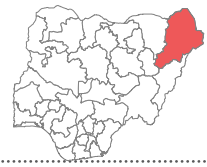


# Situation Overview: Humanitarian Needs and Conflict Dynamics in Hard-to-Reach Areas of Eastern Borno State

January- March 2020



## INTRODUCTION

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno State as hard-to-reach (H2R) for humanitarian actors. To support the humanitarian response for affected populations, REACH has been conducting data collection in Northeast Nigeria since November 2018. The aim of these assessments is to inform humanitarian service providers on the demographics of the 971,000<sup>1</sup> persons estimated to be remaining in H2R areas, as well as to identify their needs, access to services, and to map displacement trends and intentions of movements.

This situation overview covers Eastern Borno: Bama, Dikwa, Gwoza and Ngala. This area was described in the 2020 Humanitarian Needs Overview as experiencing frequent conflict between military and non-state group actors and scoring “extreme” for intersectoral severity of needs.<sup>2</sup>

For information on North- and Central Borno, please see [situation overview for North- and Central Borno](#).

## KEY FINDINGS

**Movements:** People continue to leave H2R areas because of conflict. Focus group discussion (FGD) participants reported that many of the people left behind were women, children and the elderly.

**Protection:** Incidents of conflict that killed a civilian and incidents of looting were reported by assessed settlements in all assessed Local Government Areas (LGAs) with the highest proportions reported in Dikwa and Gwoza, respectively for each type of incident.

**Food Security:** Food access related indicators suggested that people were using coping strategies to deal with a lack of food. In Dikwa, Gwoza and Ngala more than half of assessed settlements reported most people relied on foraging as their main source of food.

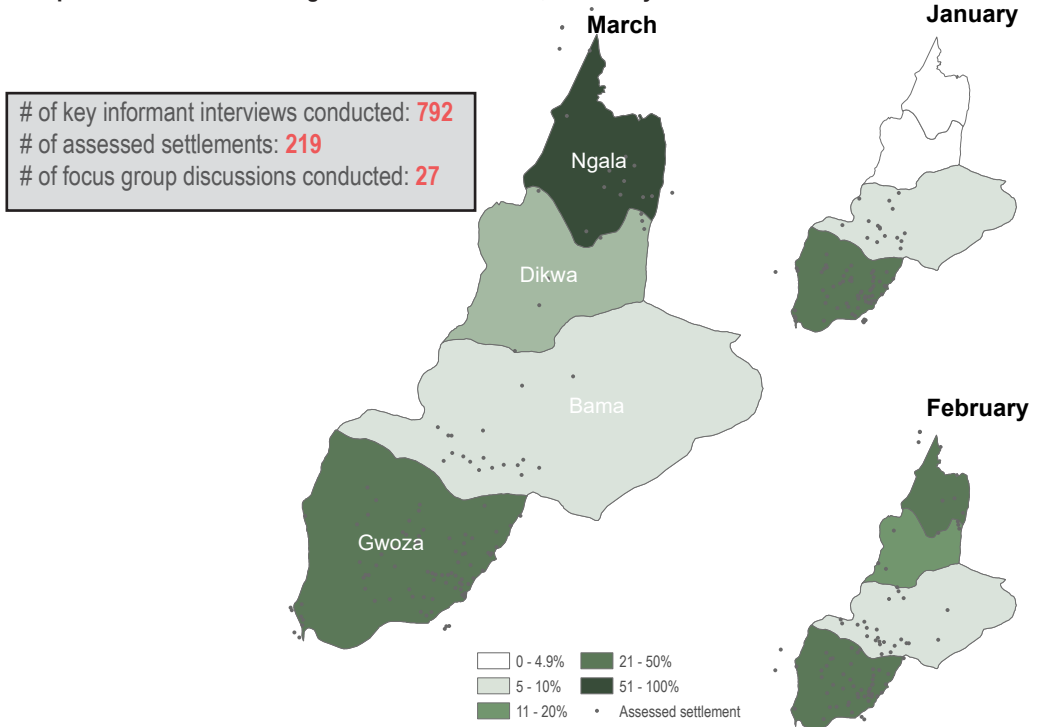
**Health:** Almost none of the assessed settlements reported access to a functional health facility. The most common health problems were reported to be fever/malaria in Bama and Gwoza, and water borne illnesses in Dikwa and Ngala.

**WASH:** The main drinking water sources were reported to be unimproved sources in almost all assessed settlements. The use of latrines was reported to be particularly low in Dikwa and Ngala.

**Shelter:** Makeshift shelters were the most commonly reported main shelter type for host communities in all LGAs and for internally displaced persons (IDPs) in Gwoza, the LGA with the highest proportion of assessed settlements reporting the presence of IDPs.

**Communication:** Communication systems in H2R areas were reported to be severely limited, with the main source of information most often reported as in-person communication or that the settlement had no sources of information.

Map 1: Assessment coverage of East Borno State, 1 January 2020- 31 March 2020



## METHODOLOGY

Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in H2R areas through monthly multi-sector interviews in accessible LGA capitals<sup>3</sup> with the following typology of key informants (KIs):

- KIs who are newly arrived IDPs who have left a H2R settlement in the last one to three months<sup>4</sup>
- KIs who have had contact with someone living in or having been in a H2R settlement in the last month (traders, migrants, family members, etc).<sup>4</sup>

From 1 January to 31 March 2020, REACH interviewed 1479 KIs who had recent knowledge of conditions in 427 unique H2R settlements. Information for this assessment was collected in 10 accessible garrison towns in Borno State: Bama, Damboa, Dikwa, Gwoza, Mafa, Maiduguri, Monguno, Kondugo, Ngala and Pulka. These figures and data collection locations describe all of the data collected for the assessment, whereas the figures next to Map 1 describe the data collected for Eastern Borno. Data collected represents

<sup>1</sup> UN Office for the Coordination of Humanitarian Affairs. Nigeria: 2020 Humanitarian Needs Overview

<sup>2</sup> Ibid.

<sup>3</sup> LGAs represent one administrative level below the state level, with Borno state comprising of 27 LGAs.

<sup>4</sup> Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were chosen. If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area.

## METHODOLOGY CONTINUED

knowledge of settlement conditions ranging from 1 October 2019 to 31 March 2020. This situation overview presents findings from Eastern Borno, covering the LGAs of Bama, Dikwa, Gwoza and Ngala.

Selected KIs were purposively sampled and interviewed on settlement-wide circumstances in H2R areas, rather than their individual experiences. Responses from KIs reporting on the same settlement were then aggregated to the settlement level. The most common response provided by the greatest number of KIs were reported for each settlement. When no most common response could be identified, the response was considered as ‘no consensus’. While included in the calculations, the percentages of settlements for which no consensus was reached were not displayed in the results. Findings presented, unless otherwise specified, represent the proportion of settlements assessed within a LGA.

