Local Government Area Settlement Profiling

Dikwa Town, Dikwa LGA, Borno State, Nigeria

October 2018

Introduction

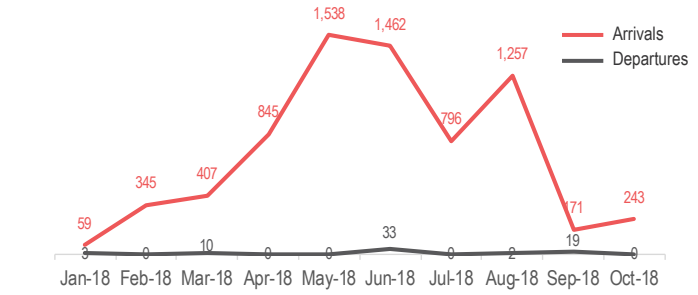
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.[1] Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).[2] The humanitarian response 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 availabliltiy of services and persons' access to services and the varying vulnerabilites of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, 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. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 5 October 2018. 263 HH surveys were conducted in accessible areas of Dikwa LGA with a confidence level of 95% and a margin of error of 10%.

Population

Number of Internally Displaced Persons (IDPs): 59,660[3]

Displacement

Arrivals vs. departures in Dikwa town in 2018:



7,123 IDPs arrived in Dikwa town from 3 January to 26 June 2018, while 67 departed from the location.[3] This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

Of the 169 IDP HHs assessed, 86% reported that a lack of security was their top push factor to leave their current location, followed by a lack of food (27%) and a lack of health services (9%). The top 3 reported pull factors in choosing a future location were: access to security (73%), access to food (32%), and presence of health services (23%).[4]

[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 Goverment Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

[3] IOM Displacement Tracking Matrix (DTM, April 2018), Round XXIII dataset of baseline assessment.

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

Access to Services

Access to WASH Services

46% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:[5]

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	86%
	Handpump	22%
Unimproved water source	Water vendor / Mai moya	17%

23% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

No problem

17% of HHs 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: Water tastes bad.

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	23%
Yes, sometimes	30%
No, water is clean	45%
No, treatment not available	2%
Other / No response	0%

Most commonly reported water treatment method:

Aquatab / chlorination

83% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:

92% Yes, access to latrine
3% No, open defecation in the bush
5% No, open defecation in designated area
0% No response/Don't know

Main type of latrine accessed by HH in LGA:

Traditional latrine (pit)

Most commonly reported garbage disposal practice in community:

Dedicated site, collected by waste management committee

[5] Respondents could choose several answers

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Local Government Area Settlement Profiling: Dikwa Town

Access to Shelter and Non-Food Items (NFIs)

Top 3 reported shelter types for HHs in the given area:

Tent	24%
Masonry building (blocks/bricks)	22%
Makeshift shelter	20%

HHs reporting the most common shelter occupancy arrangement:

Squatted with permission

75% of HHs reported that they had a written rental contract out of those renting their shelter (7% of HHs).

% of HHs reporting damage to shelter, by severity of damage:

10% Completely destroyed
74% Partially damaged
16% Little to no damage

Most commonly reported cause of damage to shelter in area:

Storm / wind

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

Serving spoons	4%
School textbooks	4%
Rope	5%

Access to Health Services

24% of HHs reported that at least one member was ill in the 15 days prior to data collection.

Most commonly reported illness by HH:[6]

Fever

% of HHs reporting distance to closest health facility:

74% Less than 2 km
17% Within 2-5 km
0% More than 5 km
9% No response/Don't know

12% of HHs reported that one female member had given birth in the year prior to data collection.

Most commonly reported location for women to give birth:

At home

Most commonly reported person attending to birth:

Traditional birth attendant

Access to Food & Agriculture

Top 3 reported means of accessing food items:[6]

Food assistance from humanitatian organisations	40%
Purchased in local markets	40%
Own agriculture / cultivation	18%

69% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

Most commonly reported barrier to accessing enough food:

Food prices are unusually high

48% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

% of HHs who were able to access land:

44% Yes, access to amount of land needed
43% Yes, but did not access amount needed
13% No, not able to access any land

Most commonly reported barrier to accessing land in area:

Insecurity / not safe to farm

Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:[6]

Purchase food on credit	29%
Sell household goods	25%
No problem with income	19%

Access to Livelihoods & Recovery

Top 3 reported sources of income for HHs in the 30 days prior to data collection:[6]

No source of income	48%
Agriculture	16%
Trade	12%

Most commonly reported way of accessing physical cash in area:

No access to cash

Access to Education Services

53% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

52% of HHs had at least one child that had never attended formal school, at the time of data collection.

[6] Respondents could choose several answers

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% of HH reporting presence of a child-friendly space (CFS) in the area:

80% No CFS in area
17% NGO-run CFS
0% Park
0% Nursery
3% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

Access to Safety and Security

2% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Abduction

62% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

Accountability to Affected Populations (AAP)

% of HHs who received assistance in the past three months:

32%	Yes	76%
68%	No	24%
0%	No response / Don't know	0%

% of HHs who reported that the assistance received was appropriate to their needs:[7]

% of HHs who reported that they were treated with respect by aid workers:[7]

96%	Yes	11%
4%	No	88%
0%	No response / Don't know	1%

% of HHs who reported that they were asked for feedback on the aid delivered:[7]

Most common reported type of humanitarian assistance received:

Food assistance

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

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**.
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Infrastructure Mapping

Health facilities
0 clinics, 7 primary health centres, 1 hospitals, 0 dispensary, 0 nutrition facilities

