

MONGUNO TOWN: MULTI-SECTORAL RAPID NEEDS ASSESSMENT OF NEW ARRIVALS

Borno State, Nigeria | February 2019

CONTEXT

In early November 2018, Kukawa LGA experienced an increase in violent incidents between armed opposition groups (AOGs) and Nigerian Security Forces (SF) as part of the now ten-year conflict in Northeast Nigeria. On 16 November, AOGs attacked Kekenso, Kukawa and violent conflict occurred in Monguno LGA.¹ The fighting continued intermittently through December with the peak in violence occurring in Cross-Kauwa on 22 December and in Baga on 26 December, with incidents continuing into early 2019.² As a result of the violence, thousands of persons fled to the relative safety of Monguno town.³ The continued insecurity and influx in population has led to uncertainty concerning the exact needs of persons in Monguno and the services being provided in Monguno IDP camps.

METHODOLOGY

A rapid needs assessment was conducted to understand the needs of persons displaced into Monguno town since November 2018. Data was collected by REACH field teams from 3-5 February 2019 with operational support from ACTED, ALIMA and Terre des hommes. Two tools were used with independent sampling methodologies: a structured household (HH) survey and structured interviews with key informants (KIs). The household-level, multi-sector needs survey was designed in collaboration between REACH, ACTED, ALIMA, Intersos, Première Urgence Internationale, Solidarités International, Terre des hommes, and various other Monguno service providers. 278 households who arrived in Monguno since 1 November 2018 were surveyed. The survey employed a random sampling, designed to produce results generalisable to the newly arrived population across 11 out of 12 formal IDP camps

in Monguno. The overall sample was proportionally distributed in each camp based on existing distribution figures to ensure that the overall results were adequately weighted. Findings from the HH survey are generalisable at a 95% confidence level with a 6% margin of error overall for those IDP camps.

The KI interviews were conducted with individuals who had particular knowledge of the services provided in Monguno town, using a contextualized version of the inter-sector rapid needs assessment (IRNA) tool.⁴ A total of 94 KIs were interviewed within Monguno town using snowball sampling to inform on needs in camps as well as on the impact of new arrivals on pre-existing basic services in host communities. Findings from the KI interviews are reported in terms of the proportion of KIs who answered a given question, as not all KIs had information on each sector-specific question. Findings from the KI interviews should be considered as indicative only.

LIMITATIONS

Exact numbers of new arrivals to Monguno were unknown at the time of data collection. To determine sample size and proportional probability sampling, REACH used distribution estimates derived from Action Against Hunger's Rapid Response Team on 3-4 January 2019.⁵ Such numbers are approximations.

Of the 94 KIs interviewed, 20 (21%) were female. Field teams found that the majority of respondents with specified knowledge notably in camp settings were male. Information included in this factsheet pertains to people in accessible camps, and communities that were assessed. Therefore, people in some locations that may have been affected are not included in this assessment.



Displacement & Demographics

Estimated number of individuals living in assessed IDP formal and informal camps/sites in Monguno by end October 2018:⁶

129,392

Reported HH vulnerabilities:

Estimated number of individuals who arrived in the assessed IDP camps in Monguno since 1 November 2018 and as of 3 February 2019:⁷

18,069



23% of HH reported to be female-headed.



10% of HH reported the presence of unaccompanied and/or separated children.



