written rental contract out of those renting their shelter (25% of HHs).

% of HHs reporting damage to shelter, by severity of damage:



Most commonly reported cause of damage to shelter in area:

Storm / wind

Least owned basic NFI kit items, by % of HHs reporting having them:

Foldable mattress	1%	<div></div>
Sanitary pads	3%	<div></div>
Aquatabs	3%	<div></div>

ACCESS TO HEALTH SERVICES

52% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:⁶

Fever

% of HHs reporting distance to closest health facility:



18% of HHs reported that one female member had given birth in the year prior to data collection.

Most commonly reported location for women to give birth:

At NGO health facility

Most commonly reported person attending to birth:

Skilled birth attendant

ACCESS TO FOOD & AGRICULTURE

Top 3 reported means of accessing food items:⁶

Food assistance from humanitarian organisations	91%	<div></div>
Purchased in local markets	30%	<div></div>
Food assistance from public authority	4%	<div></div>

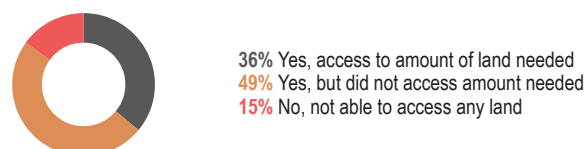
34% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most commonly reported barrier to accessing enough food:

Limited resources to buy food

54% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:



Most commonly reported barrier to accessing land in area:

Insecurity / not safe to farm

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:⁶

Borrow money	48%	<div></div>
Purchase food on credit	40%	<div></div>
Sell household goods	24%	<div></div>

ACCESS TO LIVELIHOODS & RECOVERY

Top 3 reported sources of income for HHs in the 30 days prior to data collection:⁶

No source of income	29%	<div></div>
Agriculture	26%	<div></div>
Small business	23%	<div></div>

Most commonly reported way of accessing physical cash in area:

Cash in hand

ACCESS TO EDUCATION SERVICES

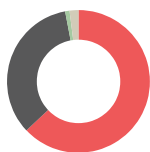
61% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

34% of HHs had at least one child that had never attended formal school, at the time of data collection.

⁶ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: GWOZA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



63% No CFS in area
34% NGO-run CFS
1% Park
2% Nursery
0% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

ACCESS TO SAFETY AND SECURITY

4% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Killing/Physical violence

58% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



81% Yes
19% No
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:⁷



63% Yes
37% No
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:⁷



95% Yes
5% No
0% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:⁷



30% Yes
69% No
1% No response / Don't know

Most common reported type of humanitarian assistance received:

