



Local Government Area Settlement Profiling

Damboa Town, Damboa LGA
January 2019
BORNO STATE

CONTEXT AND METHODOLOGY

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 in accessible locations 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 6 accessible LGA towns in Borno State, aims to support multi-sectoral coordination and evidence-based response at the LGA level through information management.

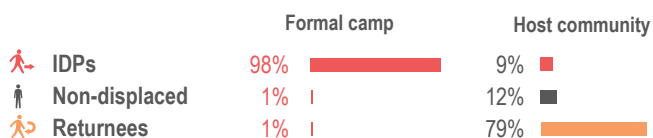
This factsheet presents evidence-based data on household (HH) needs and access to basic services in Damboa town, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented 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. Both the HH survey and infrastructure mapping data was collected between 15 and 18 December 2018. 238 HH surveys were conducted in Damboa town (140 HH surveys at formal camps and 98 at host community sites), with a representative sample at site level with a confidence level of 95% and a margin of error of 8%.

DEMOGRAPHICS

The estimated population of Damboa is **63,523**, including **20,788** Internally Displaced Persons (IDPs).³

59% of HHs lived in formal camps, while **41%** lived in the host community.

Population displacement status per site:

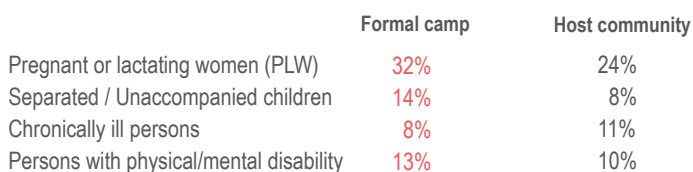


38% of households were female-headed in the formal camp, and **30%** in the host community.

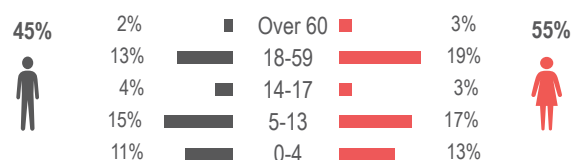
% of HHs with single Head of households (HoH), by gender:



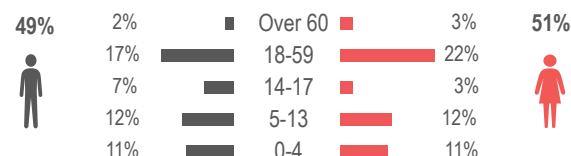
% of HHs reporting the following vulnerable members:



Age and sex of HH members - Formal camps

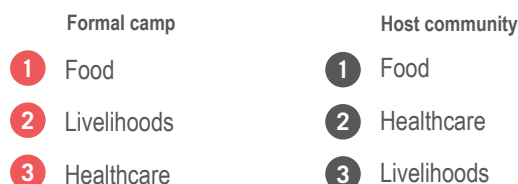


Age and sex of HH members - Host community



PRIORITY NEEDS

Top 3 reported needs of HHs per site:



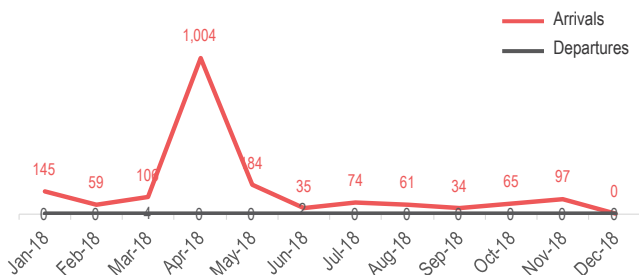
¹ More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

² Local Government Areas constitute the 2nd administrative level in Nigeria. As of December 2018, only urban centres were accessible in most LGAs, and two out of the 27 LGAs in Borno State were inaccessible (OCHA, December 2018).

³ Estimated population figures were calculated based on the Vaccination Tracking System (VTS) and the IOM Displacement Tracking Matrix (DTM), December 2018, [Round XXVI dataset of site assessment](#).