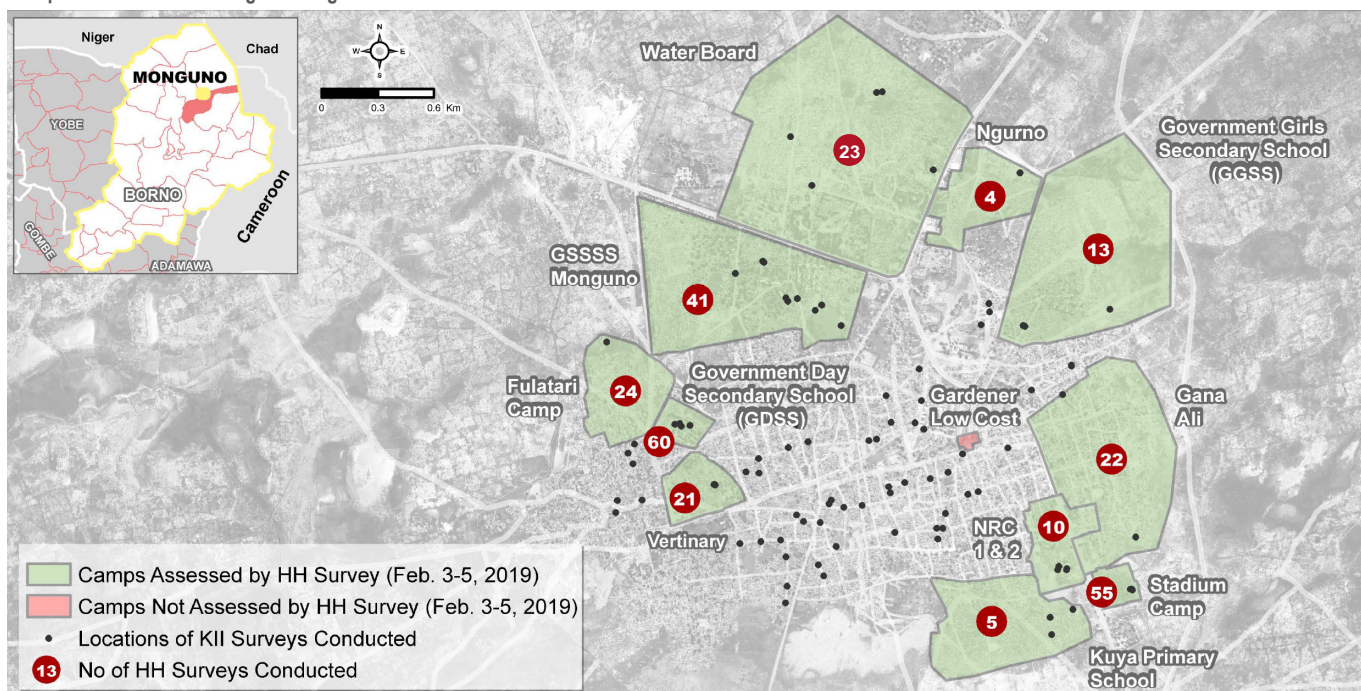
30% of HHs reported the presence of pregnant and/or lactating women.



28% of HHs reported being affected by family separation.

HHs most commonly reported that their LGA of origin was **Kukawa (62%)**. They predominantly reported **coming on foot to Monguno town (74%)** and were displaced overwhelmingly due to **conflict in the area of origin (98%)**.

Map 1: Rapid Assessment Coverage in Monguno Town



Shelter & Non-Food items (NFI)

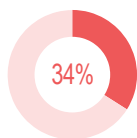
of KIs reporting on needs in shelter & NFIs:⁸

63

Top 3 reported HH shelter types:

Makeshift shelter	45%	
Emergency/Transitional shelter	17%	
Tent	11%	

% of HHs reporting that their shelter was damaged at the time of data collection:



Out of those who reported shelter damage, 12% of HH reported that their shelter was completely destroyed.⁹

Out of those who reported shelter damage, 60% of HHs reported that the main cause of the damage was storm/wind.⁹

Top 3 least-owned NFIs among HHs:

- 1 School notebooks / School textbooks (owned by 0%)
- 2 School bags / Foldable mattress / Aquatabs (owned by 1%)
- 3 Reusable sanitary pads (owned by 3%)

Out of the 63 KIs reporting on Shelter/NFI/CCCM needs, 67% reported that they were expecting more new arrivals in the camp/community in the days or weeks following data collection.