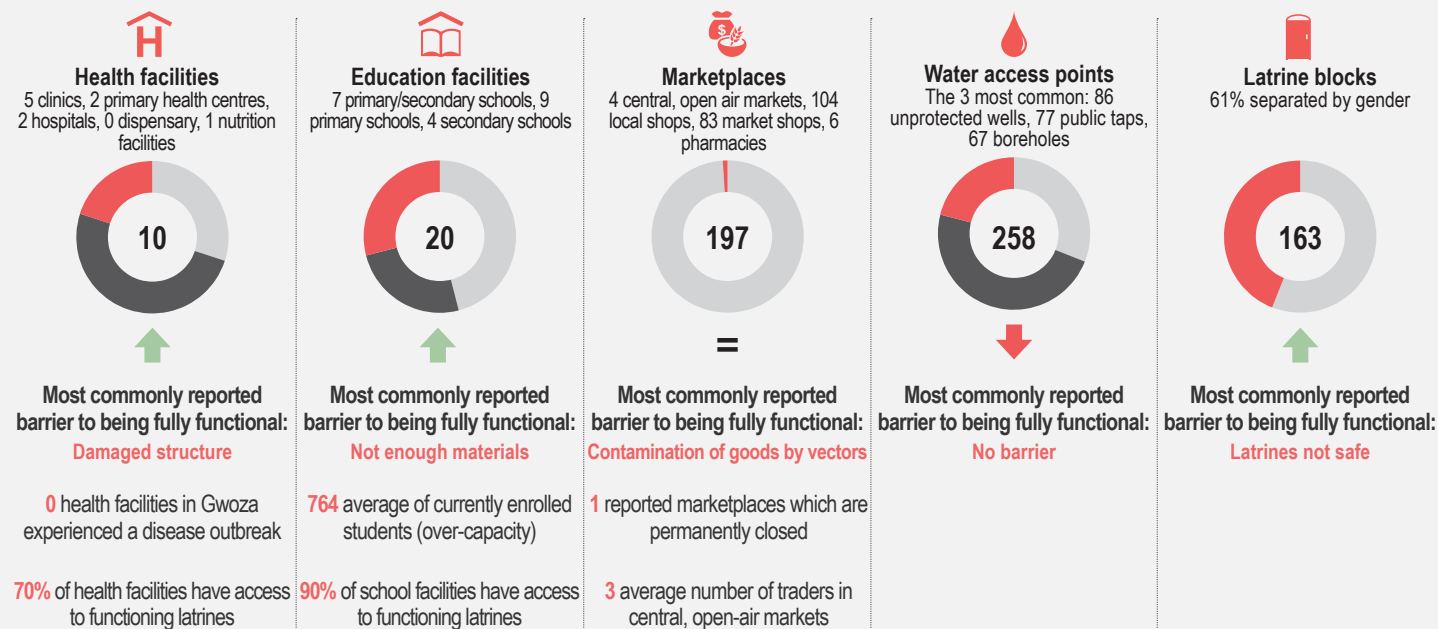
Food assistance

⁷This information refers to a subset of the population assessed and therefore results should be considered indicative only.

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

Infrastructure Mapping



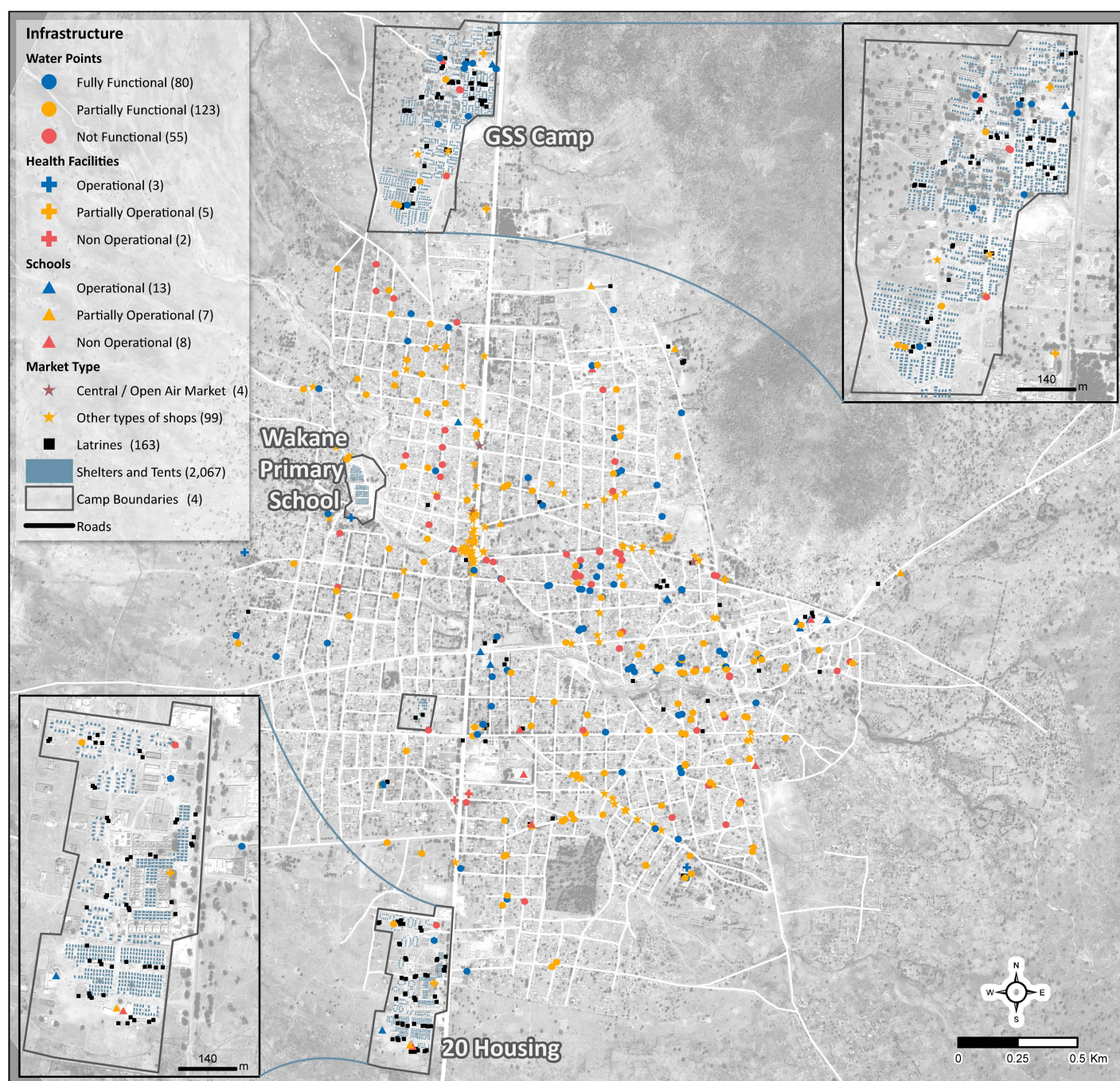
Infrastructure type functionality: Functioning Partially functioning^a Not functioning

