



# Borno - Health

## Assessment of Hard-to-Reach Areas in Northeast Nigeria

August 2019

### Overview

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno state as hard to reach. To address information gaps facing the humanitarian response in Northeast Nigeria and inform humanitarian actors on the demographics of households in hard-to-reach areas of Northeast Nigeria, as well as to identify their needs, access to services and movement intentions, REACH has been conducting a monthly assessment of hard-to-reach areas in Northeast Nigeria since November 2018.

Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in hard-to-

reach areas through monthly multi-sector interviews in accessible Local Government Area (LGA) capitals with the following typology of Key Informants (KIs):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last 3 months<sup>1</sup>
- KIs who have had contact with someone living or having been in a hard-to-reach settlement in the last month (traders, migrants, family members, etc.)<sup>1</sup>

Selected KIs are purposively sampled and are interviewed on settlement-wide circumstances in hard-to-reach areas, rather than their individual

experiences. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as 'no consensus'. While included in the calculations, the percentage of settlements for which no consensus was reached is not displayed in the results below.

Results presented in this factsheet, 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 have been assessed.

The findings presented are indicative of broader trends in assessed settlements in August 2019, and are not statistically generalisable.

### Assessment Coverage

**1,373** Key Informants interviewed

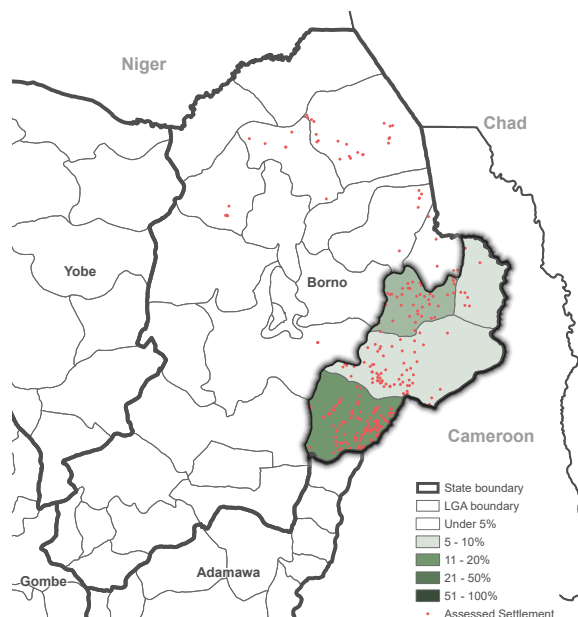
**328** Settlements assessed

**10** LGAs assessed

**4** LGAs with 5% or more coverage<sup>2</sup>

### Assessment coverage

Proportion of settlements assessed:

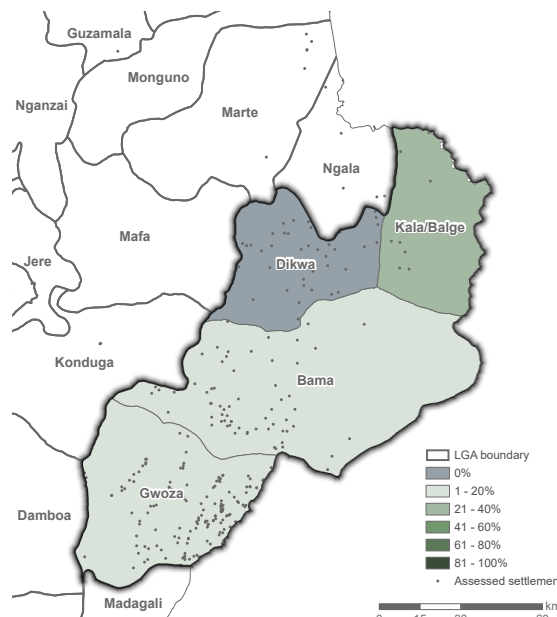


<sup>1</sup> Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed. If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area.

<sup>2</sup> LGA level data is only represented for LGAs in which at least 5% of settlements have been assessed. The most recent version of the VTS dataset (released in February 2019 on [vts.eocnq.org](https://vts.eocnq.org)) has been used as the reference for settlement names and locations.

### Access to health services

Proportion of assessed settlements reporting a functional health service that the population could walk to:



Most common health problems reported by assessed settlements:

Malaria / Fever	44%
Malnutrition	21%
None	7%
Diarrhea / Cholera	5%
Skin disease	4%

**77%** of assessed settlements with no access to a functional health service (98%) reported that the main barrier to accessing health services is that they are either destroyed or never existed

**18%** of assessed settlements reported that mosquito nets are available and are being used in the location

**1%** of assessed settlements reported having access to feeding programmes that provide plumpy sup, CSB++ or other nutrition items