DISPLACEMENT

Arrivals vs. departures in Damboa town in 2018:



1,864 arrived to the location between January and December 2018, and **6** departed from the location.⁴

Reported movement intentions of IDP HHs per site:⁵

	Formal camp	Host community
Plan to stay permanently	1%	22% ■
Would like to move in the future	94% ■	67% ■
Currently planning to move	4% ■	0%
No response / Don't know	1%	1%

Push factors: Top 3 reasons why HHs planned to leave current location, among those who reportedly planned to move at the time of the survey, per site:^{5,6}

	Formal camp	Host community
1 Insecurity	1	1 N/A
2 Lack of food	2	2 N/A
3 Lack of shelter	3	3 N/A

Pull factors: Top 3 reasons why HHs planned to move to another location, among those who reportedly planned to move at the time of the survey, per site:^{5,6}

	Formal camp	Host community
1 Security	1	1 N/A
2 Access to food	2	2 N/A
3 Education services	3	3 N/A

FOOD SECURITY

Top 3 reported ways of accessing food, per site:⁶

	Formal camp	Host community
1. Food distributions by NGOs	82%	1. Purchase in local markets 53%
2. Purchase in local markets	42%	2. Food distributions by NGOs 37%
3. Own cultivation	10%	3. Own cultivation 35%

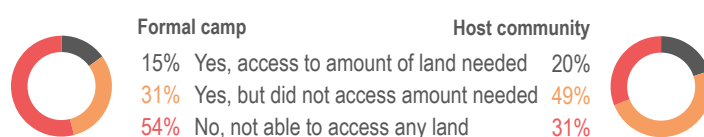
59% of HHs in the formal camps reported that they did **not have physical access to a marketplace**, as opposed to **60%** in the host community, in the two weeks prior to data collection.

Most commonly reported barriers to accessing food per site:⁶

	Formal camp	Host community
1. Limited / no income	64%	1. Limited / no income 49%
2. Unusually high prices	29%	2. Unusually high prices 31%
3. Can't access land due to insecurity	19%	3. Food not being distributed 17%

58% of HHs in the formal camps and **47%** in the host community reportedly **needed access to land** in the 3 months prior to data collection.

% of HHs who were able to access land per site, among those who needed access:^{5,6}



Most commonly reported barriers to accessing land, if any, among those who needed access, per site:^{5,6}

	Formal camp	Host community
1. Insecurity	66%	1. Insecurity 65%
2. Charges too expensive	38%	2. Presence on explosives 41%
3. No barrier	18%	3. Land already taken 20%



EARLY RECOVERY & LIVELIHOODS

40% of HHs in the formal camps, and **16%** in the host community reported having **no access to income**.

Top 3 reported sources of income for HHs per site:⁶

	Formal camp	Host community
1. Agriculture	27%	1. Agriculture 38%
2. Casual labour	27%	2. Small business 37%
3. Selling natural resources	21%	3. Casual labour 32%

41% of HHs in the formal camps, and **14%** in the host community reported having **no access to cash**.

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

	Formal camp	Host community
1. Borrow money	32%	1. Borrow money 80%
2. Purchase food on credit	52%	2. Purchase food on credit 69%
3. Begging	47%	3. Spend savings 50%

11% of HHs in the formal camps, and **10%** in the host community reportedly **withdrew children from school to cope with the lack of income**.

⁴IOM Emergency Tracking Tool (ETT) January - December 2018, Report No. 48.- 99.

⁵This question refers to a subset of the population surveyed. Results should be considered indicative only.

⁶Respondents could select multiple answers.

WASH


19% of HHs living in formal camps, and **38%** of those living in the host community reported **not having enough water** to meet their basic needs in the 30 days prior to data collection.

Most commonly sources of water used by HHs per site:⁷

Site	Water source	Percentage	Water source type
Formal camp	Borehole / tubewell	60%	Improved water source
	Water truck	44%	
	Handpump	29%	
	Public tap	29%	
Host community	Water vendor / Mai moya	51%	Unimproved water source
	Borehole / tubewell	50%	Improved water source
	Protected well	16%	

10% of HHs living in formal camps, and **32%** of those living in the host community reported that they needed **more than 30 minutes to collect water** (including traveling and queueing) for their daily needs.