Change in functionality since previous monitoring period: Functionality has improved Functionality did not change Functionality has worsened

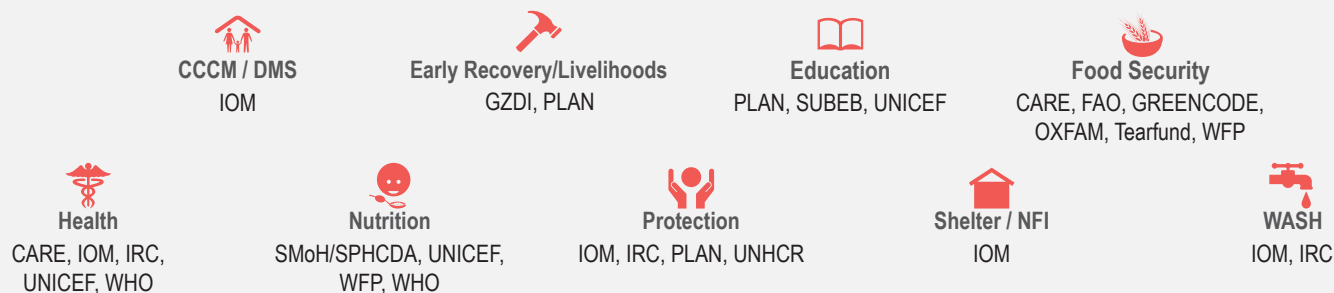
^a "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: GWOZA TOWN

Gwoza Settlement Infrastructure



Who does What, Where?⁹ - Gwoza town: 15 partners (-3 compared to previous monitoring period)



⁹ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)



LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Mafa Town, Mafa LGA, Borno State, Nigeria

October 2018

Introduction

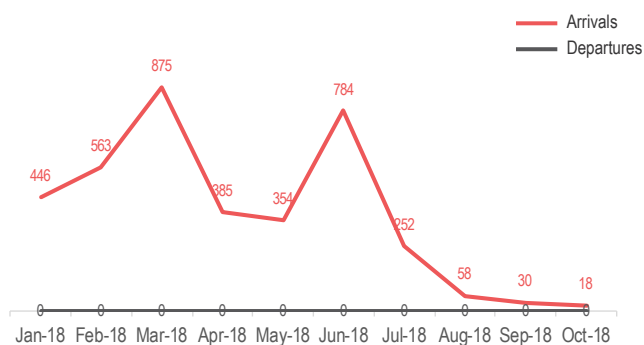
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.¹ Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).² The humanitarian response 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 availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, 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. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 5 October 2018. 167 HH surveys were conducted in accessible areas of Mafa LGA with a confidence level of 95% and a margin of error of 10%.

Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 11,345³

Displacement

Arrivals vs. departures in Mafa town in 2018:



3,765 IDPs arrived in Mafa town from 3 January to 26 June 2018, while 0 departed from the location.³ This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

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 Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

³ IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

Access to Services

ACCESS TO WASH SERVICES

40% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:⁴

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	78%
	Public tap	32%
Unimproved water source	Water vendor / Mai moya	6%

29% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

Long waiting time at water point

8% of HHs 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: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

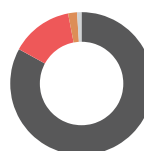
Yes, always	2%	I
Yes, sometimes	1%	I
No, water is clean	84%	
No, treatment not available	13%	
Other / No response	0%	

Most commonly reported water treatment method:

Water filter

67% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



83% Yes, access to latrine
14% No, open defecation in the bush
2% No, open defecation in designated area
1% No response/Don't know

Main type of latrine accessed by HH in LGA:
Traditional latrine (pit)

Most commonly reported garbage disposal practice in community:

Disposed at home, left in open area

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MAFA TOWN

ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

Top 3 reported shelter types for HHs in the given area:

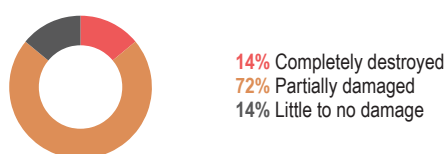
Traditional house (adobe/mudbrick)	52%	<div></div>
Makeshift shelter	18%	<div></div>
Masonry building (blocks/bricks)	16%	<div></div>

HHs reporting the most common shelter occupancy arrangement:

Owned / purchased

32% of HHs reported that they had a written rental contract out of those renting their shelter (18% of HHs).

