



Local Government Area Settlement Profiling

Monguno Town, Monguno 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.

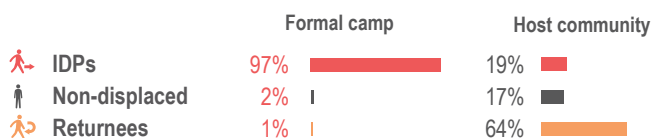
This factsheet presents evidence-based data on household (HH) needs and access to basic services in Monguno town, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented 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 8 and 14 December 2018. 230 HH surveys were conducted in Monguno town (108 HH surveys at formal camps and 122 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 Monguno is **181,502**, including **132,144** Internally Displaced Persons (IDPs).³

53% of HHs lived in formal camps, while **47%** lived in the host community.

Population displacement status per site:

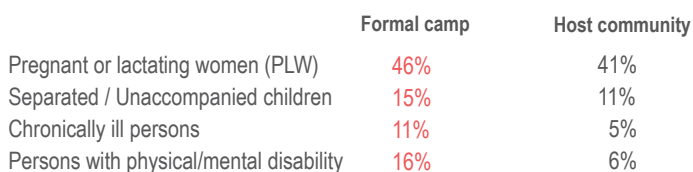


9% of households were female-headed in the formal camp, and **7%** in the host community.

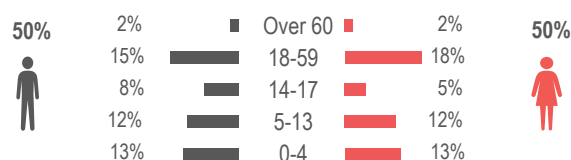
% of HHs with single Head of households (HoH), by gender:



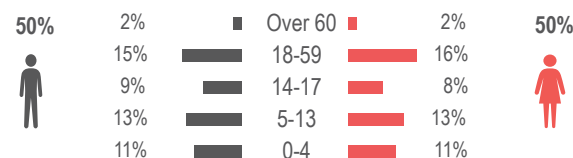
% of HHs reporting the following vulnerable members:



Age and sex of HH members - Formal camps

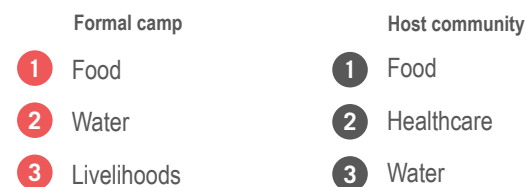


Age and sex of HH members - Host community



PRIORITY NEEDS

Top 3 reported needs of HHs per site:



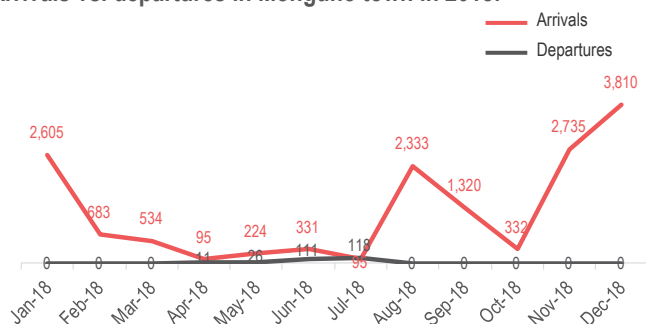
¹ More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

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 Monguno town in 2018:



15,097 arrived to the location between January and December 2018, and **266** departed from the location.⁴

Reported movement intentions of IDP HHs per site:⁵

	Formal camp	Host community
Plan to stay permanently	7%	19%
Would like to move in the future	85%	81%
Currently planning to move	8%	0%
No response / Don't know	0%	0%

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 Lack of food	1	N/A
2 Lack of schools	2	N/A
3 Lack of shelter	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 Access to food	1	N/A
2 Access to land	2	N/A
3 Access to healthcare	3	N/A

FOOD SECURITY

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

	Formal camp	Host community
1. Food distributions by NGOs	70%	51%
2. Purchase in local markets	51%	45%
3. Own cultivation	22%	42%

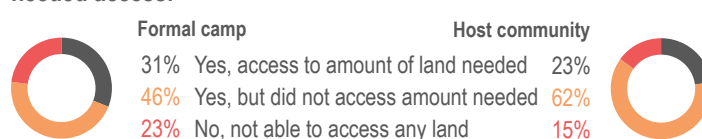
43% of HHs in the formal camps reported that they did **not have physical access to a marketplace**, as opposed to **42%** in the host community, in the two weeks prior to data collection.