Findings are only reported on LGAs where at least 5% of all settlements in the respective LGA had been assessed.<sup>5</sup> Due to changes in migration patterns, the specific settlements assessed within each LGA varied each month. In order to reduce the likelihood that variations in data are attributable to coverage differences, analyses comparing data over time have not been conducted because the consistent settlement coverage was less than 45% over the reporting period. Therefore, findings will only reported from the most recent month for which data is available, March. Additionally, differences between the proportions will only be considered significant if the difference is equal to or larger than 10%-point.

Quantitative findings were triangulated with FGDs. FGDs centered on elaborating current and historical access to services in the H2R area. FGDs on service access were followed by a participatory mapping exercise, conducted to identify displacement trends, intentions of movements, and to discuss challenges encountered en-route. FGD participants were purposively sampled and included newly arrived IDPs from H2R areas, when possible, and occasionally people with knowledge of a H2R settlement. FGDs were conducted throughout the reporting period in garrison towns with groups formed on the basis of the gender and age of participants whenever possible<sup>6</sup>.

## LIMITATIONS

Data collection is dependent on the presence and identification of eligible KIs in LGA capitals. REACH can therefore not guarantee sufficient coverage of geographical areas, and a lack of responses from a given area should not be used to conclude that no people are remaining in those areas.

H2R data is indicative only – not representative and therefore must be triangulated with other sources. As data is triangulated from recalled accounts from people in transit after migrating from their settlements, it may compromise the level of details of the information given. It is therefore possible that incidents attributed as having occurred in one LGA may have occurred in neighbouring LGAs.

More information on the methodology can be found in the [H2R Terms of References \(ToRs\)](#).

<sup>5</sup> LGA level data is only represented for LGAs in which at least 5% of populated settlements and where at least 5 settlements have been assessed. The most recent version of the VTS dataset (released in February 2019 on [vts.eocng.org](https://vts.eocng.org)) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).

<sup>6</sup> Of the 27 FGDs, 9 were with participants from Bama, 1 from Dikwa, 13 from Gwoza and 4 from Ngala.

## POPULATION DISPLACEMENT AND MOVEMENT

### DEMOGRAPHICS

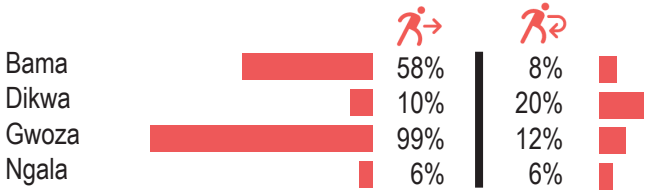
In March, all assessed settlements (100%) in each LGA reported some of the original host community remaining in the settlement. However, suggestive of the departure of some host community members, FGD participants reported that there were fewer people in the settlement now than before the conflict. Only assessed settlements in Dikwa and Gwoza reported the presence of traditional community leaders (20% and 32%, respectively in March). It is likely that traditional community leaders from the other assessed settlements had previously left the settlement.

Almost all assessed settlements in March reported the presence of the vulnerable population groups in the settlement, including children under 5 years old (99%) and pregnant and lactating women (99%). FGD participants reported that many of those remaining in the settlements were women, children and the elderly. Some of the explanations for these population groups remaining included that men were targeted for recruitment and either killed or left the settlement if they did not comply, that women with many children could not bring all of the children with them when they escaped and that the elderly were too weak to leave or did not want to leave their settlement of origin. FGD participants indicated that another change to the demographics since before the conflict was that previously Christians lived in the communities, however, they were targeted early on in the conflict and now only Muslims remain.

The presence of IDPs was indicated by most assessed settlements in Gwoza (99%), about half of assessed settlements in Bama (58%), and a few assessed settlements in Dikwa (10%) and Ngala (6%) in March (see Graph 1). The severe restrictions on movements and other protection related descriptions provided by FGD participants from Gwoza suggest that IDPs may have been reported to be present in Gwoza more often because they were caught up in the conflict and were unable to continue to other locations. Another possible explanation for the discrepancy between Bama and Gwoza compared to Dikwa and Ngala is that there may be fewer people left overall in Dikwa and Ngala, meaning there are less people from nearby who may move into the settlement.<sup>7</sup>

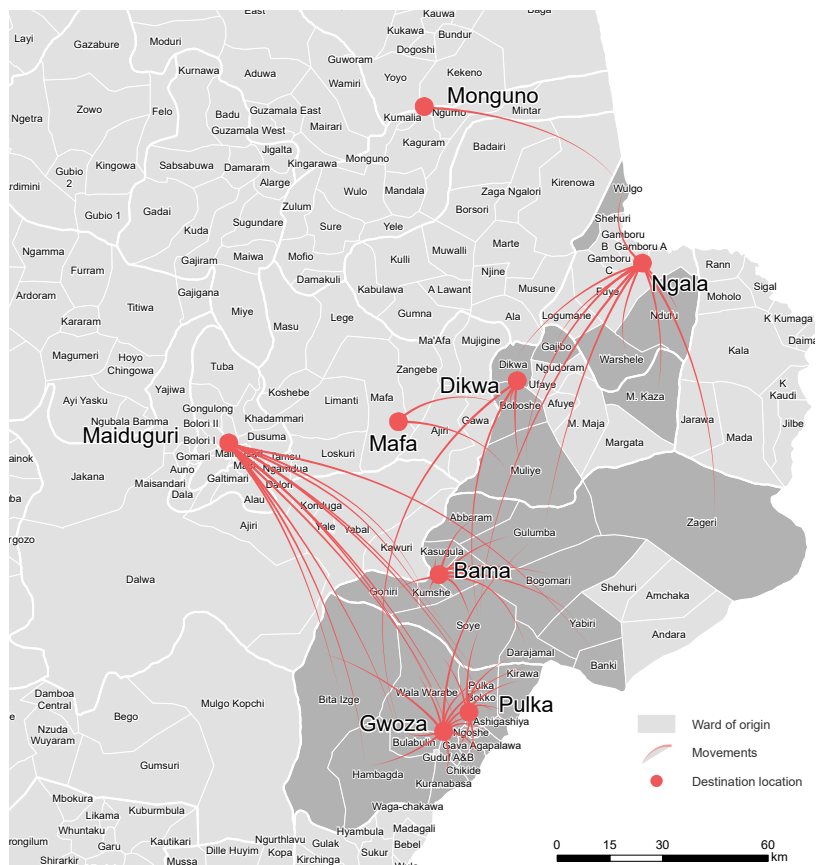
In March, 20% or less of assessed settlements in each LGA reported the presence of returnees (see Graph 1). The low proportion of assessed settlements indicating the presence of returnees corresponds with the frequent responses of FGD participants that they personally do not intend to return to the H2R area until they can be assured that peace has returned.