% of HHs reporting the following issues, if any, when collecting water:⁷

	Formal camp	Host community
Long queueing	41% 	39% 
Long traveling	26% 	37% 

14% of HHs living in formal camps, and **17%** of those living in the host community 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 in formal camps and host community: **Water tastes bad.⁷**

% of HHs reporting the frequency with which they treated the main source of HH water per site:

	Formal camp	Host community
Yes, always	46% 	15% 
Yes, sometimes	14% 	34% 
No, water is clean	34% 	35% 
No, treatment not available	6% 	16% 
Other / No response / Don't know	0% 	0% 

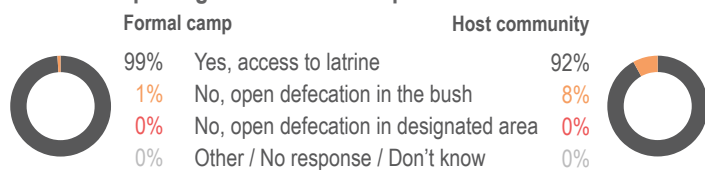
Most commonly reported water treatment method per site:

Formal camp: Aquatabs **Host community:** Aquatabs

65% of HHs living in formal camps, and **46%** of those living in the host community reported **not having soap in their HH**.

The most commonly reported reason among those who reported not having soap: **Cannot afford it** (73% of HHs in formal camps and 73% of those in host community).⁸

% of HHs reporting access to latrine per site:



⁷ Respondents could select multiple answers.

⁸ This question refers to a subset of the population surveyed. Results should be considered indicative only.

⁹ Percentages calculated based on the 27 HHs (20%) in the formal camps and 4 HHs (5%) in the host community that reported that some HH members did not use / could not access the latrines.

Main reasons for HH members not using latrines, as reported by HHs where not all HH members had access to it, per site:^{7,8,9}

Formal camp	Host community
1 Not safe for children	1 Not safe for children
2 Latrine is dirty	2 Not safe at night / Dirty
3 Latrine is damaged / filled	3 N/A

Most commonly reported trash disposal methods, per site:

Formal camp: Dedicated site / public trash bins, burned











Host community: Dedicated site / public trash bins, burned

SHELTER & NFIS

Top 3 reported shelter types, per site:

Formal camp	Host community
1. Emergency shelter 43%	1. Traditional house 45%
2. Tent 39%	2. Masonry building 28%
3. Masonry building 6%	3. Emergency shelter 12%

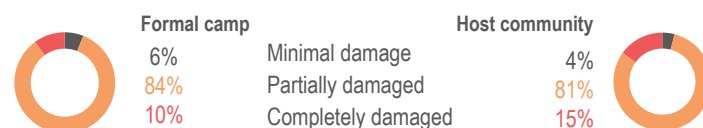
% of HHs reportedly living in each shelter occupancy arrangement, per site:

	Formal camp	Host community
Owned / purchased	64% 	33% 
Rented	1% 	38% 
Squatted with permission	22% 	18% 
Squatted without permission	0%	0%
Hosted by relative	9% 	3% 
Hosted by community member	4% 	8% 

22% of HHs living in the host community reported that they **had a written rental contract**, among those who were renting their shelter.⁸

56% of HHs living in formal camps, and **55%** of those in the host community reported that their **shelter was damaged**.

% of HHs reporting severity of damage to housing per site:⁸



The main reported reason for damage of housing among formal camp and host community HHs: **Storm / wind** (68% in formal camps, 69% in host community).^{7,8}

Least owned NFI kit items, by % of HHs reporting having them:⁷

Formal camp	Host community
1. School textbooks 1%	1. School textbooks 3%
2. School notebook 4%	2. Foldable mattress 9%
3. School bags 6%	3. Reusable sanitary pad 11%

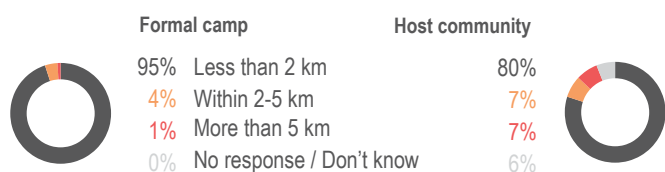
HEALTH

41% of HHs living in formal camps, and **53%** of those living in the host community reported that **at least one member had been ill** in the 15 days prior to data collection.