Most commonly reported barriers to accessing food per site:⁶

	Formal camp	Host community
1. Limited / no income	52%	45%
2. Unusually high prices	37%	30%
3. Market too far away	18%	25%

54% of HHs in the formal camps and **58%** in the host community reportedly **needed to access 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	72%	73%
2. Charges too expensive	46%	37%
3. No barrier	16%	16%

EARLY RECOVERY & LIVELIHOODS

14% of HHs in the formal camps, and **11%** 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	55%	63%
2. Trading	33%	36%
3. Selling natural resources	25%	33%

22% of HHs in the formal camps, and **13%** 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	41%	44%
2. Depend on support	34%	33%
3. Purchase food on credit	33%	31%

25% of HHs in the formal camps, and **12%** in the host community reportedly resorted to **begging 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





48% of HHs living in formal camps, and **49%** 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	70%	
	Public tap	57%	Improved water source
	Handpump	27%	
	Water vendor / Mai moya	27%	Unimproved water source
Host community	Borehole / tubewell	76%	
	Public tap	49%	Improved water source
	Water vendor / Mai moya	48%	Unimproved water source

72% of HHs living in formal camps, and **72%** 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	70% 	76% 
Long traveling	61% 	66% 

29% of HHs living in formal camps, and **23%** 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	3% 	1% 
Yes, sometimes	21% 	13% 
No, water is clean	52% 	49% 
No, treatment not available	24% 	37% 
Other / No response / Don't know	0% 	0% 

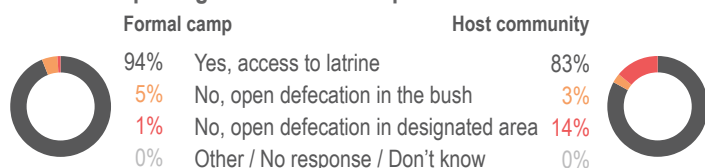
Most commonly reported water treatment method per site:

Formal camp: Boiling water **Host community:** Waterfilter

37% of HHs living in formal camps, and **20%** 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** (67% 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 2 HHs (28%) in the formal camps and 21 HHs (23%) 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 Latrine is dirty
3 Latrine is damaged	3 Latrine is damaged

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. Makeshift shelter 57%	1. Masonry building 50%
2. Emergency tent 19%	2. Traditional house 43%
3. Traditional house 14%	3. Makeshift shelter 7%

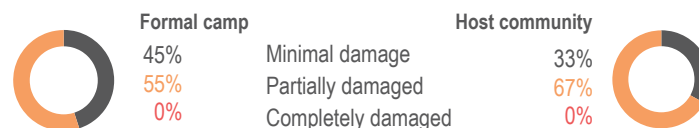
% of HHs reportedly living in each shelter occupancy arrangement, per site:

	Formal camp	Host community
Owned / purchased	79% 	77% 
Rented	2% 	18% 
Squatted with permission	16% 	2% 
Squatted without permission	0% 	0% 
Hosted by relative	0% 	2% 
Hosted by community member	3% 	1% 

100% of HHs living in the host community reported that they **had a written rental contract**, among those who were renting their shelter.⁸

12% of HHs living in formal camps, and **20%** 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** (32% in formal camps, 33% in host community).^{7,8}

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

Formal camp	Host community
1. School textbooks 0%	1. School textbooks 2%
2. School bags 2%	2. Aquatabs 3%
3. Foldable mattress 2%	3. Reusable sanitary pad 6%

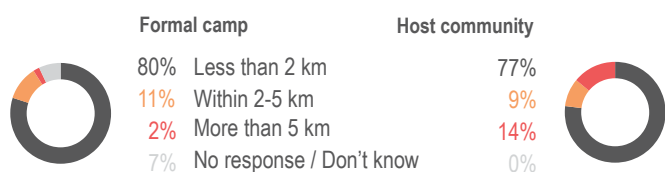
HEALTH

25% of HHs living in formal camps, and **18%** of those living in the host community reported that **at least one member had been ill** in the 15 days prior to data collection.