**Graph 1: Proportion of assessed settlements reporting the presence of IDPs and returnees, respectively, in the H2R settlements, by LGA, March 2020**



<sup>7</sup> When adjusting for the percent of buildings that are intact or inhabited, the [VTS data](#) reduced the populations of Dikwa and Ngala by over 34% and 36%, respectively, and the populations of Bama and Gwoza by 17% and 19% respectively. It should be noted the VTS population estimates included accessible and inaccessible areas.

**Map 2: Origin and destination of IDPs from H2R areas, 1 January 2020 - 31 March 2020**



The majority of assessed settlements in each LGAs reported being afraid of travelling as the main reason why people remained in the H2R settlement. FGD participants from Bama and Gwoza also shared that those still in the H2R settlement were not free to leave and would face threats of violence if they attempted to escape. People remaining because they did not want to leave family members behind was also reported by some assessed settlements in Dikwa (20% in March). Other reasons for people remaining in the H2R settlements described by FGD participants included being afraid of how they would be perceived if caught escaping or when entering garrison towns, wanting to harvest their crops before leaving and the elderly not wanting to die away from their homeland.

## MOVEMENT

As can be seen in Map 2, most people travelled to a garrison town in their LGA of origin, suggesting people were choosing to travel to the closest location available. Exceptionally, those from Dikwa and Bama often travelled to Ngala and those from Gwoza and Bama also travelled to Maiduguri. FGD participants highlighted that the reasons they travel to the garrison town they are currently residing in were because of known access to humanitarian services in those locations, they believed the location was safe, to reunite with relatives and

the perceived safety of the route. Some FGD participants explained that they did not have a choice in where they would go because they were brought to the garrison town by the military.

Almost all FGD participants reported challenges during their journey related to hunger and thirst. Many of the participants who were not transported by the military shared that they had walked long distances from the H2R area to the garrison town. Additionally, some participants shared that they paid for a car or motorcycle to bring them part of the way.

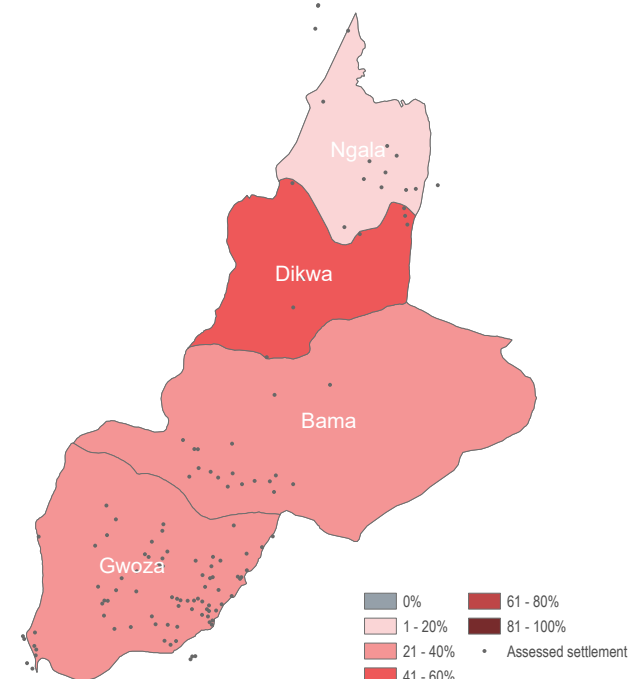
After completing the journey to the LGA capital, FGD participants reported they did not intend to move to another location, with the exception of returning to the H2R areas once their safety could be assured. Some FGD participants from Gwoza expressed that they never wanted to return to the H2R settlement because they did not believe they could feel safe in the H2R settlement again after the traumatising experiences they had there prior to leaving. The main reasons for leaving, described by FGD participants, included having experienced attacks, looting, violence and generally not feeling safe.

## SITUATION IN ASSESSED SETTLEMENTS

### PROTECTION

The safety of most people was reported to have worsened, compared to the previous month, in half or more than half of assessed settlements in March (overall 62%). Gwoza and Ngala had the highest proportion of assessed settlements reporting safety conditions have worsened (66% and 67%, respectively) in March.

**Map 3: Proportion of assessed settlements reporting at least one incident of conflict in which a civilian was killed within the last month, March 2020**



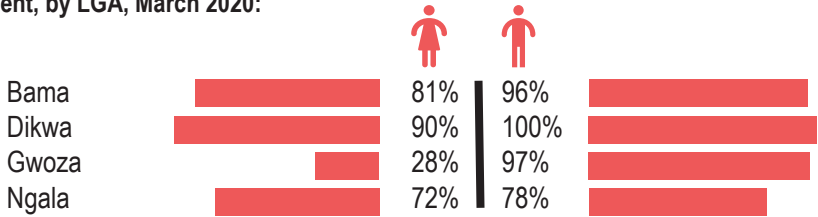
In both Bama and Dikwa, 50% of assessed settlements reported safety conditions were worse in March. The only LGA to have more than 5% of assessed settlements report, in March, that conditions were better compared to the previous month was Bama (27%). FGD participants revealed that they did not feel safe in the H2R settlements because of forced labour, lootings, forced and/or early marriages and other forms of violence and attacks.

The reporting of incidents of conflict which killed at least one civilian was highest in Dikwa (50% of assessed settlements), followed by Bama (38%), Gwoza (36%) and Ngala (17%) in March (see Map 3). Incidents of looting were also reported by the majority of assessed settlements in Bama (85%), Gwoza (95%), and Ngala (61%), however, less than half (40%) of assessed settlements in Dikwa reported an incident of this nature.

The majority of assessed settlements in each LGA reported the presence of some children living without a caretaker or relative, with the highest proportions reported in Ngala (94%) and Dikwa (80%) and the lowest proportions reported in Bama (58%) and Gwoza (53%), in March. Explanations for the presence of unaccompanied children offered by FGD participants included that the parents had left the settlement and left the children behind either because they could not carry all of their children or because the parents left in the chaos of an attack and lost track of the children. Some FGD participants also mentioned that some of the parents had been killed or died of other causes.