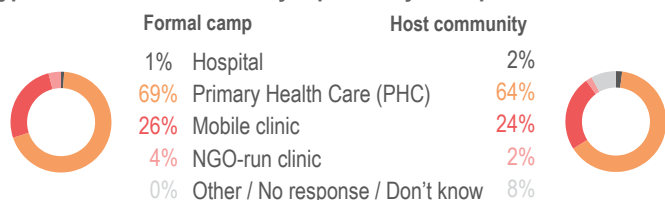
Most commonly reported symptoms by HHs, per site:^{10,11}

Formal camp		Host community	
1. Fever	75%	1. Coughing	73%
2. Coughing	56%	2. Fever	71%
3. Diarrhea	16%	3. Diarrhea	16%

% of HHs reporting distance to health facility, per site:



Type of closest health facility reported by HHs, per site:



Top 3 reported barriers to accessing healthcare, if any, per site:¹⁰

Formal camp		Host community	
1. No barrier	72%	1. No barrier	72%
2. Medicine not available	17%	2. Medicine not available	16%
3. High cost of medicine	9%	3. High cost of medicine	10%

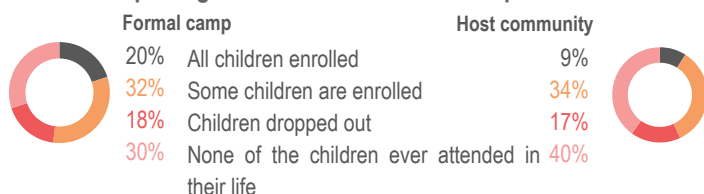
19% of HHs living in formal camps, and **28%** of those living in the host community reported that **one female member had given birth** in the three months prior to data collection.

The **main location of birth** was for both HHs living in formal camps and in the host community: **At home¹¹**

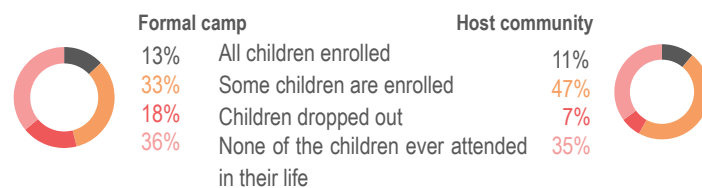
35% of HHs living in formal camps reported the birth was assisted by a **woman from the community**, while **37%** of host community HHs' were assisted by a **skilled birth attendant¹¹**.

EDUCATION

% of HHs reporting access to formal education per site:



% of HHs reporting access to informal education per site:



66% of HHs living in formal camps, and **27%** of those living in the host community reported that children had **access to a child-friendly space**.

Top 3 reported barriers to accessing education, either formal or informal, per site:¹⁰

Formal camp		Host community	
1. Lack of means to pay fees	53%	1. Lack of means to pay fees	65%
2. No barrier	46%	2. No barrier	30%
3. Children busy begging	10%	3. Children busy helping at HH	10%

PROTECTION

11% of HHs living in formal camps, and **5%** of those living in the host community reported that they **experienced a security incident** in the three months prior to data collection.

Among those who experienced an incident, HHs living in formal camps reported that most often the security incident took place **in their area of origin** (60%). HHs living in the host community most frequently reported that it happened at **their current location** (40%) or **during the displacement journey** (40%).^{10,11}

Most commonly reported types of security incidents, among those who experienced an incident:^{10,11}

Formal camp		Host community	
1. Killing / physical violence	40%	1. Killing / physical violence	40%
2. Armed attack	33%	2. Fire outbreak	20%
3. Fire outbreak	13%	3. Destruction of property	20%

56% of HHs living in formal camps, and **77%** of those living in the host community reported that some or all of the adult HH members were **lacking identity documents**.

89% of HHs living in formal camps, and **86%** of those living in the host community reported that some or all of the children in the HH were **lacking a birth certificate**.

Type of movement restriction reported by HHs, if any, per site:

	Formal camp	Host community
Yes, during evening / night	77%	60%
Yes, 5-10 km outside of camp	2%	0%
Yes, when in a small group	0%	1%
Yes, complete movement restrictions	1%	1%
No restrictions	20%	38%

95% of HHs living in formal camps reported that the movement restrictions were **imposed by the military**, and **5%** that it was **self-imposed**. In the host community, it was **98%** and **2%** respectively.

¹⁰ Respondents could select multiple answers.

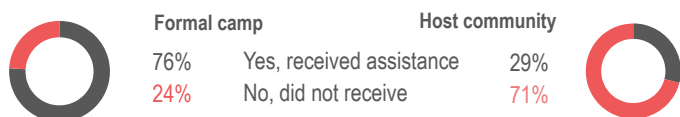
¹¹ This question refers to a subset of the population surveyed. Results should be considered indicative only.