% of HHs reporting damage to shelter, by severity of damage:



Most common reported cause of damage to shelter in area:

Bullet holes / conflict

Least owned basic NFI kit items, by % of HHs reporting having them:

Sanitary pads	8%	<div></div>
School textbooks	8%	<div></div>
Aquatabs	9%	<div></div>

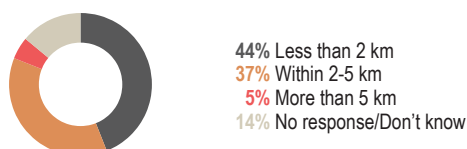
ACCESS TO HEALTH SERVICES

12% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:⁵

Fever

% of HHs reporting distance to closest health facility:



11% of HHs reported that one female member had given birth in the year prior to data collection.

Most common reported location for women to give birth:

At home

Most common reported person attending to birth:

Traditional birth attendant

ACCESS TO FOOD & AGRICULTURE

Top 3 reported means of accessing food items:⁵

Purchased in local markets	70%	<div></div>
Food assistance from humanitarian organisations	47%	<div></div>
Own agriculture / cultivation	18%	<div></div>

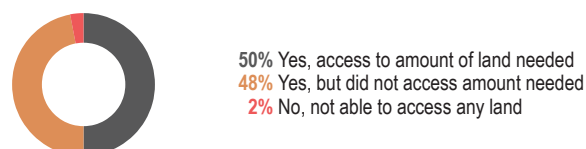
62% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most common reported barrier to accessing enough food:

Limited resources to buy food

58% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:



Most common reported barrier to accessing land in area:

Land taken by someone else

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:⁵

Purchase food on credit	63%	<div></div>
Borrow money	49%	<div></div>
Depend on external assistance	48%	<div></div>

ACCESS TO LIVELIHOODS & RECOVERY

Top 3 reported sources of income for HHs in the 30 days prior to data collection:⁵

Agriculture	49%	<div></div>
Casual wage labour	22%	<div></div>
Remittance	13%	<div></div>

Most commonly reported way of accessing physical cash in area:

Cash in hand

ACCESS TO EDUCATION SERVICES

61% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

55% of HHs had at least one child that had never attended formal school, at the time of data collection.

⁵ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MAFA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



74% No CFS in area
25% NGO-run CFS
0% Park
0% Nursery
1% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

ACCESS TO SAFETY AND SECURITY

N/A of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

N/A

29% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



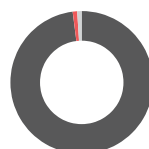
75% Yes
25% No
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:⁶



89% Yes
9% No
2% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:⁶



98% Yes
1% No
1% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:⁶



21% Yes
65% No
14% No response / Don't know

Most common reported type of humanitarian assistance received:

Food assistance

⁶This information refers to a subset of the population assessed and therefore results should be considered indicative only.

About REACH

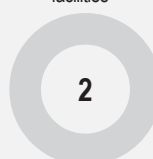
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: reach.nigeria@reach-initiative.org.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

Infrastructure Mapping



Health facilities

0 clinics, 1 primary health centres, 1 hospitals, 0 dispensary, 0 nutrition facilities



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

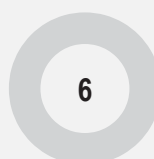
0 health facilities in Mafa experienced a disease outbreak

100% of health facilities have access to functioning latrines



Education facilities

6 primary/secondary schools, 0 primary schools, 0 secondary schools



Most commonly reported barrier to being fully functional:
Inadequate access

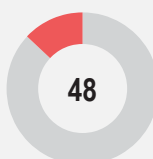
46 average of currently enrolled students (over-capacity)

50% of school facilities have access to functioning latrines



Marketplaces

1 central, open air market, 44 local shops, 2 market shops, 1 pharmacies



Most commonly reported barrier to being fully functional:
Lack of money to buy stocks

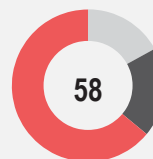
6 reported marketplaces which are permanently closed