As can be seen in Graph 2, men were reported to be free to move within the settlement by almost all assessed settlements in Bama, Dikwa, and Gwoza (96%, 100% and 97%, respectively, in March) and the majority of assessed settlements in Ngala in March (78%). The proportion of assessed settlements reporting that women were free to move within the settlement was also high in Bama (81%), Dikwa (90%) and Ngala (72%) in March. Exceptionally, only 28% of assessed settlements in Gwoza reported that women were free to move within the settlement. Some FGD participants from Gwoza shared that women were not allowed to leave their home except to attend informal Islamic school and that they were not allowed to participate in farming activities. Concerning leaving the settlement, FGD participants frequently indicated that people were not free to move out of the settlement if they wished to.

**Graph 2: Proportion of assessed settlements reporting men/women were free to move within the settlement, by LGA, March 2020:**



FGD participants regularly highlighted that they were currently separated from their family members. Several common reasons given for the separation included fear of communicating their plans to leave the settlement to family members, not being able to travel in large groups and being separated from family during the chaos of an attack. All of the FGD participants reported that they have not had contact with the family members since the separation.

The reporting of severe protection concerns by KIs and FGD participants from all of the LGAs suggests that the conflict continues to have negative consequences on the lives of people remaining in H2R areas. The variety in the findings between LGAs and between indicators suggests that the situation and types of dangers faced in the areas differed.

**FOOD SECURITY AND LIVELIHOODS**

**Livelihoods and food sources**

Most assessed settlements in Bama (92%) and Gwoza (98%) and the majority of assessed settlements in Dikwa (70%), reported people were engaged in subsistence farming in March. By contrast, in Ngala, the proportion of assessed settlements reporting that people were engaged in subsistence farming was considerably lower (33% in March). FGD participants from Ngala shared that their farming capabilities had changed since the beginning of the conflict because they no longer had access to the tools, livestock for agricultural assistance or had the manpower needed to farm on the same scale as previously.

People were also reported to be engaging in fishing as a livelihood in Bama (27%) and Ngala (33%) in March. FGD participants described the fishing to be limited and not providing much food. Bama was the only LGA to have at least 10% of assessed settlements, in March, reporting people were engaged in any other livelihoods. These livelihoods included casual labour (73%), livestock rearing (50%) and hunting (31%). The reporting of additional livelihoods suggests that people in Bama had better access to livelihood opportunities, although, as reported below, these opportunities were still limited compared to before the conflict.

In March, 100% of assessed settlements from each LGA reported that most people did not have access to their usual livelihoods. FGD participants reported people were engaged in other livelihoods before the conflict, including transportation, trading or selling things in a market, tailoring, running small businesses, carpentry, casual labour, brick making, and being blacksmiths and community health care workers. The reported reduction in the diversity of livelihoods is indicative of blocked trade routes, limited market access and other disruptions the conflict has caused in these H2R areas.

Various barriers to accessing people's usual livelihoods were reported. At least 50% of assessed settlements in each LGA reported, in March, that a lack of access to seeds or livestock, transportation and markets were barriers to accessing the usual livelihood activities. All LGAs also had assessed settlements reporting access to waterways as a barrier (between 17%-46%) in March. Other reported barriers to accessing people's usual livelihoods included access to farmland (10% in Dikwa and 11% in Gwoza in March) and land for grazing (90% in Dikwa, 23% in Gwoza and 94% in Ngala in March).

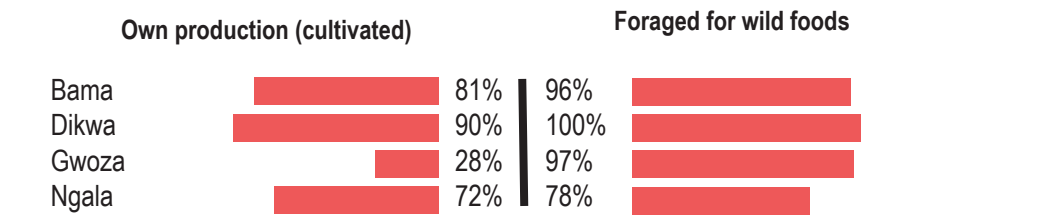
Of particular concern, some assessed settlements in Bama (12%), Dikwa (20%) and Gwoza (25%) reported that not being healthy enough was a barrier to accessing their usual livelihood. Some FGD participants reported that many of those who were allowed to engaging in farming were too weak to do so, either because they were old or because of hunger. Additionally, FGD participants frequently reported that women were not allowed to participate in farming activities. Other barriers to accessing people's usual livelihoods, described by FGD participants, included supervision of farming activities, fear of leaving the settlement, threats of violence, and the looting of crops, livestock and materials.



With regards to farming as a livelihood, almost all of the assessed settlements in each LGA reported that at least one person in the settlement had planted and harvested in the last rainy season (97% in March). Access to the same amount of land, compared to the same time last year, was reported by most assessed settlements in Dikwa (90%) and Ngala (94%) and about half of the assessed settlements in Bama (43%) and Gwoza (51%) in March. A lower proportion of assessed settlements in Bama (38%), Dikwa (10%) and Gwoza (32%) reported most people had access to less land than the same time last year. In Bama 23% of assessed settlements reported that most people had sufficient access to seeds, tools and other inputs to sustain their usual agricultural activities in March.

The majority of assessed settlements reported that most people got their food from foraging for wild plants in Dikwa (70%), Gwoza (60%) and Ngala (94%) in March (see Graph 3). In Bama, most assessed settlements reported most people got their food from their own cultivation (92%). A lower proportion of assessed settlements in Dikwa and Gwoza also reported that most people relied on their own cultivation (20% and 29%, respectively, in March). FGD participants explained that for some people, the crops they cultivated were not enough, and therefore they had to rely primarily on foraging for wild food to supplement their consumption. Other reasons for not having access to sufficient food, as described by FGD participants, included restrictions on who can farm, looting of food, pests destroying crops, problems with land access and not having cash to purchase food.

Graph 3: Proportion of assessed settlements by reported main food source, by LGA, March 2020:



Access to markets and humanitarian assistance

Indicative of the inaccessibility of H2R areas, assessed settlements reported limited access to food distributions and markets. Very few of the assessed settlements reported having received a food distribution from an outside organization (2% overall in March), with the exception of Dikwa where 10% reported having received a food distribution.

The majority of assessed settlements in Dikwa (100%), Gwoza (82%) and Ngala (100%) reported not having access to a functioning market in March. In contrast, 66% of assessed settlements in Bama reported access to a functional market. Some FGD participants from Gwoza and Bama, who described markets being present, reported that these were irregular markets, with fewer items available and restrictions on who could access the market. In addition, most participants reported that the prices in the markets were higher than before the conflict, although one FGD from each LGA reported the prices were actually lower. Of the FGD participants reporting markets were not present, some of the reasons for this included not being able to leave the settlement to access markets in other nearby areas, never having a market in the settlement and that the market was destroyed.