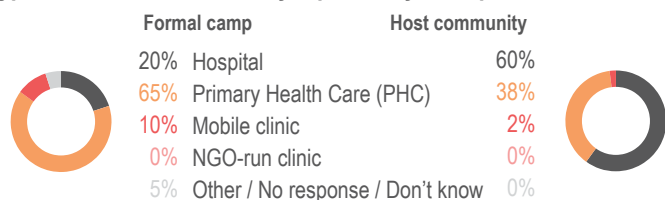
Most commonly reported symptoms by HHs, per site:^{10,11}

Formal camp		Host community	
1. Fever	77%	1. Fever	95%
2. Coughing	47%	2. Coughing	89%
3. Vomiting	27%	3. Diarrhea	42%

% 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	70%	1. No barrier	78%
2. Medicine not available / Language barrier	12%	2. Medicine not available	27%
3. High cost of medicine	10%	3. Medical staff refused treatment without	14%

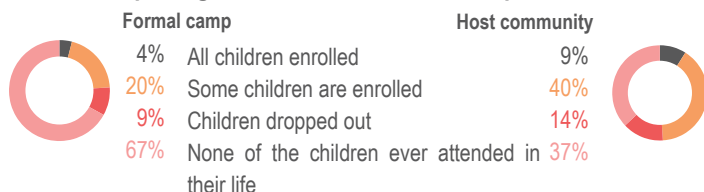
23% of HHs living in formal camps, and **24%** of those living in the host community reported that **one female member had given birth** in the three months prior to data collection.

The **main location of birth** was for both HHs living in formal camps and in the host community: **At home**¹¹

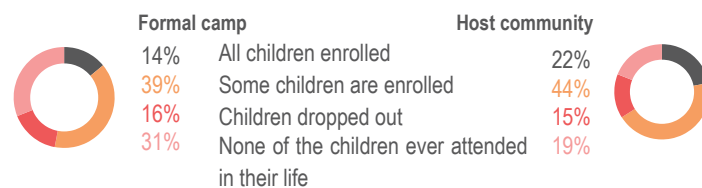
64% of HHs living in formal camps, and **50%** of host community HHs reported the birth was assisted by a **traditional birth attendant**.¹¹

EDUCATION

% of HHs reporting access to formal education per site:



% of HHs reporting access to informal education per site:



47% of HHs living in formal camps, and **45%** 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	52%	1. Lack of means to pay fees	49%
2. No barrier	31%	2. No barrier	35%
3. School too far away	25%	3. School too far away	24%

PROTECTION

3% of HHs living in formal camps, and **4%** 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** (75%). HHs living in the host community most frequently reported that it happened at **their current location** (50%).^{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	75%	1. Armed attack	100%
2. Fire outbreak	75%	2. Fire outbreak	75%
3. Destruction of property	75%	3. Killing / physical violence	25%

94% of HHs living in formal camps, and **86%** of those living in the host community reported that some or all of the adult HH members were **lacking identity documents**.

94% of HHs living in formal camps, and **89%** 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	29%	12%
Yes, 5-10 km outside of camp	2%	0%
Yes, when in a small group	3%	5%
Yes, complete movement restrictions	3%	1%
No restrictions	63%	82%

50% of HHs living in formal camps reported that the movement restrictions were **imposed by the military**, and **50%** that it was **self-imposed**. In the host community, it was **50%** and **50%** respectively.

¹⁰ Respondents could select multiple answers.