8% of HHs living in formal camps, and **6%** of HHs living in the host community reported someone from their HH or community having been injured or killed by **explosives**. Most commonly reported location of the accident for both sites: **Agricultural lands**¹²



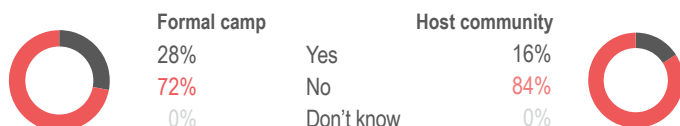
ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who reportedly received assistance in the 3 months prior to data collection, per site:



The **main source of assistance** at both sites was **international organizations**.

% of HHs that reported that they or their community had been asked about what aid they would like to receive during the 3 months prior to data collection, per site:¹³



¹² Respondents could select multiple answers.

¹³ This information refers to a subset of the population assessed and therefore results should be considered indicative only.

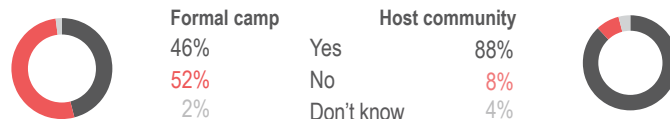
¹⁴ For more information on indicators related to protection mainstreaming, see: <http://www.globalprotectioncluster.org/themes/protection-mainstreaming/>

Most commonly reported types of humanitarian assistance received, per site:^{12,13}

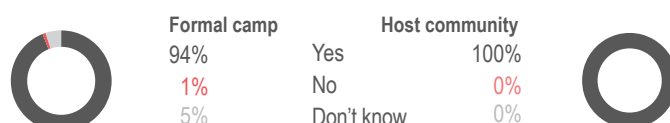
Formal camp: Food support (97%), WASH assistance (62%)

Host community: Food support (96%)

% of HHs that reported that the assistance received was appropriate to their needs or the needs of the community, per site:¹³



% of HHs that reported feeling treated with respect by aid workers while receiving assistance, per site:^{13,14}



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

4 primary health care centres, 3 dispensaries, 1 nutrition facility



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

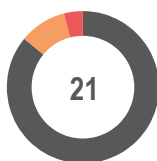
Malaria medicines were the most frequently needed medicines

50% of health facilities had no access to functioning latrines



Education facilities

6 primary schools, 14 religious schools, 1 non-functional school



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

25% of functional facilities had no access to improved water sources

20% of functional facilities had no access to functioning latrines



Marketplaces

4 central, open air markets, 43 market shops, 72 small shops, 19 pharmacies



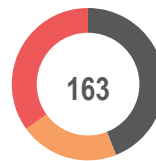
Most commonly reported barrier to being fully functional:
Risk of theft (cash or goods)

0 reported marketplaces were permanently closed



Water access points

Top 3 reported: 50 boreholes, 28 tube wells, 27 public taps



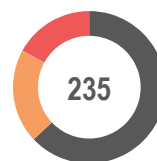
Most commonly reported barrier to being fully functional:
Structure is damaged

