

Vulnerability and Essential Needs Assessment (VENA)

Brief - BAY States, Nigeria, July 2020

CONTEXT AND METHODOLOGY

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 IDPs, both in and out of camps, and host community¹ (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. In addition, the assessment sought to highlight how the challenges to meet essential needs vary based on the displacement status of the targeted population.

Findings are based on household surveys that were collected through home visits by IMPACT field surveyors between 16 March and 1 April 2020, in the selected LGAs. In total, 1,381 household surveys were conducted with head of household or their equivalents. A stratified cluster sampling designed at LGA level was used with the primary sampling unit defined as the settlement/camp, and the secondary sampling unit is the households within those locations. Sampling was conducted at a 90% confidence interval with a 10% margin of error per strata. 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.

DEMOGRAPHICS

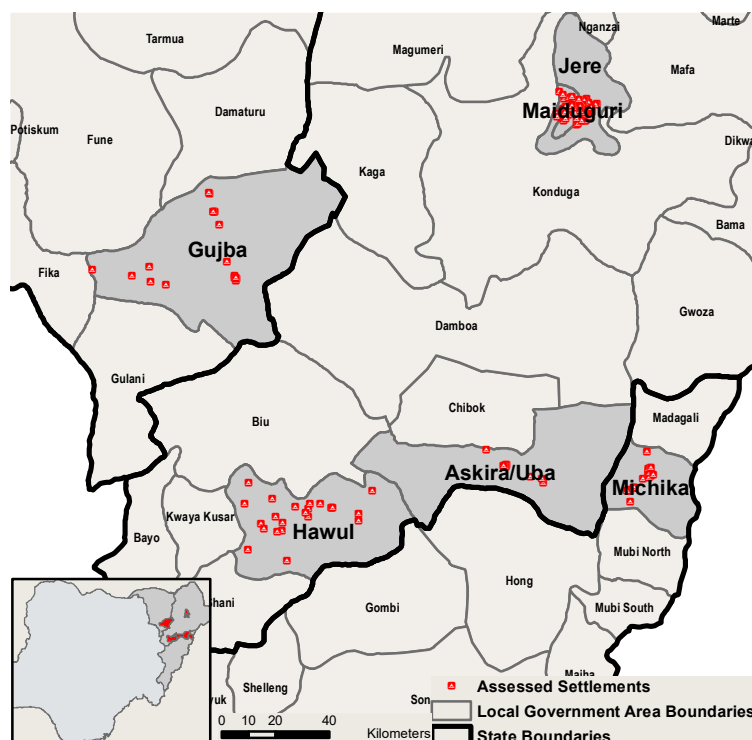
Disability

Table 1. Proportion of households with at least one disabled member, per assessed LGA

	Askira/ Uba	Hawul	Gujba	Jere	Maiduguri	Michika
IDP	15%	2%	18%	20%	9%	17%
Host community	12%	3%	12%	17%	5%	28%

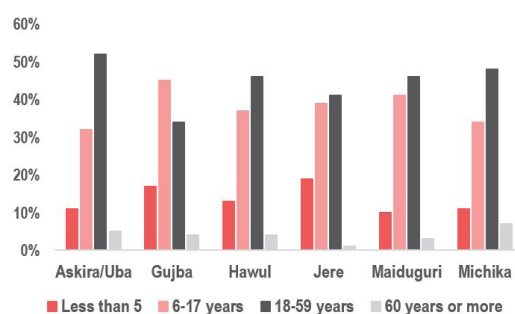
The Washington Group (WG) Questions were used to determine disabilities among household members. Across all 6 assessed LGAs, **11%** of households were found to have at least one member with a disability⁹. This proportion seemed to be marginally higher for IDP households (**14%**) compared to host community households (**11%**).

Map 1. Data Collection Coverage



Household Age Distribution

Figure 1: Household age distribution per assessed LGA



Among all the households surveyed across the 6 LGAs, more than half (**52%**) of the members reportedly were children, with **14%** infants, i.e. less than five years of age. The IDP households constitutes of **57%** children as compared to **53%** in host community households. Only **3%** household members accounted for elderly population (60 years or more).