70% of KIs reported that the new arrivals intended to stay for more than three months in their current camp/community.

Early Recovery & Livelihoods

of KIs reporting on needs in early recovery & livelihoods:⁸

41

Top 3 reported HH income sources:¹⁰

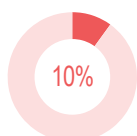
No source of income	41%	
Agriculture	17%	
Selling natural resources (charcoal, firewood)	11%	

37% of HHs reported not being able to access physical cash. The remaining 63% reported getting physical cash from "hand to hand".¹¹

Top 3 reported livelihood-based coping strategies used by HHs in the month prior to data collection:¹⁰

Beg for money	40%	
Depend on external assistance	39%	
Send HH member(s) to eat elsewhere	35%	

% of KIs reporting that there is an existing and updated community-based plan in their area, such as a disaster risk reduction (DRR) plan:

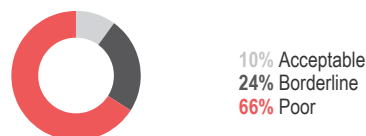


Food Security & Agriculture

of KIs reporting on needs in food security & agriculture:⁸

71

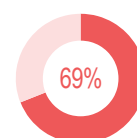
HH Food Consumption Score (FCS):¹²



Top 3 reported food sources used by HHs in the month prior to data collection:¹⁰

Support from community/relatives	36%	
Local markets	35%	
Humanitarian assistance	17%	

% of HHs that reported they did not have physical access to a market in the two weeks preceding data collection:



Top 3 reported barriers faced by HHs to accessing food in Monguno:¹⁰

Lack of income/resources to purchase food	68%	
Food prices unusually high	28%	
Market is too far away	15%	

% of KIs reporting a shortage of the following basic food items in their respective camp/community's markets:¹⁰

Fruit (cultivated and wild)	69%	
Cereals and roots	63%	
Beans, groundnuts and other nuts	62%	

Out of the 71 KIs reporting on food security and agriculture needs, 62% reported that farmers did not have access to farm lands. As a possible explanation, 73% of KIs reported ongoing restrictions to accessing farm lands at the time of data collection.

94% of KIs reported that firewood was the most commonly used fuel type for cooking in their respective camp/community.

KIs reported that women collecting firewood in their respective camp/community faced the following protection risks:

- 1 Risk of assault (52%)
- 2 Risk of theft (51%)
- 3 Risk of harassment (49%)

19% of KIs also reported the risk of rape or other sexual assault.

Out of the 71 KIs reporting on food security and agriculture needs, 96% reported that households who are eligible for assistance were not receiving food assistance at the time of data collection.



Water, Sanitation & Hygiene

of KIs reporting on needs in water, sanitation & hygiene:⁸

38

62% of HHs self-reported that they did not have enough water to cover their daily needs (drinking, bathing, cooking).

Top 3 water sources reported by HHs for their daily use:¹⁰

Water source	Water source type	% of HHs using the source
Borehole / Tubewell	Improved	83%
Public tap / Standpipe	Improved	17%
Hand pump	Improved	16%

74% of HHs self-reported that collecting water (including traveling and waiting time) required more than 30 minutes.¹³

Out of the 38 KIs reporting on WASH needs, **82%** reported that women or children were the main collectors of water used in the HH.

69% of HHs did not have access to soap. Of these, **71%** reported that this was because they could not afford to buy it.⁹

% of HHs with access to a latrine:



69% Yes, access to latrine
25% No, open defecation in the bush
6% No, open defecation in designated area

Main type of latrine accessed by HHs:
Public latrine (block)

Out of the 38 KIs reporting on WASH needs, **32%** reported evidence of fecal contamination along roads in their respective camp or community, and **24%** reported fecal contamination outside shelters.