Food consumption and coping strategies

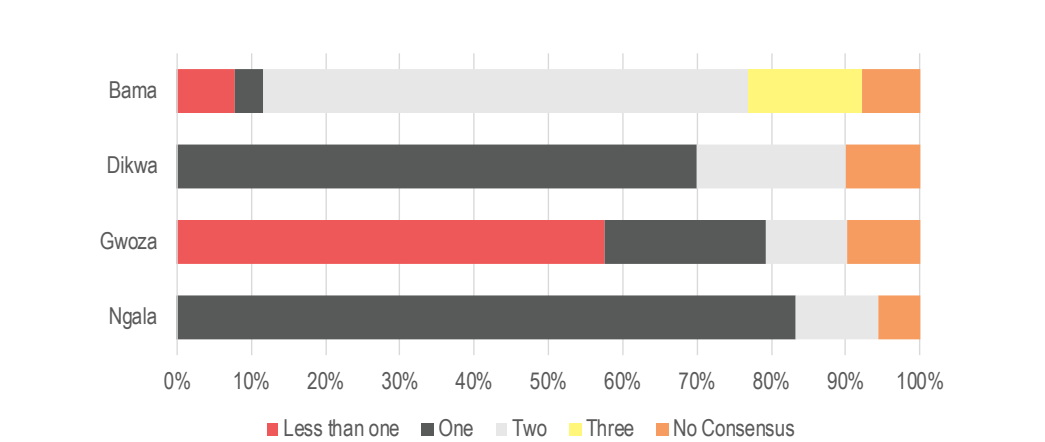
When asked what the top three priority needs in the H2R area were, FGD participants from each LGA listed food as a high priority need. To cope with insufficient food, reducing the number of meals consumed was reported by most assessed settlements in Dikwa (80%) and Ngala (100%), about half (58%) of assessed settlements in Bama and about a quarter (27%) of assessed settlement in Gwoza in March (see Graph 4). Furthermore, some assessed settlements in each LGA reported people skipping entire days without eating (15% in Bama, 50% in Dikwa, 25% in Gwoza and 72% in Ngala).

The number of meals reported to have been consumed per day aligned with the reported use of reducing meals as a coping strategy, with Dikwa and Ngala having the highest proportion of assessed settlements reporting most people ate one meal a day (70% and 83%, respectively, in March, see Graph 4).

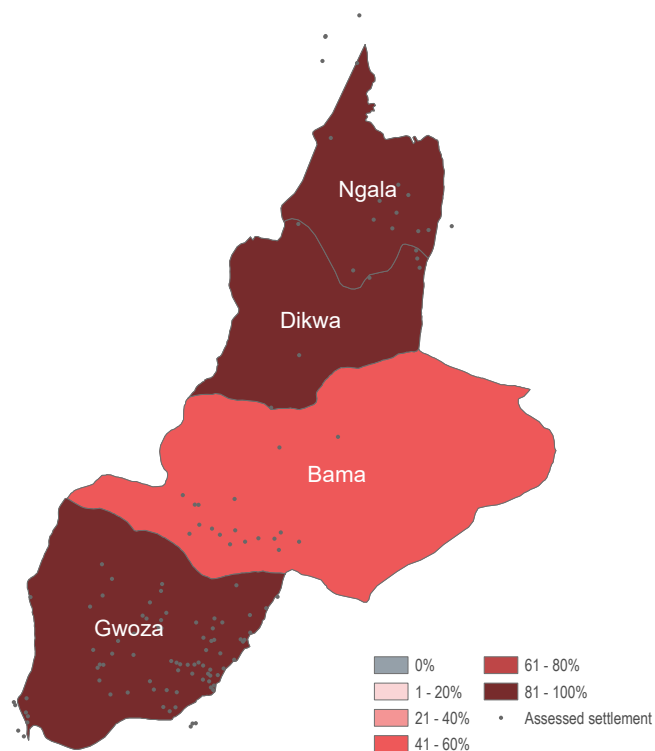
Contrary to the reporting on coping strategies, 58% of assessed settlements in Gwoza reported most people ate less than one meal a day and 22% reported most people ate one meal (see Graph 4). A possible explanation for this inconsistency could be that people in Gwoza have been reducing the number of meals they are consuming for such a long period of time, that they do not consider eating one meal a day to be reducing their intake. Another possible explanation is that when answering the question on skipping entire days without eating, people in Gwoza considered having eaten just a small amount of food as having eaten that day, but did not consider it a meal. FGD participants from Gwoza reported that people boiled water and added a small amount of flavouring from dried food or wild leaves and consumed this soup to ward off hunger.

In line with the higher proportion of assessed settlements in Bama reporting cultivation as the main food source and indicating people had access to seeds, tools and markets, Bama was the only LGA with assessed settlements reporting most people were eating three meals a day (15% in March). Bama was also the LGA with the highest proportion of assessed settlements reporting most people ate two meals a day (63%, see Graph 4).

Graph 4: Proportion of assessed settlements by reported number of meals most people eat in a day, by LGA, March, 2020



**Map 4: Proportion of assessed settlements reporting to eat wild foods that were not normally part of their diet, March 2020:**



In agreement with the reporting of foraging as the main food source, most assessed settlements in Dikwa (100%), Gwoza (92%) and Ngala (100%) reported most people ate wild foods that were not normally part of their diet in March (see Map 4). In Bama, half (50%) of the assessed settlements reported most people ate wild foods that were not normally part of their diet. Gathering and consuming wild foods were also reported to be coping strategies employed by any persons in the settlement in more than 90% of assessed settlements in Dikwa, Gwoza and Ngala, and around 50% of assessed settlements in Bama. Some FGD participants described extreme wild food consumption such as digging up ant holes to access grains that the ants had stored or eating plants that were poisonous unless they were soaked for multiple days before being eaten, putting people at risk of getting sick if the plants were not soaked long enough.

Additionally, in March, at least 10% of assessed settlements from each LGA reported that some people engaged the following coping strategies: limiting meal size (38% overall), adults not eating so children can eat (30% overall) and eating less expensive food (27% overall). Borrowing food was also reported as a coping strategy by assessed settlements in Bama (65%), Dikwa (10%), and Gwoza (13%) in March. Assessed settlements in Dikwa also reported that people consumed seeds meant for planting or harvested crops early (10%) and that people sent children to eat with neighbours (10%). In Bama, assessed settlements reported that people engaged in casual labour to find new sources of food (38%).