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Table 2. Household vulnerability classification per assessed LGA

	Economic vulnerability*			Education vulnerability*		WASH vulnerability*		Health vulnerability*	
	High	Moderate	Low	High	Low	High	Low	High	Low
Askira/Uba	4%	44%	52%	29%	71%	79%	21%	23%	77%
Hawul	26%	68%	6%	42%	58%	57%	43%	13%	87%
Gujba	12%	46%	42%	22%	78%	48%	52%	5%	95%
Jere	43%	29%	28%	15%	85%	31%	69%	10%	15%
Maiduguri	23%	34%	43%	23%	77%	33%	67%	3%	23%
Michika	6%	63%	31%	17%	83%	60%	40%	23%	17%
Overall	27%	35%	38%	21%	79%	38%	62%	9%	91%

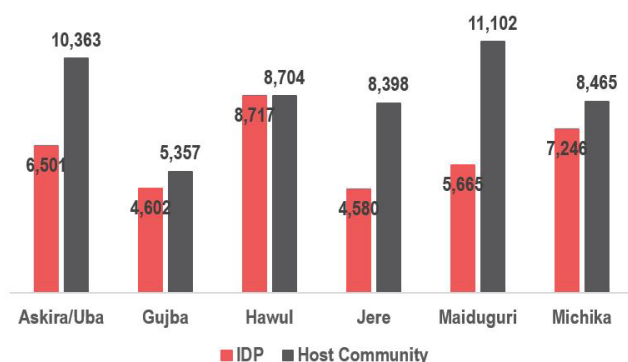
*The margin of error is 10%. For e.g. vulnerability values of 50% can range between 40% to 60%.

Economic vulnerability

Expenditure patterns generally reflect household choices and opportunities, whereby higher spending levels indicate higher capacity to absorb future shocks. Therefore, economic vulnerability can be regarded as a core driver for cross-sectoral vulnerabilities. The economic vulnerability score² used in this assessment is based on the cost of the food survival minimum expenditure basket (SMEB) as defined by the World Food Programme (WFP) and the Nigerian extreme poverty threshold numbers produced by Nigerian National Bureau of Statistics (NBS).

Findings indicate that the majority of the assessed households were unable to independently maintain the financial standards required for a dignified life. Overall, **62%** of the surveyed population across 6 LGAs live in extreme poverty³ (high or moderate vulnerability). Across all the 6 surveyed LGAs, the proportion of IDP households found to be living in extreme poverty (**82%**) was higher than the proportion of host community households (**62%**).

Figure 2: Average monthly per capita total expenditure of IDP and host community households (NGN)



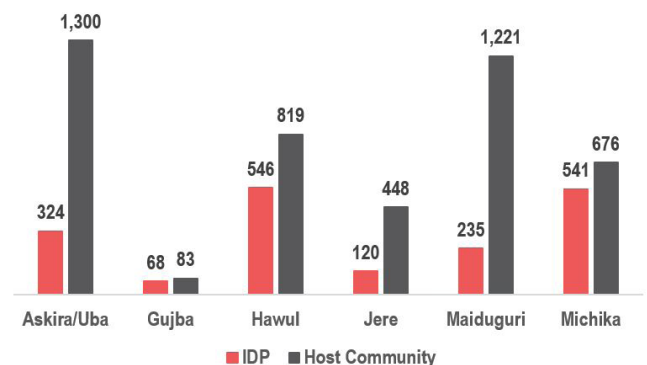
Overall, **82%** of households with at least one disabled member⁴ were found to live in extreme poverty as compared to **62%** households with no disabled members. Findings suggest that smaller households are likely to have higher per capita expenditure than larger households. Half (**52%**) of households with less than four members⁴ have a low economic vulnerability. The equivalent figure for households with four or more members is **27%**.

For every additional person in a household, spending per month declines by **1,322 Nigerian naira (NGN)**. The average household size reported across the 6 LGAs was **5.3**.

Education vulnerability

Primary education is free and compulsory in Nigeria, however, surveyed households face several barriers to ensure all the children have access and remain in education. The education vulnerability⁵ indicator looks at two key areas: 1) time taken to travel to school and 2) enrollment status of school-going children.

Figure 3: Average monthly per capita education expenditure of IDP and host community households (NGN)



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Findings indicate that **21%** of the assessed population across 6 LGAs have a high education vulnerability. Across all the 6 surveyed LGAs, education vulnerability among IDP households (**27%**) was higher than that for host community households (**20%**). The top 3 LGAs with the highest education vulnerability are Hawul (**42%**), Askira/Uba (**29%**) and Maiduguri (**23%**).