Education

of KIs reporting on needs in education:⁸

37

HHs reporting the following education enrollment statuses in:

Formal education		Informal education	
8%	All children currently attending	15%	
8%	Some children currently attending	20%	
33%	All/some children attending in the past, none currently	38%	
46%	Children never attended school	24%	
5%	No response / Don't know	3%	

Top 3 reported barriers that HHs faced in sending children to school:¹⁰

Lack of financial means to pay school fees	36%	
Children begging	17%	
Children busy helping in the HH	15%	

Of the 78% of KIs that reported that there were functional classrooms for primary schooling within their camp/community, **59%** reported that the classrooms were functional but damaged.

24% of KIs reported that there were functional classrooms for secondary schooling within their camp/community. Out of these, **22%** reported that the classrooms were functional but damaged.



Health & Nutrition

of KIs reporting on needs in health:⁸

28

of KIs reporting on needs in nutrition:⁸

16

39% of HHs self-reported that at least one member was sick in the two weeks prior to data collection. Out of those, the main symptom reported was **fever (61%)**.⁹

22% of HHs self-reported that at least one HH member died in the period since Ramadan 2018. Out of those, **41%** reported that those deaths included children under five years of age.⁹

% of HHs reporting the following distances to the nearest health facility:



72% Less than 2km
23% Within 2km - 5km
1% More than 5km
4% No response / Don't know

Top 3 types of health facilities nearest to HHs:

Mobile/Outreach clinic	46%	
Primary health care centre (PHC)	40%	
Hospital	11%	

82% and **54%** of KIs respectively reported malaria and diarrhoeal diseases as top health concerns in their camp/community.

KIs reported that the following services were the most accessible services in nearby health facilities:

- 1 Hygiene promotion (86%)
- 2 Nutrition services: CMAM and OTP (79%)¹⁴
- 3 Diarrhoea treatment (71%).

69% of KIs reported that the nearest health facility usually had a 0-2 week supply of the most basic drugs needed on hand.

31% of HHs reported that one member had given birth since Ramadan 2018. Out of those, **77%** reported that the birth had occurred at home, and 41% reported the birth was attended by a traditional birth attendant, while 21% reported that the birth was attended by a skilled birth attendant (doctor, nurse, and/or midwife).⁹

69% of KIs reported that there had been activities around the management of severe acute malnutrition (SAM) in their camp/community since November 2018. **91%** of these stated that outpatient therapeutic feeding programmes were offered. Additionally, **75%** reported that screenings for malnutrition were ongoing at the time of data collection.

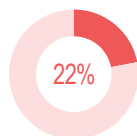
38% of KIs reported that infant and young children feeding practices (IYCF) counseling took place in their camp/community since November 2018.



Protection

of KIs reporting on needs in protection (general) and child protection:⁸ **26**
of KIs reporting on needs in gender-based violence (GBV):⁹ **18**

% of HHs reporting that they experienced a security incident in the three months prior to data collection:

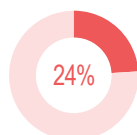


Out of the 22% of households that reported having experienced a security incident in the three months prior to data collection, **55% mentioned killing or physical violence, 37% mentioned destruction of property and 35% mentioned armed attacks.** 69% of HHs reported that those security incidents took place in their area of origin.⁹

Top 3 reported security risks faced by HHs in Monguno since their arrival:

Risk of attack when travelling outside the town	31%	■
Sexual abuse / violence	18%	■
No place in the community perceived as safe	15%	■

% of HHs reporting that they are aware of children in their camp that have been separated from their caregivers:



Out of those 24% reporting the presence of separated children, top 3 most frequently reported causes of separation:⁹

Caregivers / children lost during displacement	66%	■
Caregivers / children disappeared in the immediate aftermath of the attack	36%	■
Caregivers voluntarily sending their children to extended family for care	15%	■

Top 3 reported risks for children, both separated or not separated:

Environmental risk (accident, open pit latrine, ...)	35%	■
Sexual violence	12%	■
Criminal acts (gang activities, looting, ...)	12%	■

Out of the 18 KIs reporting on GBV issues, **44% reported that water points and toilets were unsafe for women and girls. 33% reported that women and girls were unsafe while collecting fuel / firewood.**

KIs reported the availability of the following services to GBV victims:

- 1 Psychosocial support (72%)
- 2 Medical services (61%)

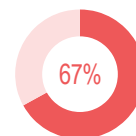
89% of KIs reported that the main barrier to accessing GBV support was the fear of being identified as survivor.