155 average number of traders in central, open-air markets



Water access points

44 public taps, 14 boreholes



Most commonly reported barrier to being fully functional:
Damaged structure

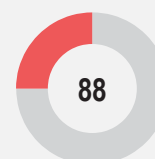
44 public taps, 14 boreholes

44 public taps, 14 boreholes



Latrine blocks

50% separated by gender



Most commonly reported barrier to being fully functional:
Latrines unclean

50% separated by gender

50% separated by gender

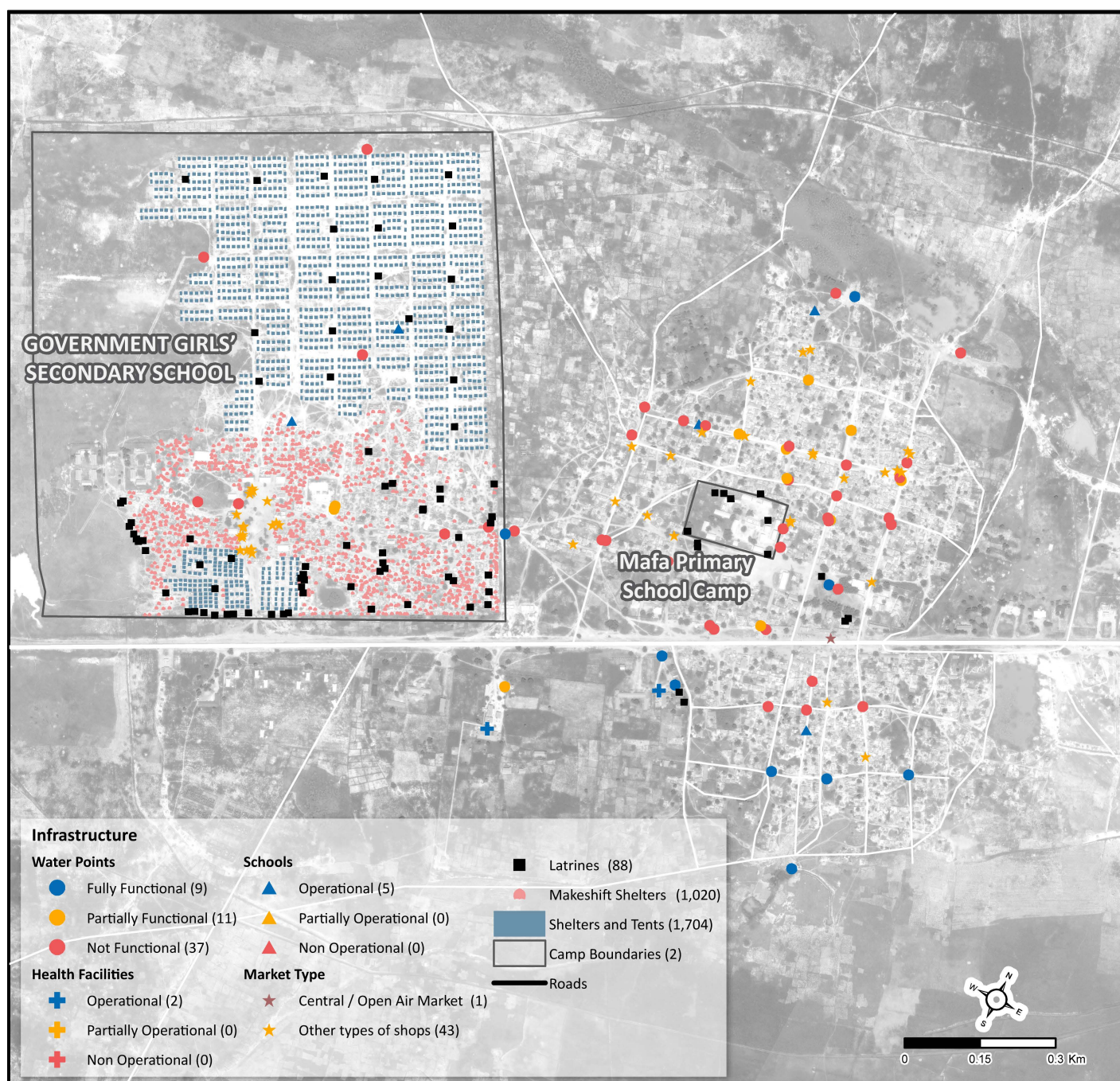
Infrastructure type functionality: Functioning Partially functioning⁷ Not functioning

Change in functionality since previous monitoring period: Functionality has improved Functionality did not change Functionality has worsened