63 out of the 106 functional or partially functional water points were public



Latrine blocks

37% separated by gender

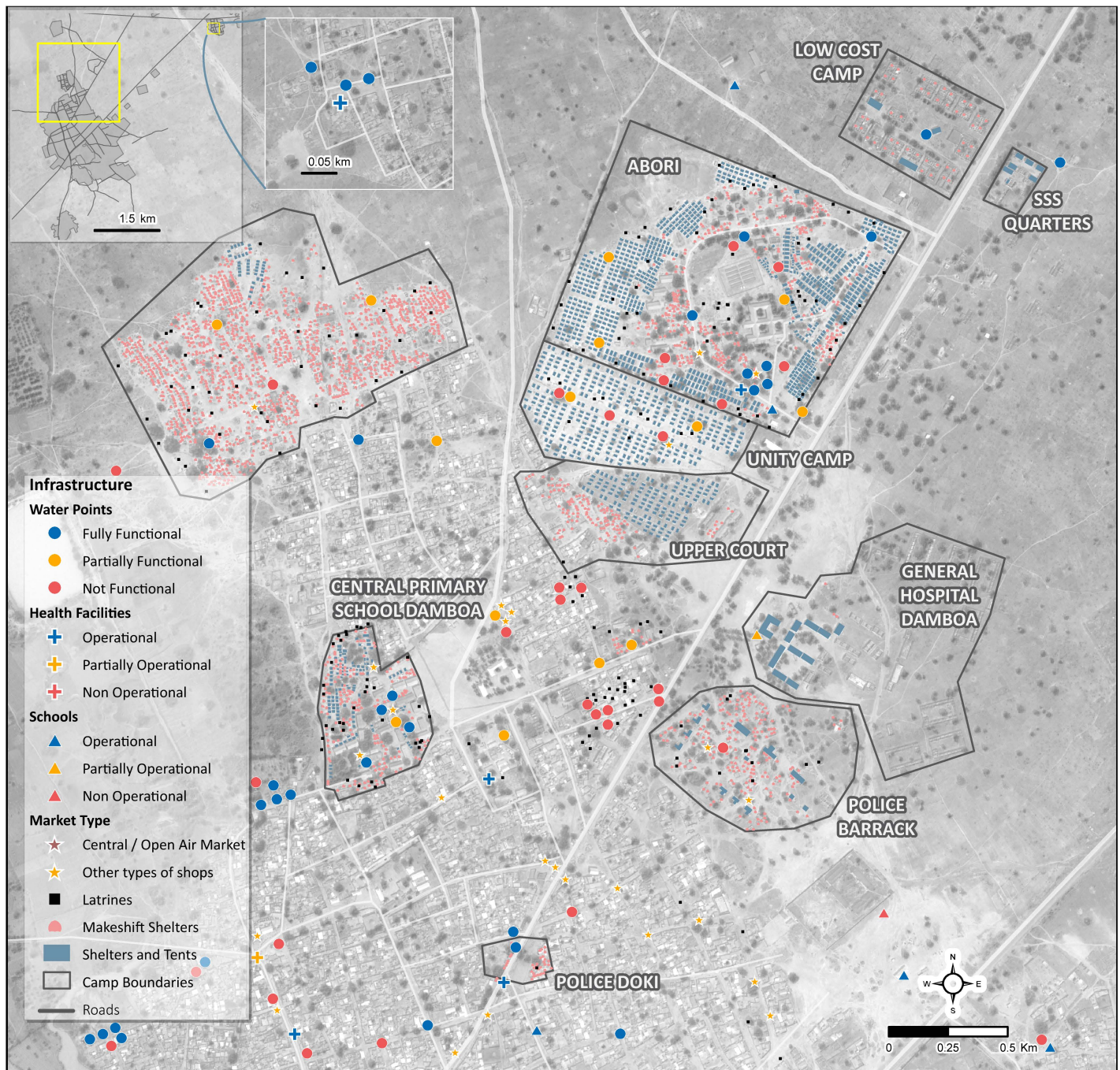


Most commonly reported barrier to being fully functional:
Latrines unclean

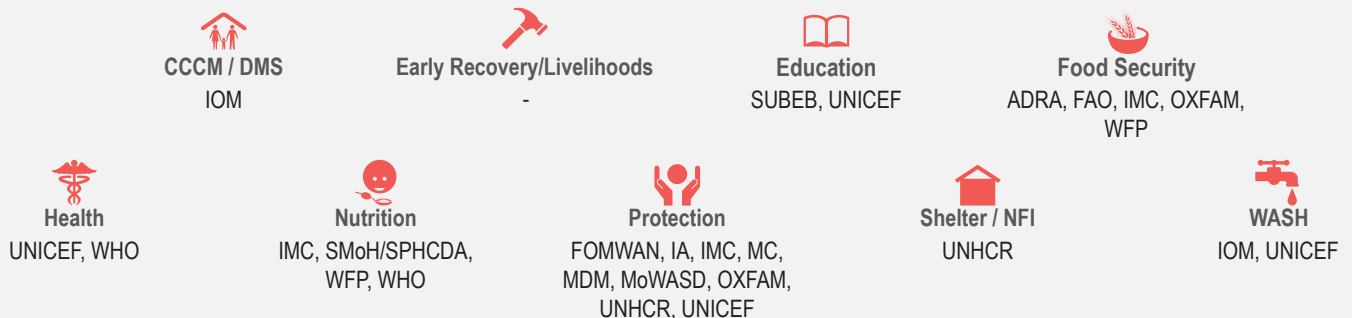
Infrastructure type functionality: ■ Functioning ■ Partially functioning¹⁵ ■ Not functioning

¹⁵ "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 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 such as lack of hygiene, crowdedness, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

Damboa Settlement Infrastructure - Zone 1, as of 18 December, 2018



Who does What, Where?¹⁶ - Damboa town: 16 partners



¹⁶ OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)

Damboa Settlement Infrastructure - Zone 2, as of 18 December, 2018