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

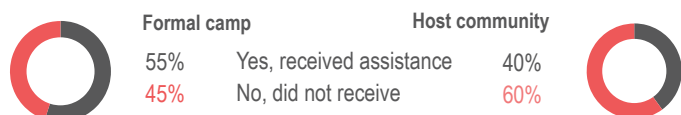
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23% of HHs living in formal camps, and **11%** of HHs living in the host community reported someone from their HH or community having been injured or killed by **explosives**. Most commonly reported locations of the accident for both sites: **Residential areas and public buildings**.¹²



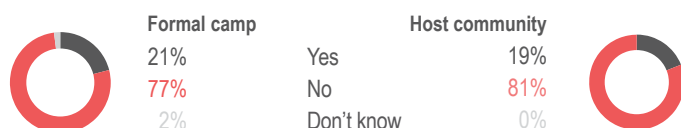
ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% 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.

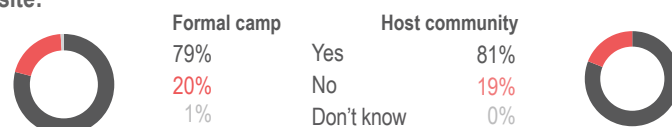
¹⁴ For more information on indicators related to protection mainstreaming, see: <http://www.globalprotectioncluster.org/themes/protection-mainstreaming/>

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

Formal camp: Food support (84%), WASH assistance (73%)

Host community: Food support (86%), WASH assistance (72%)

% 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

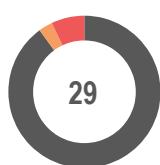
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: reach.nigeria@reach-initiative.org.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

INFRASTRUCTURE MAPPING



Health facilities

16 clinics, 5 primary health care centres, 3 hospitals, 3 mobile clinics



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

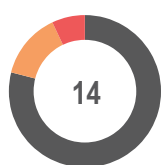
Malaria medicines were the most frequently needed medicines

48% of health facilities had no access to improved water sources



Education facilities

12 primary schools, 1 secondary school, 1 non-functional school



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

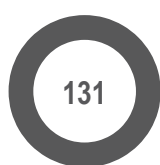
69% of functional facilities had no access to improved water sources

15% of functional facilities had no access to functioning latrines



Marketplaces

4 central, open air markets, 15 market shops, 112 small shops



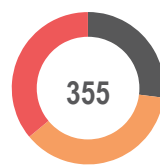
Most commonly reported barrier to being fully functional:
Contamination of goods by rats/pests

0 reported marketplaces were permanently closed



Water access points

Top 3 reported: 128 public taps, 89 tube wells, 72 public taps



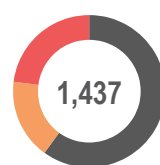
Most commonly reported barrier to being fully functional:
Long waiting time