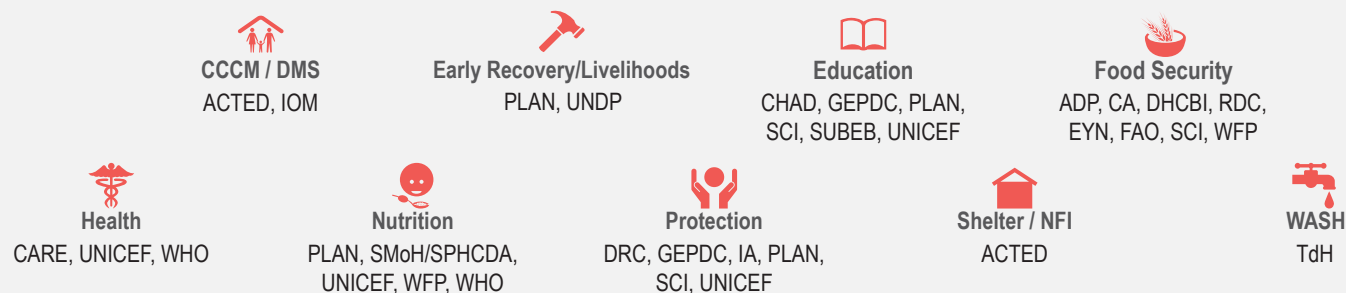
⁷ "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MAFA TOWN

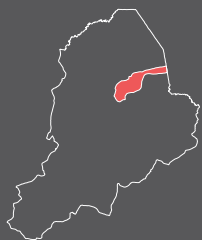
Mafa Settlement Infrastructure



Who does What, Where?⁸ - Mafa town: 23 partners (+4 compared to previous monitoring period)



⁸ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)



LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Monguno Town, Monguno LGA, Borno State, Nigeria October 2018

Introduction

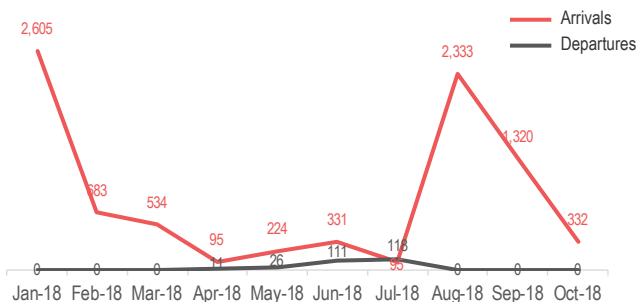
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.¹ Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).² The humanitarian response 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 availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, 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. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 6 October 2018. 163 HH surveys were conducted in accessible areas of Monguno LGA with a confidence level of 95% and a margin of error of 10%.

Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 124,196³

Displacement

Arrivals vs. departures in Monguno town in 2018:



8,552 IDPs arrived in Monguno town from 3 January to 26 June 2018, while 266 departed from the location.³ This is a notable increase as compared to the last quarter of the previous monitoring period.

Of the 32 IDP HHs assessed, 50% reported that a lack of food was their top push factor to leave their current location, followed by a lack of security (25%) and a lack of health services (25%). The top 3 reported pull factors in choosing a future location were: access to food (75%), access to security (50%), and presence of health services (50%).⁴

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 Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

³ IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

⁴ This question refers to a subset of the population surveyed. Results should be considered indicative only.

Access to Services

ACCESS TO WASH SERVICES

28% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:⁵

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	84%
	Public tap	37%
N/A	N/A	N/A

18% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

Long waiting time at water point

13% of HHs 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: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	0%
Yes, sometimes	15%
No, water is clean	85%
No, treatment not available	0%
Other / No response	0%

Most commonly reported water treatment method:

Aquatab / chlorination

62% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



80% Yes, access to latrine
13% No, open defecation in the bush
7% No, open defecation in designated area
0% No response/Don't know

Main type of latrine accessed by HH in LGA:
Public latrine (block)

Most commonly reported garbage disposal practice in community:

Dedicated site, burned

⁵ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MONGUNO TOWN

ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

Top 3 reported shelter types for HHs in the given area:

Makeshift shelter	66%	<div></div>
Traditional house (adobe/mudbrick)	12%	<div></div>
Tent	12%	<div></div>

HHs reporting the most common shelter occupancy arrangement:

Owned / purchased

7% of HHs reported that they had a written rental contract out of those renting their shelter (1% of HHs).

% of HHs reporting damage to shelter, by severity of damage:

N/A Completely destroyed
N/A Partially damaged
N/A Little to no damage

Most commonly reported cause of damage to shelter in area:

Storm / wind

Least owned basic NFI kit items, by % of HHs reporting having them:

Sanitary pads / Foldable mattress	0%
10L bucket / Aquatabs	0%
School bags / School notebooks	0%

ACCESS TO HEALTH SERVICES

25% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:⁶

Fever

% of HHs reporting distance to closest health facility:



100% Less than 2 km
0% Within 2-5 km
0% More than 5 km
0% No response/Don't know

16% of HHs reported that one female member had given birth in the year prior to data collection.