Accountability to Affected Populations (AAP)

of KIs reporting on needs in AAP:⁸ **56**

% of HHs reporting that they did not receive any humanitarian assistance since their arrival in Monguno town:



Out of the 33% of households that reported receiving assistance since their arrival, the main source of assistance was international organizations (89%). The main type of assistance received was **food support, through in-kind donations or vouchers (68%) and shelter/ NFI assistance (35%).**⁹

61% of beneficiary households reported that humanitarian assistance was delivered in a safe, accessible, accountable and participatory manner.¹⁵

Accountability Indicator	Percentage
% of HHs that reported that they or their community had been asked about what aid they would like to receive	24%
% of HHs that reported that the assistance received was appropriate to their needs or the needs of the community	68%
% of HHs that reported feeling safe on their way to, while receiving, or on their way from, assistance delivery	79%
% of HHs that reported feeling treated with respect by aid workers while receiving assistance	86%
% of HHs that reported feeling everyone in the HH or community could be included in receiving humanitarian assistance in the three months prior to data collection	40%
% of HHs that reported having raised concerns with the assistance they received to the aid organisation using a feedback mechanism	24%
% of HHs that reported being "very satisfied" with the response to their submitted feedback	15%

END NOTES

- ¹ Retrieved from: <https://www.news24.com/Africa/News/nigerian-troops-foil-boko-haram-attack-20181118>
- ² Retrieved from: <https://www.theguardian.com/world/2018/dec/28/boko-haram-launches-series-of-attacks-in-north-east-nigeria>
- ³ Retrieved from: <https://reliefweb.int/report/nigeria/nigeria-new-attacks-borno-force-more-50000-flee>
- ⁴ Retrieved from: <https://fsccluster.org/nigeria/document/initial-rapid-needs-assessment-irna>
- ⁵ Retrieved from: https://fsccluster.org/sites/default/files/documents/action_against_hunger_monguno_humanitarian_update_4th_january_2019.pdf
- ⁶ International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) Nigeria Round 25 Site Assessment. Retrieved from: <https://displacement.iom.int/nigeria>
- ⁷ International Organization for Migration (IOM) Emergency Tracking Tool (ETT) Weekly updates, reports 91-104. Retrieved from: <https://www.globaldtm.info/category/west-and-central-africa/nigeria/>
- ⁸ All information stemming from KIs in the separate sectors should be considered indicative only.
- ⁹ This indicator informs on a subset of the assessed population and thus should be considered indicative only and not representative
- ¹⁰ Multiple responses allowed.
- ¹¹ For the purpose of this assessment, "hand to hand" physical cash means obtained through sales, from employers, etc.
- ¹² The FCS is a composite indicator score based on dietary frequency, food frequency and relative nutrition importance of different food groups and their consumption by assessed population groups. Ranging from 0 to 112, the FCS will be 'poor' for a score of 21 and less, 'borderline' for a score between 21.1 and 35, and 'acceptable' above a score of 35.
- ¹³ Based on Sphere standards. Retrieved from: <https://handbook.spherestandards.org/>
- ¹⁴ CMAM: community-based management of acute malnutrition. OTP: outpatient therapeutic programme
- ¹⁵ For more information on indicators related to protection mainstreaming, see: <http://www.globalprotectioncluster.org/themes/protection-mainstreaming/>

About REACH

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