In alignment with the reported low number of meals per day and reliance on extreme coping strategies, FGD participants described severe health consequences because of hunger. For children this included weight loss, frequently falling ill, sleeping more than usual, stunted growth and isolating behaviour. For pregnant women, the consequences reported by FGD participants included weight loss, dizziness and miscarriages. Furthermore, some breastfeeding women were reported to have been unable to produce breast milk. For men, FGD participants reported weight loss, weakness and illness.

The circumstances related to food security and livelihoods that were described in Dikwa, Gwoza and Ngala were consistently more concerning than Bama, although the findings from Bama are still indicative of concerning circumstances. These findings align with the Cadre Harmonisé (CH) analysis conducted in March 2020, which found that the inaccessible areas of Bama were in crisis level (phase 3) and the inaccessible areas of Dikwa and Gwoza were in emergency level (phase 4).<sup>8</sup> The inaccessible areas of Ngala were not separately analysed as part of the CH analysis, however, the overall phase classification for the area was crisis level (phase 3).

## HEALTH

The vast majority of assessed settlements reported not having access to a functional health facility that people could walk to (98% in March). Some FGD participants reported that they occasionally travelled a great distance to reach health care facilities in Cameroon. Other FGD participants reported they had access to health care from non-formal sources, unrelated to formalised health care. Moreover, all assessed settlements (100% in March) reported the absence of feeding programs that provided nutrition supplements, which is of particular concern in light of the high levels of reported food insecurity and high WASH needs in children as in the adult population.

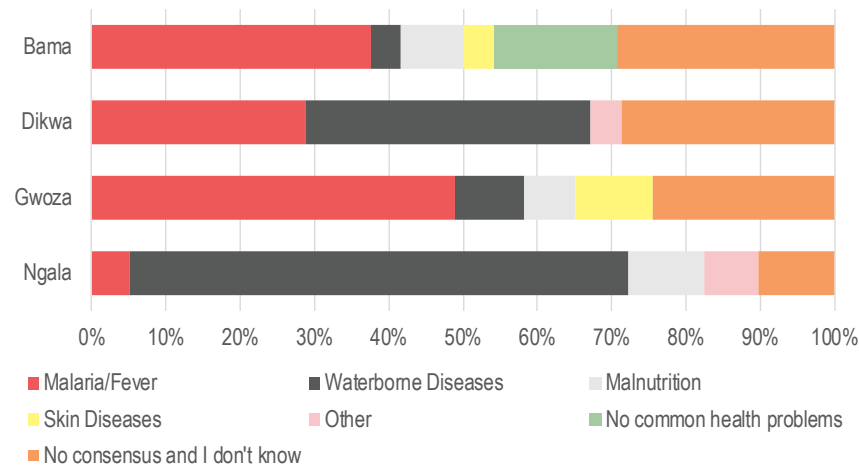
Indicative of pre-existing structural development challenges, the highest proportion of assessed settlements in each LGA reported that the main barrier to accessing to health care facilities was that there were never health facilities in the settlement (88% in Bama, 80% in Dikwa, 46% in Gwoza and 83% in Ngala in March). Other reported barriers to accessing health care services were that the health facilities had been destroyed by conflict (12% in Bama and 20% in Gwoza), there were no drugs available (10% in Gwoza) and there was a lack of health personnel (11% in Ngala), in March. To cope with the lack of access to health care, FGD participants reported people used herbs, potash and traditional medicine. Some FGD participants also reported using paracetamol and other drugs that they bought from sources other than their normal source before the conflict.

As can be seen in Graph 5, the reported most common health problem varied by LGA. In Dikwa and Ngala, the most commonly reported health problem was waterborne diseases, including cholera, diarrhoea and typhoid (40% and 72%, respectively, in March). In Bama and Gwoza, the most common health problem was malaria/fever (35% and 46%, respectively), which was also reported by assessed settlements in Dikwa (30%) and Ngala (38%) in March. In line with the negative food security findings for Ngala, assessed settlements also reported malnutrition as the most common health problem in March (11%). In Bama, in agreement with the relatively better circumstances reported for food security indicators, 15% of assessed settlements report that there were no common health problems. The main causes of deaths, as described by FGD participants, were the cold, hunger, hypertension, malaria/fever, maternal mortality and heart attacks.<sup>9</sup>

<sup>8</sup> [Final Fiche Report for Nigeria March 2020 Cadre Harmonisé \(CH\) Analysis](#)

<sup>9</sup> Terminology reflects FGD participant descriptions of the conditions of people in the settlements. As noted earlier, findings suggest that people in H2R settlements do not have regular access to diagnostic health care services.

Graph 5: Proportion of assessed settlements by most common reported health problem, by LGA, March 2020



WATER SANITATION AND HYGIENE (WASH)

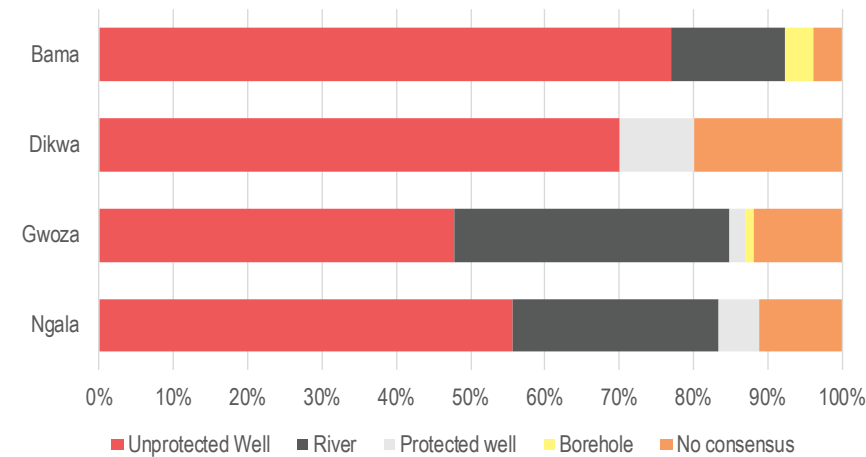
Indicative of limited access to clean water, the highest proportion of assessed settlements in each LGA reported using unprotected wells as the main source of drinking water (77% in Bama, 70% in Dikwa, 48% in Gwoza and 56% in Ngala in March, see Graph 6). Additionally, some assessed settlements in Bama, Gwoza and Ngala reported rivers were the main source of drinking water (16%, 37% and 28%, respectively, in March). The only LGA where at least 10% of assessed settlements reported an improved source as the main source of drinking water was Dikwa, where 10% of assessed settlements reported using a protected well in March.

