## Vulnerability and Essential Needs Assessment (VENA) Factsheet - Hawul LGA, Borno State, Nigeria, May 2020

#### CONTEXT

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 IDP and Host Community<sup>1</sup> (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. Please see the last page of this factsheet for additional information on the assessments's methodology.

### **AREA COVERED IN ASSESSMENT**



#### **KEY FINDINGS**

- 13% of IDP households and 11% of HC households in Hawul LGA reported not having enough money to buy items from the food Survival Minimum Expenditure Basket (SMEB)<sup>2</sup>
- 61% of IDP households and 57% of HC households in Hawul LGA live in extreme poverty<sup>3</sup> as defined by the Nigerian National Statistics Bureau (NBS)
- 4% of IDP households and 5% of HC households in Hawul LGA were found to be highly vulnerable to potential health risks

## **₩** DEMOGRAPHICS

Of the **261** HHs surveyed, **64%** reported being IDPs and **36%** reported being from the HC.

34% of IDP HHs were reportedly female-headed, among HC HHs this was 10%.

36% of survey respondents from IDP HHs were female, in HC HHs this was 14%. The HH female-to-male ratio was 1.17 in IDP HHs and 1.15 in HC HHs.

#### HH Members by Age Group



0-17 years 18-59 years Above 60 years



# Reported Marital Status of HoH4 IDPs: HC: 2% Single 1% 77% Married 95% 20% Widowed 4% 1% Divorced 0%

There were an average of 6.3 HH members in IDP HHs and 6.9 in HC HHs.

#### Reported Number of Members per HH





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The poverty thresholds used are based on the cost of the food SMEB defined by the WFP and the poverty threshold set by the NBS. Expenditure patterns reflect household choices and higher spending levels indicate more capacity to absorb future shocks.



#### Reported HH Expenses by Category



86% of IDP HHs reported not receiving any cash assistance in the 12 months prior to data collection, while 66% did not receive any in-kind assistance. Among HC HHs, 88% and 68% reported the same for cash assistance and in-kind assistance respectively.

Of the IDP HHs receiving in-kind assistance, 0% reported that the amount received was not sufficient to meet HH needs, it was 0% of HC HHs. Of IDP and HC HHs receiving cash, 0% and 0%, respectively reported that the amount received was insufficient.7

Of the IDP HHs receiving cash assistance, the average amount received per month was 1574 naira, whereas HC HHs reported receiving 1335 naira.6

Among IDPs, the most commonly reported frequency for receiving cash assistance was one time lump sum for IDPs (reported by 57% of IDP HHs receiving cash assistance). In the HC, cash assistance was commonly received once a year (reported by 50% of HC HHs receiving cash assistance).

Among IDPs, the average HH dependency ratio was found to be 3.1 dependents (non-autonomous adults, children, elderly) to 1 non-dependent (able-bodied, working-age adults), compared to 2.7 for HC HHs.



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18% of IDP HHs reported having at least one member with a disability<sup>8</sup>, compared to 12% of HC HHs.

#### Most Commonly Reported HH Needs<sup>9</sup>

IDPs:	<ol> <li>Livelihoods</li> <li>Food</li> <li>Shelter</li> </ol>	31% 25% 16%
HC:	<ol> <li>Livelihoods</li> <li>Food</li> <li>Health</li> </ol>	43% 13% 12%

## PROTECTION

Understanding protection needs was addressed through safety in the community, barriers to accessing humanitarian assistance and the prevalence of child labour<sup>11</sup>. Indicators that are likely to be key to protection vulnerability, such as prevalence of genderbased violence, child-headed households, and presence of unaccompanied minors, were not included in the assessment due to the sensitive nature of such questions. Hence, no explicit protection vulnerability score was calculated.<sup>10</sup>

14% of IDP HHs and 10% of HC HHs reported at least one member in the household facing barriers in accessing humanitarian assistance.

#### Reported Incidents of Discrimination of IDPs in the **Community a Month Prior to the Assessment**

ID	Ps:	HC:
56%	Never	70%
19%	Rarely	19%
22%	Sometimes	5%
3%	Very often	1%

5% of IDP HHs reported having at least one child (younger than 18 years) engaging in harsh labor<sup>11</sup>, it was 3% of HC HHs.