Most commonly reported location for women to give birth:

At NGO health facility

Most commonly reported person attending to birth:

Skilled birth attendant

ACCESS TO FOOD & AGRICULTURE

Top 3 reported means of accessing food items:⁶

Purchased in local markets	63%	<div></div>
Food assistance from humanitarian organisations	37%	<div></div>
Own agriculture / cultivation	12%	<div></div>

44% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most commonly reported barrier to accessing enough food:

Food prices are unusually high

53% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:



47% Yes, access to amount of land needed
48% Yes, but did not access amount needed
5% No, not able to access any land

Most commonly reported barrier to accessing land in area:

Land taken by someone else

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:⁶

Purchase food on credit	85%	<div></div>
Borrow money	28%	<div></div>
Spend savings	13%	<div></div>

ACCESS TO LIVELIHOODS & RECOVERY

Top 3 reported sources of income for HHs in the 30 days prior to data collection:⁶

Agriculture	68%	<div></div>
Casual wage labour	43%	<div></div>
Small business	28%	<div></div>

Most commonly reported way of accessing physical cash in area:

Cash in hand

ACCESS TO EDUCATION SERVICES

47% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

41% of HHs had at least one child that had never attended formal school, at the time of data collection.

⁶ Respondents could choose several answers

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MONGUNO TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



54% No CFS in area
40% NGO-run CFS
0% Park
6% Nursery
0% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

ACCESS TO SAFETY AND SECURITY

9% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Abduction

14% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



55% Yes
45% No
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:⁷



89% Yes
11% No
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:⁷



94% Yes
1% No
5% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:⁷



52% Yes
48% No
0% No response / Don't know

Most common reported type of humanitarian assistance received:

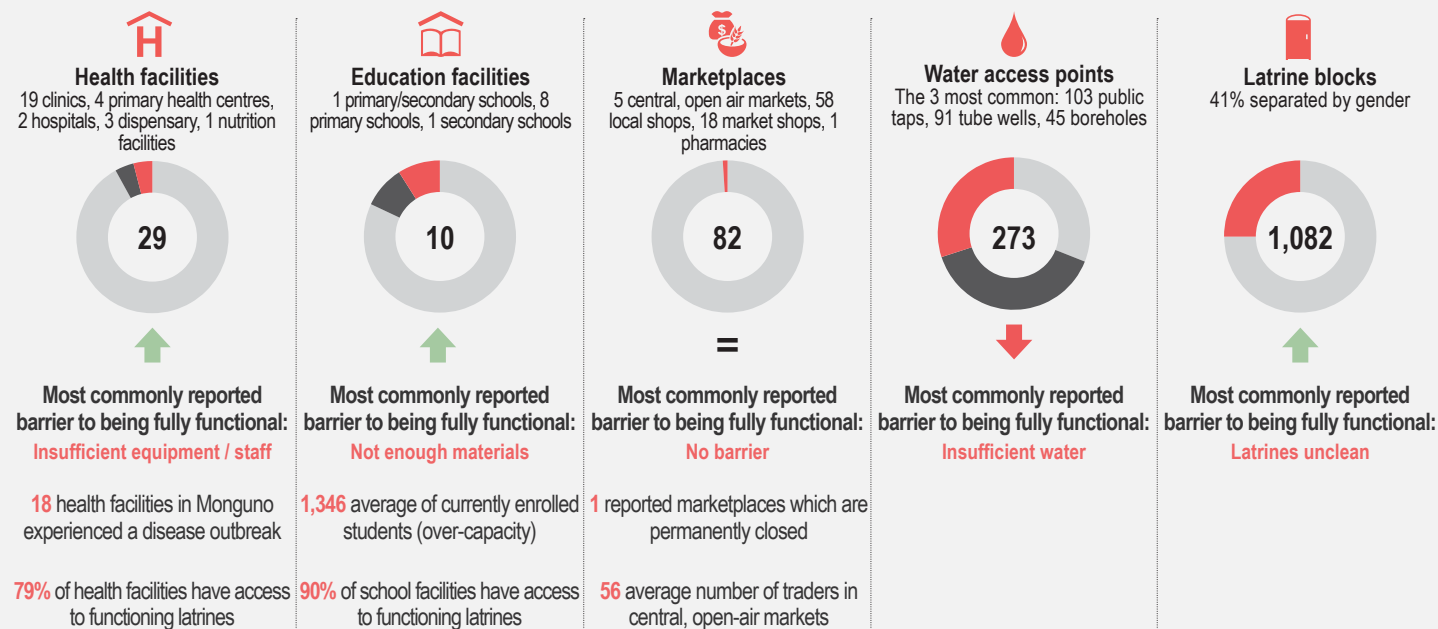
Food assistance

⁷ This information refers to a subset of the population assessed and therefore results should be considered indicative only.