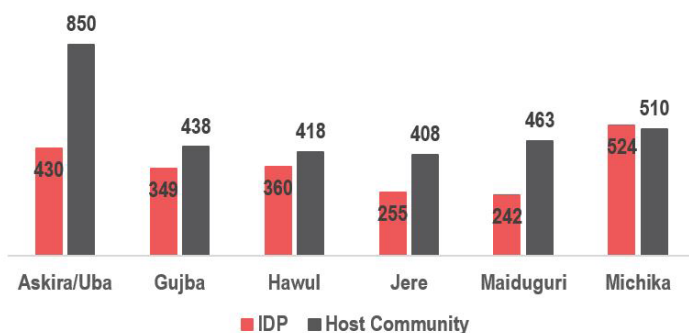
On average, host community households reported considerably higher monthly per capita education expenditure than IDP households. The average monthly per capita education expenditure reported by host community households was **831 NGN** as compared to **230 NGN** for IDP households. Findings suggest that education vulnerability is gendered. Of all households with school-going children, households with at least one girl among their school-going children were more commonly found to have higher education vulnerability (**30%**) than households who reportedly only had boys attending school (**7%**). Across all 6 assessed LGAs, these households also reported lower monthly per capita education expenditure (**673 NGN**) compared to households with no girls attending schools (**829 NGN**).

WASH vulnerability

The WASH vulnerability score⁶ 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. Access to WASH services is crucial to many aspects of a household's daily life, from hygiene, to drinking water and waste disposal.

Overall, **38%** of the assessed households across 6 LGAs were found to have a high WASH vulnerability. Across all the 6 surveyed LGAs, the WASH vulnerability among IDP households (**43%**) appeared to be marginally higher than that of host community households (**38%**). The top 3 LGAs with the highest WASH vulnerability were Askira/Uba (where **79%** of households were found to have a high WASH vulnerability), Michika (**60%**) and Hawul (**52%**).

Figure 4: Average monthly per capita expenditure on WASH of IDP and host community households.



WASH expenditure includes water consumption for all domestic purposes like washing, cooking and drinking, as well hygiene items like sanitary napkins, soaps and other personal care items. On average, host community households reported higher per capita WASH expenditure. The per capita WASH expenditure reported by host community households was **466 NGN** as compared to **284 NGN** for IDP households. In general, the same factors that determine overall expenditure per capita affect WASH expenditure per person. Factors such as the number of household members seems to determine both spending on WASH and total spending.

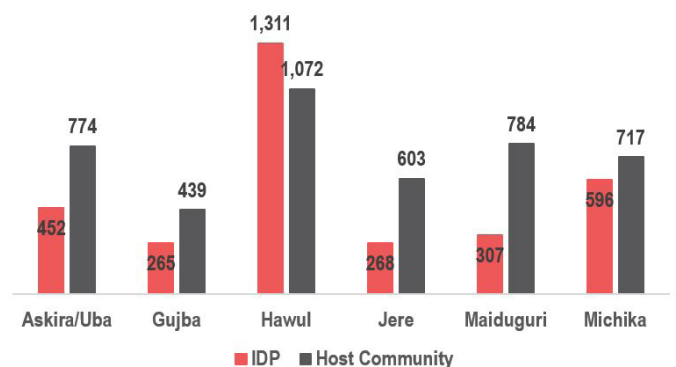
Similar to the findings on education vulnerabilities, WASH vulnerability seems to be gendered. Households with one or more female members were more commonly found to have a high WASH vulnerability (**40%**) compared to households with no female members (**21%**). Households with one or more female members also reported less monthly per capita WASH expenditure (**430 NGN**) as compared to households with no female members (**530 NGN**).

Health vulnerability

The health vulnerability indicator⁷ 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.

Overall, **9%** of the surveyed population across 6 LGAs were found to have a high health vulnerability. Across all the 6 surveyed LGAs, greater proportion of host community households (**9%**) were found to have high health vulnerability as compared to IDP households (**5%**). The three LGAs with the highest proportion of households with high health vulnerability were Askira/Uba (**23%** of households), Michika (**23%**), and Hawul (**13%**).

Figure 4: Average monthly per capita expenditure on health of IDP and host community households.