#### Reported Incidents of Harassment of Women in the **Community a Month Prior to the Assessment**



**Reported Incidents of Harassment of Girls (Younger** Than 18) in the Community a Month Prior to the Assessment



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## **5** FOOD SECURITY & LIVELIHOODS

Understanding of food security vulnerability is based on the Consolidated Approach for Reporting Indicators of Food Security (CARI), which combines the Livelihood Coping Strategy Index, the Food Consumption Score, and the average share of household food expenditure.



According to the majority of IDP HHs (70%), self produced was the most important source of food, while this was self produced for the majority of HC HHs (85%).

The average reported travel time to buy food was **44 minutes** for IDP HHs and **56 minutes** for HC HHs. The most common mode of transportation used to buy food was **walking** for IDPs (reported by **58%** of HHs) and **public transportation** for the HC (reported by **57%** of HHs).<sup>4</sup>

The most preferred mode of receiving food assistance was **cash** among IDPs (reported by **71%** of HHs) and **cash** in the HC (reported by **80%** of HHs).

**60%** of IDP HHs reported **agriculture** was the HH's main source of income, and **74%** of HC HHs reported **agriculture** as the main source of income.



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## PREASE WARD A CONTROL CONTROL

Three areas mainly inform the energy vulnerability of a household: presence of barriers to access energy sources, time taken to access primary energy sources and the use of inefficient energy products as the primary source of fuel.



HC: 90 minutes

The majority of IDP HHs (50%) reported their main source of cooking fuel to be **firewood**, and the majority of HC HHs (56%) reported **firewood** to be their main source of fuel. The most commonly reported transportation mode used to access cooking fuel was **walking** for IDP HHs (59%) and **walking** for HC HHs (64%).<sup>4</sup>

Among IDP HHs, the average reported per capita monthly expenditure on energy was 556 naira. For HC HHs, the average reported per capita monthly expenditure on energy was 339 naira.<sup>6</sup>

Among IDPs, the most preferred mode of receiving energy assistance was **cash** (reported by 80% of HHs), and **cash** was the most preferred in the HC (reported by 86% of HHs).<sup>4</sup>

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## SHELTER AND NON-FOOD ITEMS (NFI)

Understanding of household shelter needs is approached through assessing type of shelter and shelter conditions. Some of the indicators that are likely to affect shelter vulnerability, such as threat of evictions, security of the tenure agreement and household crowding index, fell outside the scope of this assessment. Hence, no explicit shelter and NFI vulnerability score was calculated.25

•	Commonly Reported HH Shelter Types91. Own house24%2. Rent-free private housing23%3. Rented private housing22%
HC:	1. Own house68%2. Rent-free private housing19%3. Free public housing5%
%HH	s By Observed Shelter Condition
	IDPs:         HC:           21%         Good         29%           48%         Fair         52%           27%         Poor         19%           4%         Worst         0%           0%         No Shelter         0%
Repo	rted Tenure in the Settlement for IDPs

8%	Less than 6 months
0%	6-11 months
10%	1-2 years
82%	More than 2 years

The most preferred mode of receiving shelter assistance was cash among IDPs (reported by 71% of HHs) and cash in the HC (reported by 73% of HHs).4

#### Most Commonly Reported Preferred Modalities Of NFI Assistance<sup>2</sup>



#### Reported Presence Of Key NFI Items<sup>16</sup>

IDPs:	I.	HC:	;:
100%	Shelter	100%	%
100%	WASH	100%	%
100%	Kitchen	100%	%
100%	Others	100%	%

## 🐂 WATER, SANITATION & HYGIENE

The WASH vulnerability 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.

