



# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

## Gwoza Town, Gwoza LGA, Borno State, Nigeria

October 2018

### Introduction

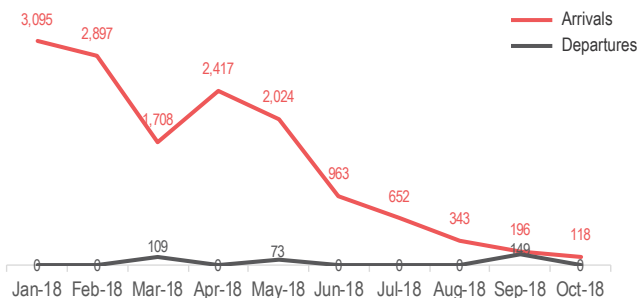
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The 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): 86,990<sup>3</sup>

### 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.<sup>3</sup> 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%).<sup>4</sup>

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

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

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

<sup>4</sup> 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:<sup>5</sup>

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**

<sup>5</sup> Respondents could choose several answers

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## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

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

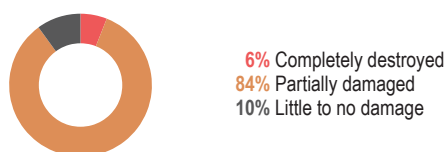
Traditional house (adobe/mudbrick)	71%	<div></div>
Tent	18%	<div></div>
Masonry building (blocks/bricks)	10%	<div></div>

### 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>

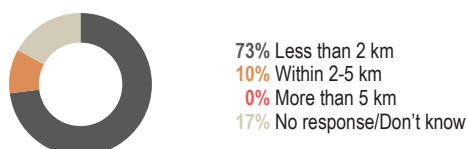
## ACCESS TO HEALTH SERVICES

**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:<sup>6</sup>

#### 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:<sup>6</sup>

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

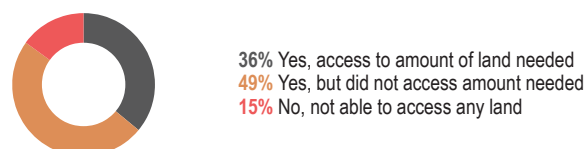
**34%** of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### 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:<sup>6</sup>

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:<sup>6</sup>

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

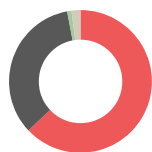
**61%** of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

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

<sup>6</sup> 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:<sup>7</sup>



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

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



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

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



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

Most common reported type of humanitarian assistance received:

**Food assistance**

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

## About REACH

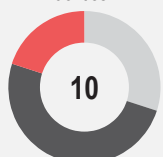
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: [reach.nigeria@reach-initiative.org](mailto:reach.nigeria@reach-initiative.org).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

## Infrastructure Mapping



### Health facilities

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



Most commonly reported barrier to being fully functional:  
**Damaged structure**

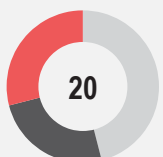
0 health facilities in Gwoza experienced a disease outbreak

70% of health facilities have access to functioning latrines



### Education facilities

7 primary/secondary schools, 9 primary schools, 4 secondary schools



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

764 average of currently enrolled students (over-capacity)

90% of school facilities have access to functioning latrines



### Marketplaces

4 central, open air markets, 104 local shops, 83 market shops, 6 pharmacies



Most commonly reported barrier to being fully functional:  
**Contamination of goods by vectors**

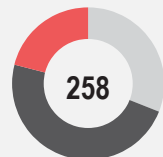
1 reported marketplaces which are permanently closed

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



### Water access points

The 3 most common: 86 unprotected wells, 77 public taps, 67 boreholes

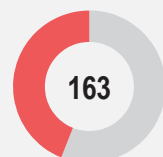


Most commonly reported barrier to being fully functional:  
**No barrier**



### Latrine blocks

61% separated by gender



Most commonly reported barrier to being fully functional:  
**Latrines not safe**

Infrastructure type functionality:  Functioning  Partially functioning<sup>a</sup>  Not functioning