184 out of the 226 functional or partially functional water points were public



Latrine blocks

53% separated by gender



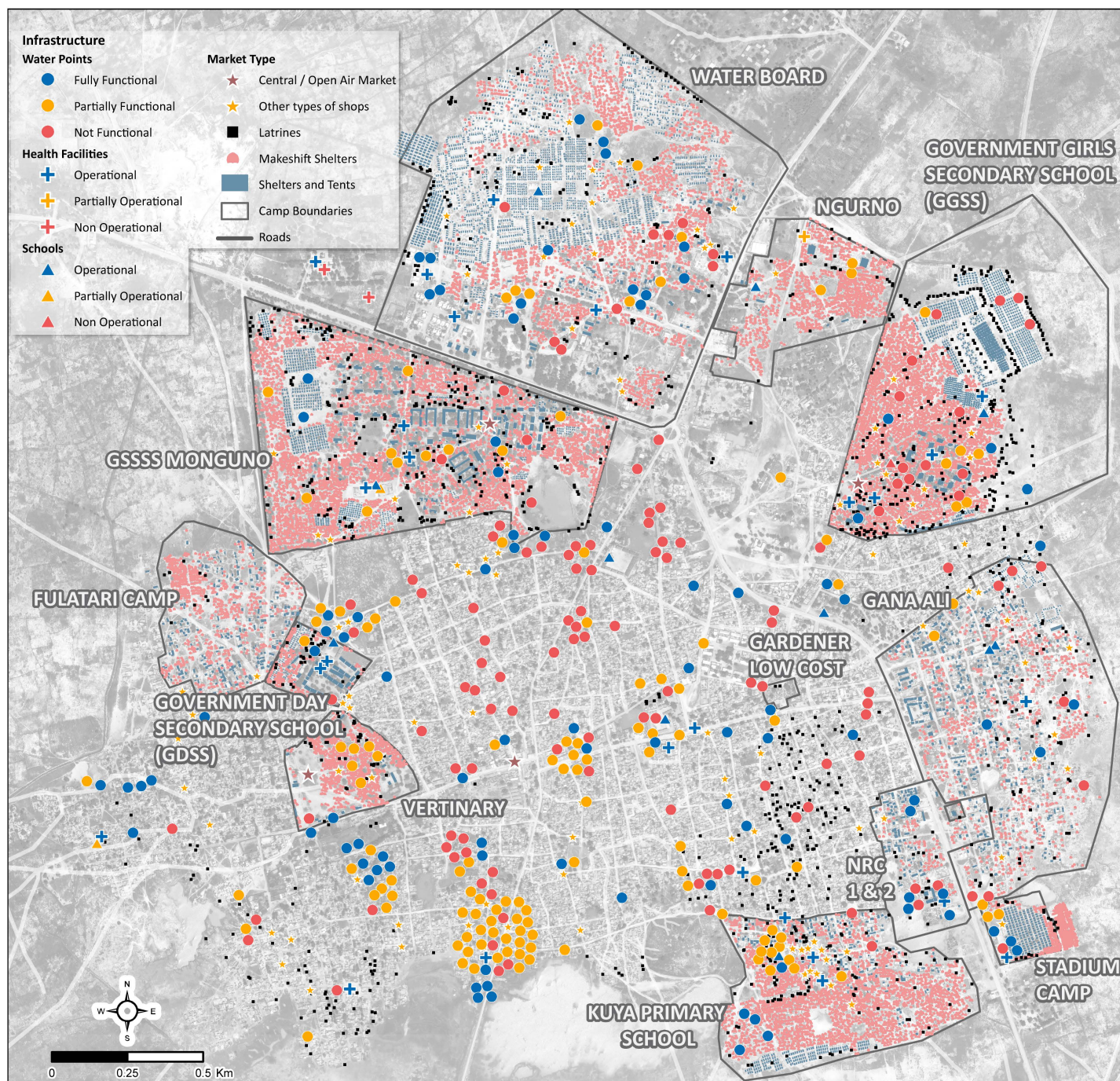
Most commonly reported barrier to being fully functional:
Latrines unclean

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

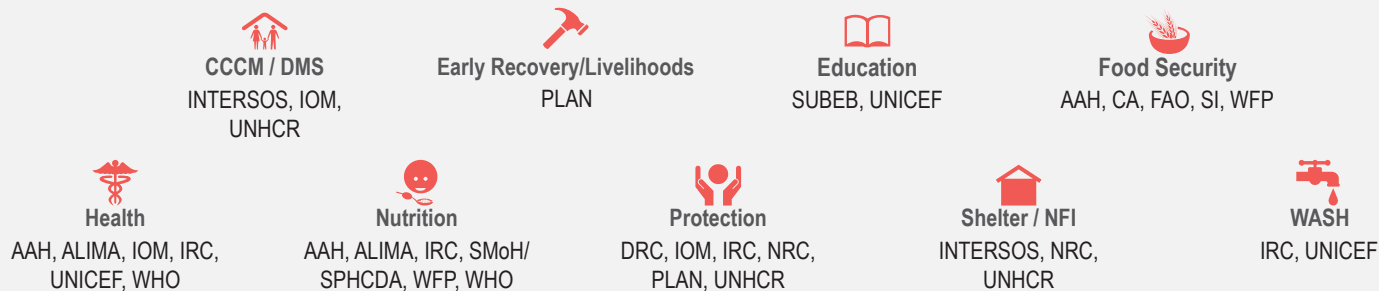
¹⁵ "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as damaged structure, insufficient number of teachers and/or school materials, or some people residing inside 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.

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Monguno Settlement Infrastructure, as of 14 December, 2018



Who does What, Where?¹⁶ - Monguno town: 17 partners



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