HH W	/ASH Vulnerab	ility Score <sup>17</sup>		
	IDPs:		HC:	
	51%	High	47%	
	49%	Low	53%	
нн w	/ater Vulnerabi	lity Score <sup>18</sup>		
	IDPs:	-	HC:	
	34%	High	37%	
	66%	Low	63%	
HHs	Reporting Unii	nproved Mai	n Water S	ource <sup>19</sup>
IDPs:		<b>I</b>		
HC:	29%			
A		the of Motor	Availabla	to Fook
	age Daily Quar Iember <sup>19</sup>	illy of water	Available	to Each
	38 Litres			
HC:	36 Litres			
нн н	ygiene Vulnera	abilitv Score <sup>2</sup>	20	
	IDPs:		HC:	
	30%	High	24%	
	70%	Low	76%	
				•
	Commonly Re	•		es
IDPs:	1. Household la	trine	56% 21%	
	<ol> <li>Private pit</li> <li>Public</li> </ol>		11%	
HC:	•••••	trine	71%	
	2. Private pit		19%	
	3. Public		4%	

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Among IDP HHs, the average reported monthly per capita expenditure on WASH was 294 naira.<sup>3</sup> For HC HHs, the average monthly per capita expenditure on WASH was reported to be 438 naira.<sup>6</sup>

The average reported walking time to the nearest latrine was 3 minutes for IDP HHs and 2 minutes for HC HHs.

**25%** of IDP HHs were found to have high risk hand washing practices, it was **20%** for HC HHs.<sup>21</sup>

Of all (98% IDP and 98% HC) HHs with reported presence of women of reproductive age, 19% and 20% respectively reported not using sanitary pads in the 3 months prior to data collection.<sup>22</sup>

## 🕈 HEALTH

The health vulnerability indicator 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.

	IDPs:	HC:	
C	<b>4%</b> 96%	High 5% Low 95%	
Averag Health	• •	ound-trip Travel Time to A	ccess
Health	• •	ound-trip Travel Time to A	ccess

the 30 days prior to data collection:

HC: 3%

Among IDP HHs that reported not receiving medical treatment in the last month, the most commonly reported barrier to accessing healthcare was: **traditional remedy** (60% of HHs), for HC HHs, this was: **no issue** (67% of HHs).<sup>4</sup>

The most common mode of transportation used to access healthcare was public transportation for IDPs (reported by 47% of HHs) and public transportation for the HC (reported by 56% of HHs).<sup>4</sup>

Among IDP HHs, the average reported monthly per capita expenditure on health was reported to be **1279 naira**.<sup>6</sup> For HC HHs, the average reported monthly expenditure on health was **952 naira**.<sup>6</sup>

#### **EDUCATION**

Primary education is free and compulsory in Nigeria, however, surveyed families face several barriers to ensure all the children have access and remain in education. The HH education vulnerability score considers time taken to travel to school and the enrollment status of school-aged children.

	IDPs:		HC:	
C	23% 77%	High Low	22% 78%	
Avera	ge Reported T	ravel Time to	o Go to School	
IDPs:	32 minutes			
HC:	32 minutes			

**12%** IDP HHs and **10%** HC HHs reported having at least one school-aged child in the family not enrolled in school

For IDP HHs, the most common mode of transportation used to go to school was walking (reported by 70% of HHs), and walking for the HC (reported by 63% of HHs).<sup>4</sup>

The most preferred mode of receiving education assistance was cash among IDPs (reported by 61% of HHs) and cash in the HC (reported by 52% of HHs).<sup>4</sup>

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#### **METHODOLOGY**

A stratified cluster sampling designed at LGA level was utilized with the primary sampling unit defined as the settlement/camp, and the secondary sampling unit is the households within those locations. Sampling is conducted at a 90% confidence interval with a 10% margin of error per strata.

Data collection was conducted by trained field surveyors through home visits and took place between 16 March and 1 April 2020 in six LGAs, namely Askira/Uba, Gujba, Hawul, Jere, Maiduguri and Michika which were selected on the basis of having the highest number of people in need, as defined by the 2019 HNO. In total, 1,381 HH surveys were conducted with head of households or their equivalents.

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.