Interestingly, 19% of assessed settlements in Bama reported that there was a functional borehole in the settlement, but almost no assessed settlements (4%) reported a borehole as the main source of drinking water. Bama was the only LGA, in March, where more than 10% of assessed settlements reported the presence of a functional borehole. Some possible explanations for the reported use of another unimproved water source instead of the borehole is that the borehole may have been farther away than the reported main water source or there may have been a long queue to use the borehole.

Some reasons shared by FGD participants for the lack of access to clean water included that the improved water source was in disrepair, had been destroyed by the conflict or that they have never had access to clean water in the settlement. Increasing the risks associated with not having clean drinking water sources, some of the assessed settlements in each LGA further reported that animals were drinking directly from the people's main drinking water source (15% in Bama, 28% in Gwoza, 40% in Dikwa and 44% in Ngala in March).

Access to the main water source was reported to be limited due to safety concerns and seasonability. In line with reported protection concerns and movement restrictions, security concerns were reported to limit

Graph 6: Proportion of assessed settlements by reported main water source, by LGA, March 2020



people's ability to access their preferred water point in a higher proportion of assessed settlement in Dikwa (30%), Gwoza (32%) and Ngala (30% in March) than in Bama (12%) in March. The reported decrease in assessed settlements in Ngala reporting security concerns limiting water access aligns with the decrease in the proportion of assessed settlements reporting that safety was worse in the current month compared to the previous month. The availability of the main water source by season varied by LGA. Almost all of the assessed settlements in Dikwa (100%), Gwoza (97%) and Ngala (100%) reported in March that the main water source was available in the wet and dry season. In Bama, however, only 39% of assessed settlements reported in March that they could access the main water source in both seasons.

Although most assessed settlements across LGAs reported people could fetch water from the main source quickly, some reported taking up to half a day to fetch water. The majority of assessed settlements in each LGA reported that it took most people under 30 minutes to reach and return from the main drinking water source (65% in Bama, 80% in Dikwa, 47% in Gwoza and 57% in Ngala in March). Most of the remaining assessed settlements in each LGA reported that it took between 30 minutes to one hour (23% in Bama, 10% in Dikwa, 30% in Gwoza and 11% in Ngala) to fetch water and around 10% of assessed settlements in Dikwa (10%) and Gwoza (12%) reported, in March, it took between one hour to half a day.

Reported latrine usage varied considerably between the LGAs in March. Bama had the highest proportion of assessed settlements reporting anyone was using a latrine (92%). By contrast, Dikwa and Gwoza both had around half or less of assessed settlements reporting this (30% and 47%, respectively). Ngala had almost none (6%) of its assessed settlements reporting any person was using a latrine. It is possible the relatively lower reported usage of latrines in Dikwa and Ngala is associated with the reporting of waterborne illnesses as the main health problem in these LGAs. When asked why people were not using latrines, some FGD participants explained that people were now living in the bush or on the outskirts of the settlements, and did not have access to latrines there.

Most people were reported to be washing their hands with only water in the majority of assessed settlements in each LGA (85% in Bama, 100% in Dikwa, 94% in Gwoza and 100% in Ngala in March). FGD participants generally reported that people did not use soap because they could not access it due to the lack of markets.

The co-occurrence of a lack of access to safe water and soap, along with the poor health and food security indicators, heightens the risk of illnesses having a severe impact on populations in H2R areas.

**SHELTER AND NON-FOOD ITEMS (NFIs)**

For host community members who have not been displaced, the most common shelter type in each LGA was reported to be makeshift shelters (92% in Bama, 60% in Dikwa 60%, 75% in Gwoza and 72% in Ngala of assessed settlements in March). FGD participants described building makeshift shelters of mud and grass. A lower proportion of assessed settlements in Dikwa (30%), Gwoza (18%) and Ngala (22%) reported that the most common shelter type among host community members was permanent shelters in March.

In March, makeshift shelters for host community members were reported to primarily be located in the bush in each LGA (58% in Bama, 40% in Dikwa, 47% in Gwoza and 72% in Ngala). A lower proportion of assessed settlements in each LGA reported that most host community members were living in their original homes (38% in Bama, 30% in Dikwa, 22% in Gwoza and 22% in Ngala). In Dikwa and Gwoza, around 10% of assessed settlements reported that host community members who had never been displaced were living in another home (10% and 14%, respectively, in March).

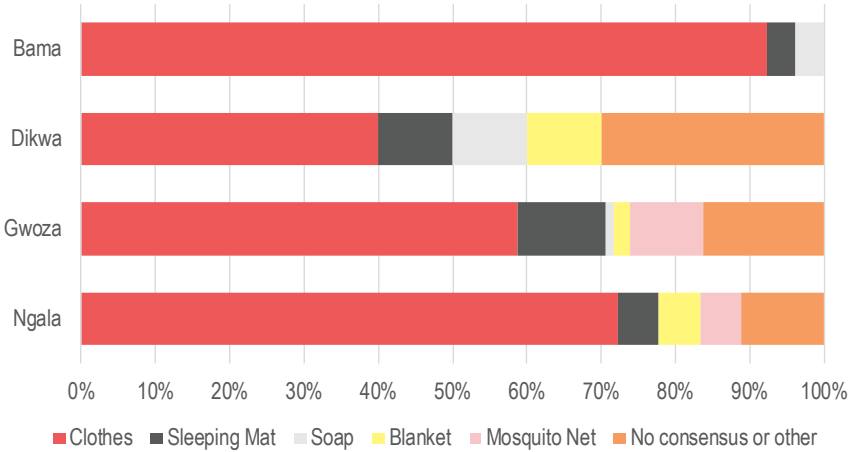
As reported in the demographics section, Gwoza had the highest proportion of assessed settlements in March reporting the presence of IDPs (99%). Of the assessed settlements in Gwoza that reported the presence of IDPs, 71% said most IDPs were living in makeshift shelters. The majority of assessed settlements in Gwoza reported that most of the IDPs were living within the host community areas (65%), however, 12% reported most IDPs were living in the bush. Of concern, 20% of assessed settlements reported that at least one IDP was sleeping out in the open without any shelter. FGD participants explained that some people were sleeping out in the open because their shelters were destroyed or because they were part of vulnerable populations who were unable or not allowed to build their own shelters, such as the elderly, orphans and female headed households, as women were not allowed to do hard labour.

Around a quarter of assessed settlements in each LGA reported that a shelter had been destroyed or partially destroyed because of conflict in the past month (31% in Bama, 20% in Dikwa, 38% in Gwoza and 17% in Ngala). FGD participants shared that they did not have the materials needed to rebuild the destroyed shelters.