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](https://twitter.com/REACH_info) and Facebook: www.facebook.com/IMPACT.init

Infrastructure Mapping



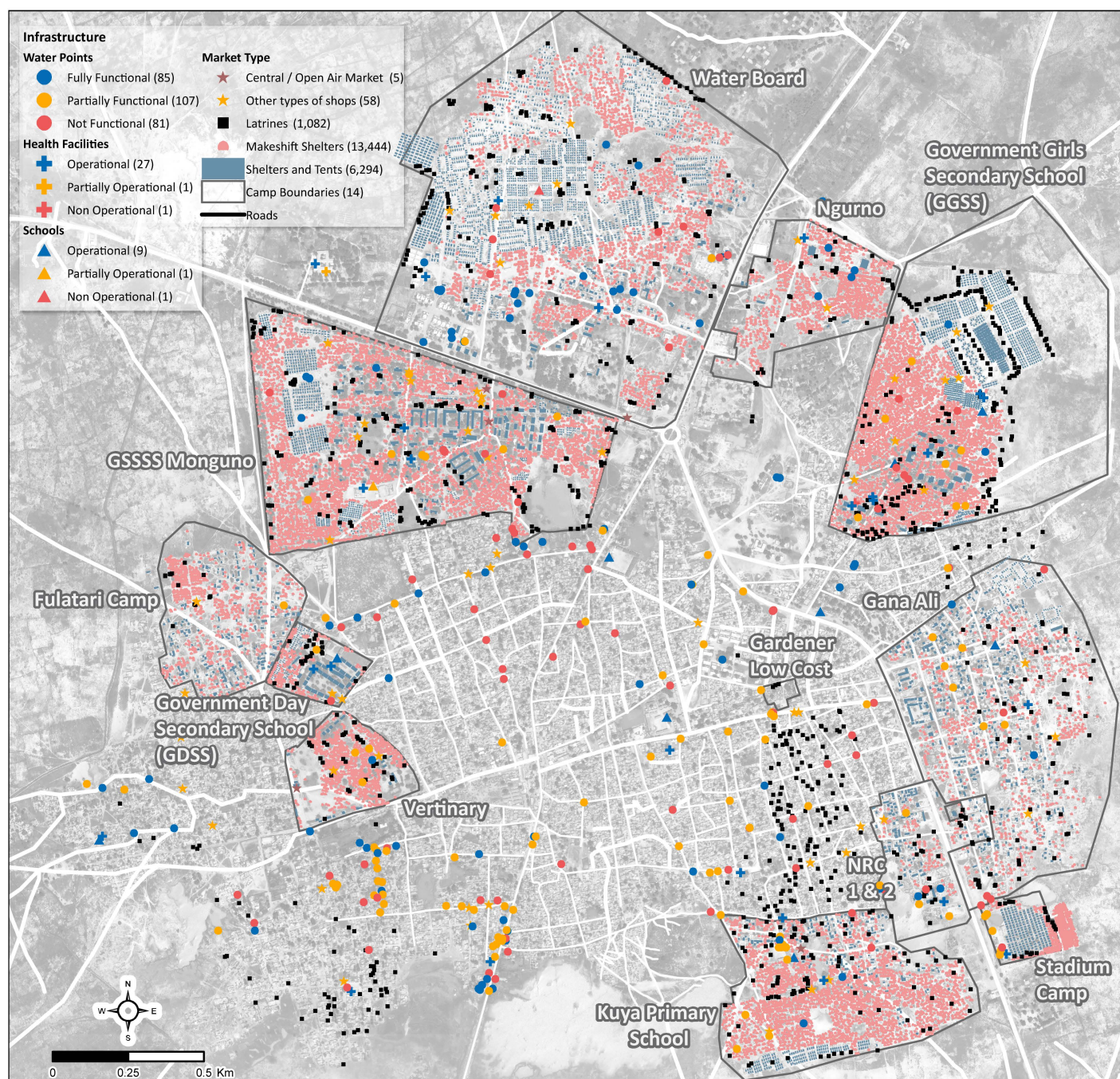
Infrastructure type functionality: ■ Functioning ■ Partially functioning^a ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

^a "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 a 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MONGUNO TOWN

Monguno Settlement Infrastructure



Who does What, Where?⁹ - Monguno town: 17 partners (-3 compared to previous monitoring period)



⁹ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)