## ACRONYMS

- CARI Consolidated Approach to Reporting Indicators of Food Security FCS Food Security Score
- CBV Conder Boood Violence
- GBV Gender Based Violence
- HC Host Community (Includes both non-displaced and returnees)
- HH Household
- HNO Humanitarian Needs Overview
- IDP Internally Displaced Person
- LCSI Livelihood Coping Strategy Index
- LGA Local Government Area
- NFI Non-Food Items
- SMEB Survival Minimum Expenditure Basket
- WASH Water, Sanitation and Hygiene
- WFP World Food Programme
- WG Washington Group

## **ENDNOTES**

<sup>1</sup>Host communities includes both non-displaced and returnee population.

<sup>2</sup> The <u>food SMEB</u> is the collection of food items that will make up for the minimum calorie requirement per capita per day as defined by WFP.

<sup>3</sup> Poverty threshold is defined as any household that spend less than 137,430 naira per person per year, according to <u>National Bureau of Statistics (NBS)</u>.

<sup>4</sup> Non-responses have been removed.

<sup>5</sup> Economic vulnerability score is based on the cost of the <u>food SMEB</u> as defined by WFP and the Nigerian extreme poverty threshold numbers produced by <u>Nigerian Bureau of Statistics</u>. A HH has a high vulnerability if the monthly per capita expenditure on food is less than the per capita cost of the food SMEB for the respective LGA. A HH has a moderate economic vulnerability if the total per capita monthly expenditure is lower than the extreme poverty threshold numbers. <sup>6</sup> Currency was converted using the average February 2020 rate of 359 naira to 1 United States Dollar provided by the <u>Nigerian Central Bank</u>.

<sup>7</sup> Assistance insufficiency is a self-reported indicator reported by HH that are unable to meet at least 50% of their essential needs while using assistance.

<sup>8</sup> Disability is calculated using the globally accepted standard of <u>Washington</u> <u>Group on Disability Statistics (WG)</u>

<sup>9</sup> Respondents could select multiple answers.

<sup>10</sup> Addressing <u>protection vulnerability</u> is informed by the principles and standards of international refugee and human rights frameworks, other areas of international law, and how these are applied in individual country contexts.

<sup>11</sup> Harsh or hazardous labour as defined by <u>ILO</u>

<sup>12</sup> Food vulnerability is informed based on globally recognised standards provided by <u>CARI</u> (Consolidated Approach for Reporting Indicators of Food Security)

<sup>13</sup> FCS is calculated using the standard formula developed by <u>WFP</u>.

<sup>14</sup> LCSI is calculated using the globally accepted standard defined by <u>WFP</u>.

<sup>15</sup> Energy vulnerability classification was based on the REACH Uganda VENA assessment. Vulnerability was calculated based on a combination of barriers to access, time taken to gather cooking fuel and the primary light source.

<sup>16</sup> Key NFI items were identified and categorised according to <u>Nigeria shelter</u> <u>cluster</u>.

<sup>17</sup> WASH vulnerability score is a composite of water and hygiene vulnerability score. If a household is highly vulnerable in water or hygiene, then it qualifies to be vulnerable for WASH as well.

<sup>18</sup>Water vulnerability is informed using two indicators: the per capita water available per day and presence of improved water sources. If a HH has less than <u>15 litres</u> <u>per capita per day</u> of water available or is accessing unimproved water sources such as open spring, borewell etc. as primary water source then the household is considered vulnerable.

<sup>19</sup> List of improved water sources as defined by Nigeria WASH cluster.

<sup>20</sup> If a household is using an uncovered latrine or members of the household are defecating openly, then the household is considered to have high hygiene vulnerability.

<sup>21</sup> <u>High-risk hand washing behaviour</u> - A HH reporting not washing hands before or after majority of key activities during the day like eating, defecating, feeding children etc. is considered to be high risk hand-washing behaviour.

<sup>22</sup> Only HHs with women of reproductive age were asked about sanitary pad use.
 <sup>23</sup> Health vulnerability - HH reporting not receiving medical treatment for a sick member in last 30 days or the health facility is more than an hour away by foot.

<sup>24</sup> Education vulnerability - A Household with at least one school-aged child not enrolled in school or schools are more than 30 minutes away by foot are considered to be vulnerable.

<sup>25</sup> Shelter and NFI indicators were informed by the Nigeria shelter cluster <u>technical</u> <u>guidance document.</u>

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