**NFIs**

In line with the reported lack of food or nutrition distributions, all (100%) assessed settlements in each LGA reported not having received an NFI distribution in the last three months. Clothes were most often (65% overall) reported as the main NFI needed but not available in each LGA by assessed settlements in March. See Graph 7 for the main reported NFI needs in March per LGA. When asked what their top three priority needs were in the H2R area, FGD participants frequently reported clothes and NFI in general. People were described, by FGD participants, to be wearing tattered clothes that left them exposed to the elements. They further explained that there was not a market for people to buy clothes or other NFIs.

**Graph 7: Proportion of assessed settlements by main need of NFI, by LGA, March 2020**



**EDUCATION**

The majority of assessed settlements in Bama and Gwoza reported having access to education services within walking distance of the settlement (62% and 72%, respectively, in March). The proportion of assessed settlements reporting access to education services was much lower in Ngala (17% in March). In Dikwa, none (0%) of the assessed settlements reported there were any education services people could access via walking. FGD participants from Bama, Gwoza and Ngala shared that the educational services available in their settlements were informal education. None of the FGD participants from these LGAs indicated that there was currently formal education in the H2R settlement.<sup>10</sup>

Of assessed settlements that reported not having access to education services, the most commonly reported main reason for the lack of services was that there never were any facilities in assessed settlements in Dikwa and Ngala (90% and 100%, respectively, in March). This was also the reason indicated by 20% of assessed settlements in Gwoza. In line with Gwoza having one of the higher proportions of assessed settlements reporting damage to a shelter, 52% of assessed settlements in Gwoza reported the main reason they did not have access to educational services was that they had been destroyed by the conflict. Other barriers to accessing education shared by FGD participants included no teachers remaining in the settlement, schools not being allowed to operate and having too small of a population remaining to put together educational services.

The reported lack of access to formal education, including historically not having education facilities before the conflict, is again indicative of the isolated nature of the H2R settlements from formal services and infrastructure.

**SOURCES OF INFORMATION**

Sources of information were reported to be limited in assessed H2R areas across all LGAs. Radio ownership was only reported to be allowed in 18% of assessed settlements, although 42% of assessed settlements

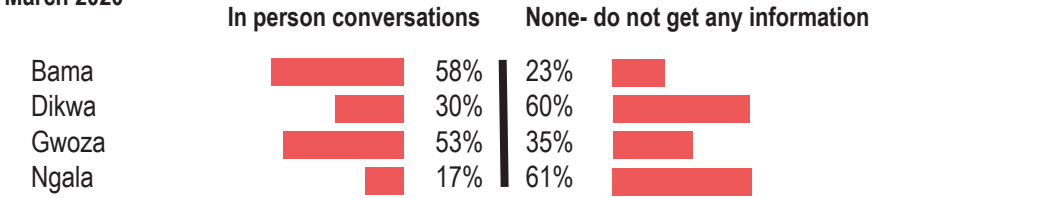
<sup>10</sup> Formal schooling includes all education service delivery based on curricula developed and endorsed by National government.



reported that there were radios existing in the settlement. Only 12% of assessed settlements reported cell phone ownership was allowed in the settlement, 19% reported a functioning cell phone existing in the settlement and 13% of assessed settlements reported any person having cell phone coverage in the settlement.

In Bama and Gwoza, the main source of information was reported to be in-person communication (58% and 53%, respectively, in March, see Graph 8). Dikwa and Ngala also had a low proportion of assessed settlements reporting that the main source of information was in-person communication (30% and 17%, respectively), however, a higher proportion of assessed settlements in these LGAs reported that people did not get any information in the H2R settlement (60% and 61%, respectively) in March. A lower proportion of assessed settlements reported having no source of information in Bama (23%) and Gwoza (35%) in March.

**Graph 8: Proportion of assessed settlements by reported main source of information, by LGA, March 2020**



The reported most trusted sources of information aligned with the reported main information sources, with Bama and Gwoza reporting most people trusted in-person communication the most (65% and 55%, respectively) and a lower proportion reporting there were no trusted sources of information (15% and 33%, respectively) in March. In Dikwa and Ngala, most assessed settlements reported there was no trusted source of information (50% and 56%, respectively) and a lower proportion reported in-person conversations were the most trusted source of information (40% and 22%, respectively) in March.

About 90% of assessed settlements in each LGA reported that most people have problems accessing the information they needed regarding available humanitarian assistance. The main reason people could not access information on available humanitarian services was reported to be because the security situation did not allow information to come through in Bama (81%), Dikwa (20%) and Gwoza (84%) in March. In Dikwa and Ngala, the main reason was reported to be lack of mobile network (40% and 83%, respectively, in March).

When asked if the H2R settlement was accessible to anyone outside of the community, FGD participants generally explained that the settlement was not accessible to humanitarian actors or the government. Some of the participants, however, did report that the settlement was accessible to other nearby communities, while others reported that it is not safe for anyone from outside of the settlement to try to access it, even those from nearby settlements.

FGD participants suggested that once people have left the H2R settlements, they have very little contact with those remaining. Many FGD participants reported they had not received any information on the H2R settlement after leaving it. Of those who had received information after they left, the information was from people who left the H2R area after them and came to the same IDP camp.

## CONCLUSION

The information shared in KI interviews and FGDs suggest a lack of access to basic services, stressed food security and severe protection concerns. Overall, conditions in Bama were reported to be slightly better than the other assessed LGAs. A possible explanation for this difference is that positive indicators build on one another. For example, having access to latrines reduces the likelihood of contracting various illnesses. Additionally, being able to cultivate enough food and eat two-three meals a day would also lead to a healthier population. It should be noted that although the outcomes are indicative of a better situation in Bama, there were still assessed settlements in Bama that reported concerning circumstances related to food, health, protection, WASH, and other needs.

Looking towards the future, the combination of a lack of access to health facilities, soap and means of communication, along with the reported food insecurity and health problems, is particularly concerning given the potential risk of COVID-19 spreading to H2R areas of Borno state. People remaining in H2R areas will probably have less information on how COVID-19 spreads and symptoms, not practice regular hand washing and not be able to access health care services if they become sick. Furthermore, the dangerous journeys from the H2R settlements to the garrison towns described by FGD participants will likely be made more difficult given the movement restrictions in Borno.<sup>11</sup>

The findings in this situation overview are indicative of severe humanitarian needs in the H2R areas of Eastern Borno, because of the impacts of the protracted crisis and a historical lack of access to services. Continued monitoring of these areas is required to provide the information needed to inform the humanitarian response.

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

<sup>11</sup> For more information on COVID-19 related indicators in H2R areas of Borno State, please see REACH's COVID-19 specific factsheets on the REACH resource centre.