On average, host community households reported higher per capita health expenditure. The average monthly per capita expenditure on health reported by host community households was **703 NGN** as compared to **402 NGN** for IDP households. Though health vulnerability did not show any considerable variance within

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different household demographic dimensions like presence of one or more elderly⁸ members or households with one or more disabled⁹ members, monthly per capita health expenditure increases with the presence of either of the above described household demographic dimensions. Across all the 6 surveyed LGAs, households with one or more elderly members⁴ reported higher monthly per capita health expenditure (**953 NGN**) as compared to households with no elderly member (**606 NGN**). Similarly, household with one or more disabled members⁴ reported marginally higher monthly per capita health expenditure (**671 NGN**) as compared to households with no disabled member (**652 NGN**).

CONCLUSION

Findings of the VENA assessment indicate that the majority of households in the 6 of the surveyed LGAs live in extreme poverty. This disproportionately affects IDP households in contrast to the host community. Incidentally, the top three LGAs with the highest proportion of households living in high economic vulnerability, namely Maiduguri, Jere and Gujba also have the highest population of IDPs.

Apart from generally lacking disposable income, households were found to face several other vulnerabilities in the form of barriers in accessing services related to health, hygiene, sanitation and education. Findings suggest that these barriers are likely exacerbated for households with certain demographic characters, namely presence of an elderly member, girl child, disabled member, as well as larger households. Lastly, vulnerabilities in terms of access to education and WASH appear to be particularly gendered.

LIMITATIONS

Biases due to self-reporting of household level indicators like income and expenditure are expected in the results. Certain indicators may be under-reported or over-reported. Results related to needs of the population might be inflated, as respondents may have felt this would increase their likelihood of receiving assistance. To mitigate this, all interviews were conducted in person and began with a clear explanation that the assessment does not guarantee any form of assistance.

The validity of location data is particularly time-sensitive, as it is very likely that many households, and settlements altogether will move. Therefore, geospatial analysis presented here is indicative to the time period when the data was collected. Households from few settlements in the sampling strategy were not surveyed as these locations were inaccessible. Therefore, the assessment must be considered as a representative of all known and accessible households.

Expenditure data was collected for February 2020, it is important to note that indicators may reflect information for the particular month and some seasonal variation in living standards may be expected.

ENDNOTES

¹ The term host community household includes both returnees and non-displaced population.

² The economic vulnerability score is based on the cost of food SMEB as defined by WFP and the Nigerian extreme poverty threshold numbers produce by NBS. Households have high vulnerability if the monthly per capita expenditure on food is less than the per capita cost of food SMEB for the respective LGA. Households have moderate economic vulnerability if the total per capita monthly expenditure is lower than the extreme poverty threshold numbers.

³ Households living in extreme poverty are the ones with high or moderate economic vulnerability.

⁴ The sampling frame used for the survey was not stratified by the demographic indicators chosen here. Therefore, these results are indicative and may not be representative for the whole population.

⁵ The education vulnerability score is a composite of school enrollment and distance to schools. Of all households with school-aged children, every household reporting having at least one school-aged child not enrolled in school and/or the school is more than 30 minutes by foot is classified as vulnerable.

⁶ WASH vulnerability score is a composite of water and hygiene vulnerability scores. If a household is highly vulnerable in water or hygiene, then it qualifies to be vulnerable for WASH as well. Water vulnerability is informed using two indicators namely, the per capita water available per day and the presence of improved water sources. If a household has less than 10 liters per day per capita of water available or is accessing unimproved water sources such as open spring, borewell etc. as primary water source then the household is vulnerable. When a household reports using an uncovered latrine or the household members are defecating openly, then the household has a high hygiene vulnerability.

⁷ The health vulnerability is a composite of the availability and accessibility of healthcare. Of all households with a sick household member, households reporting not having received any medical treatment in the 30 days prior to data collection, and/or households reporting that the health facility is more than half an hour away by foot are classified to have a high health vulnerability.

⁸ Household members aged 60 or above are classified as elderly members.

NENTAD TPM is a consortium led by IMPACT Initiatives and includes Ground Truth Solutions, who are provided operational support by ACTED, and are conducting a Third Party Monitoring of the DFID-funded North East Nigeria Transition to Development (NENTAD) programme to provide an objective, external verification of aid delivery and ensure monitoring, accountability and analysis of good practices.