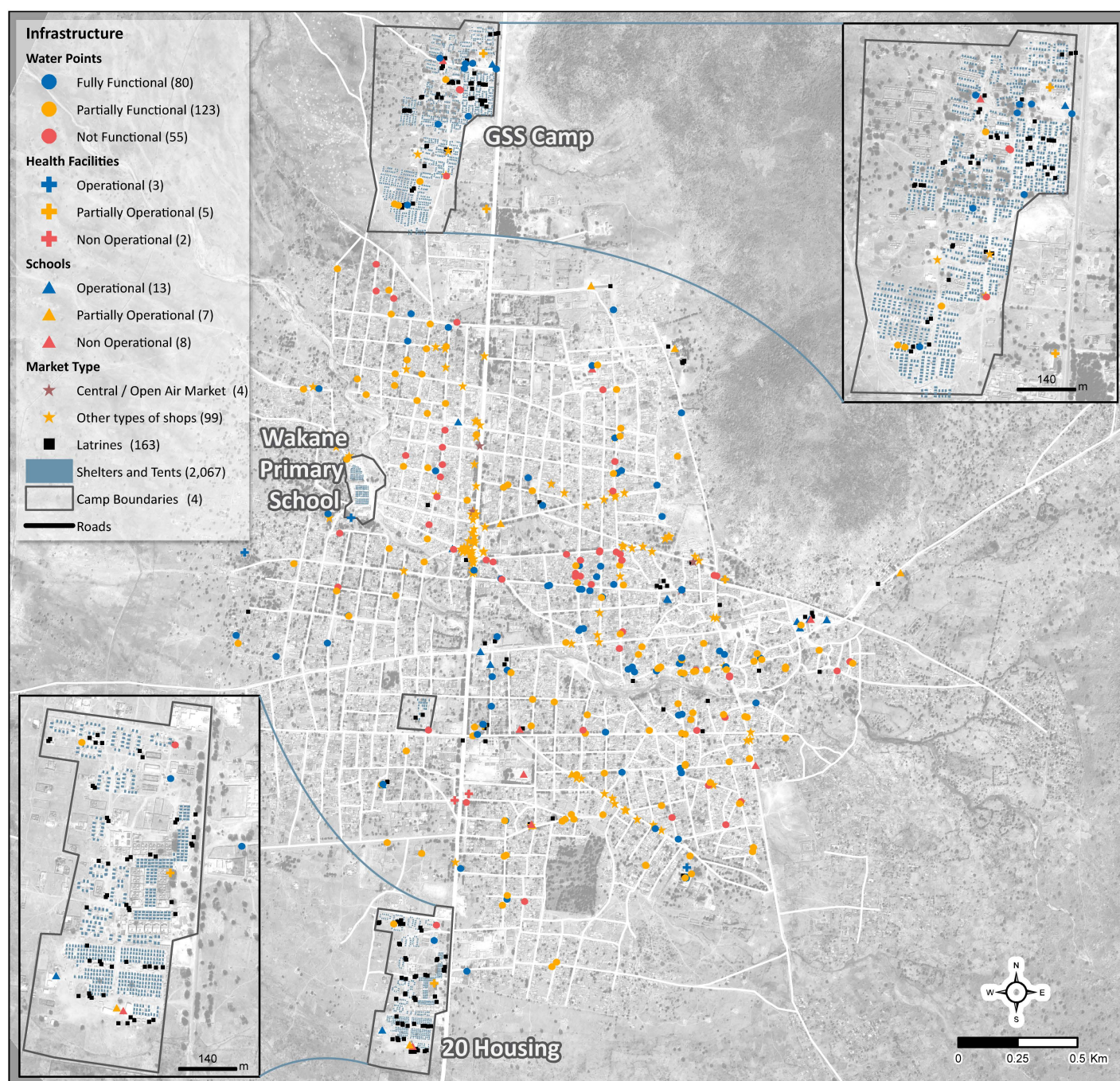
Change in functionality since previous monitoring period:  Functionality has improved  Functionality did not change  Functionality has worsened

<sup>a</sup> "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.

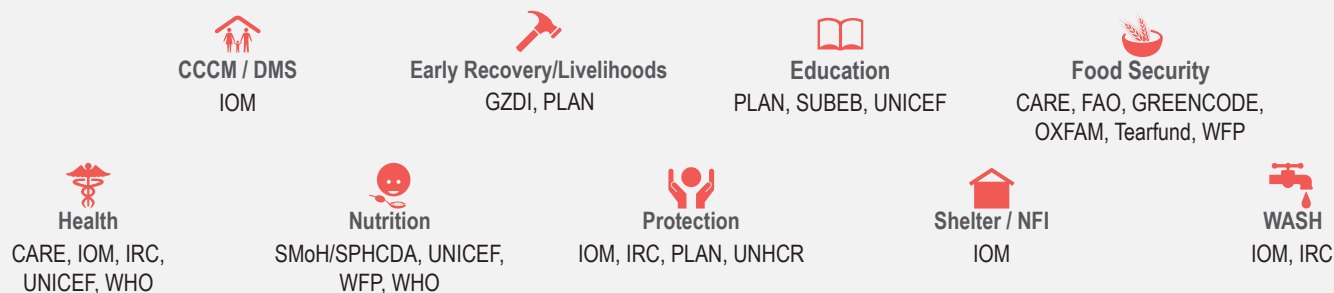


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## Gwoza Settlement Infrastructure



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



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