Most commonly reported barrier to being fully functional:
N/A

6 health facilities in Dikwa experienced a disease outbreak

100% of health facilities have access to functioning latrines

Education facilities
4 primary/secondary schools, 1 primary schools, 1 secondary schools

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

1,486 average of currently enrolled students (over-capacity)

100% of school facilities have access to functioning latrines

Marketplaces
1 central, open air markets, 0 local shops, 0 market shops, 0 pharmacies

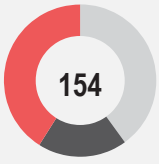
=

Most commonly reported barrier to being fully functional:
Transportation costs / Forced closure

0 reported marketplaces which are permanently closed

2000 average number of traders in central, open-air markets

Water access points
The 3 most common: 93 boreholes, 45 public taps, 10 tube



Most commonly reported barrier to being fully functional:
No barrier

Latrine blocks
55% separated by gender

Most commonly reported barrier to being fully functional:
Latrines unclean

Infrastructure type functionality: Functioning | Partially functioning[8] | Not functioning

Change in functionality since previous monitoring period: Functionality has improved | = Functionality did not change | Functionality has worsened

[8] "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 a 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 not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

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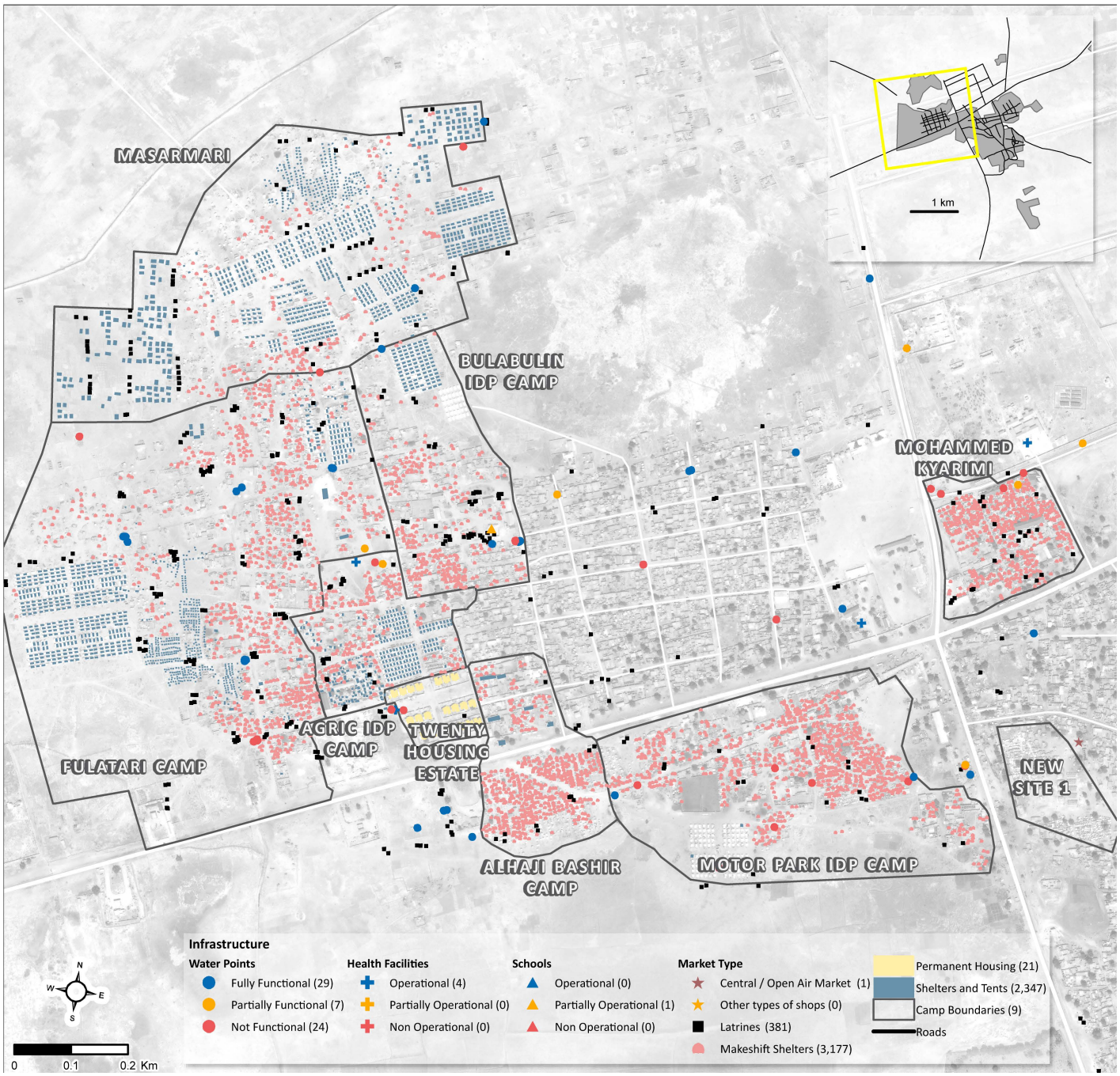
Dikwa Settlement Infrastructure



Who does What, Where?[9] - Dikwa town: 21 partners (-4 compared to previous monitoring period)

CCCM / DMS
IOM

Early Recovery/Livelihoods
-

Education
Herwa CDI, SC, SUBEB, UNICEF

Food Security
CA, CARE, DHCBI, FAO, GREENCODE, NRC, WFP

Health
INTERSOS, IOM, UNICEF, WHO

Nutrition
FHI360, INTERSOS, SMoH/SPHCDA, UNICEF, WFP, WHO

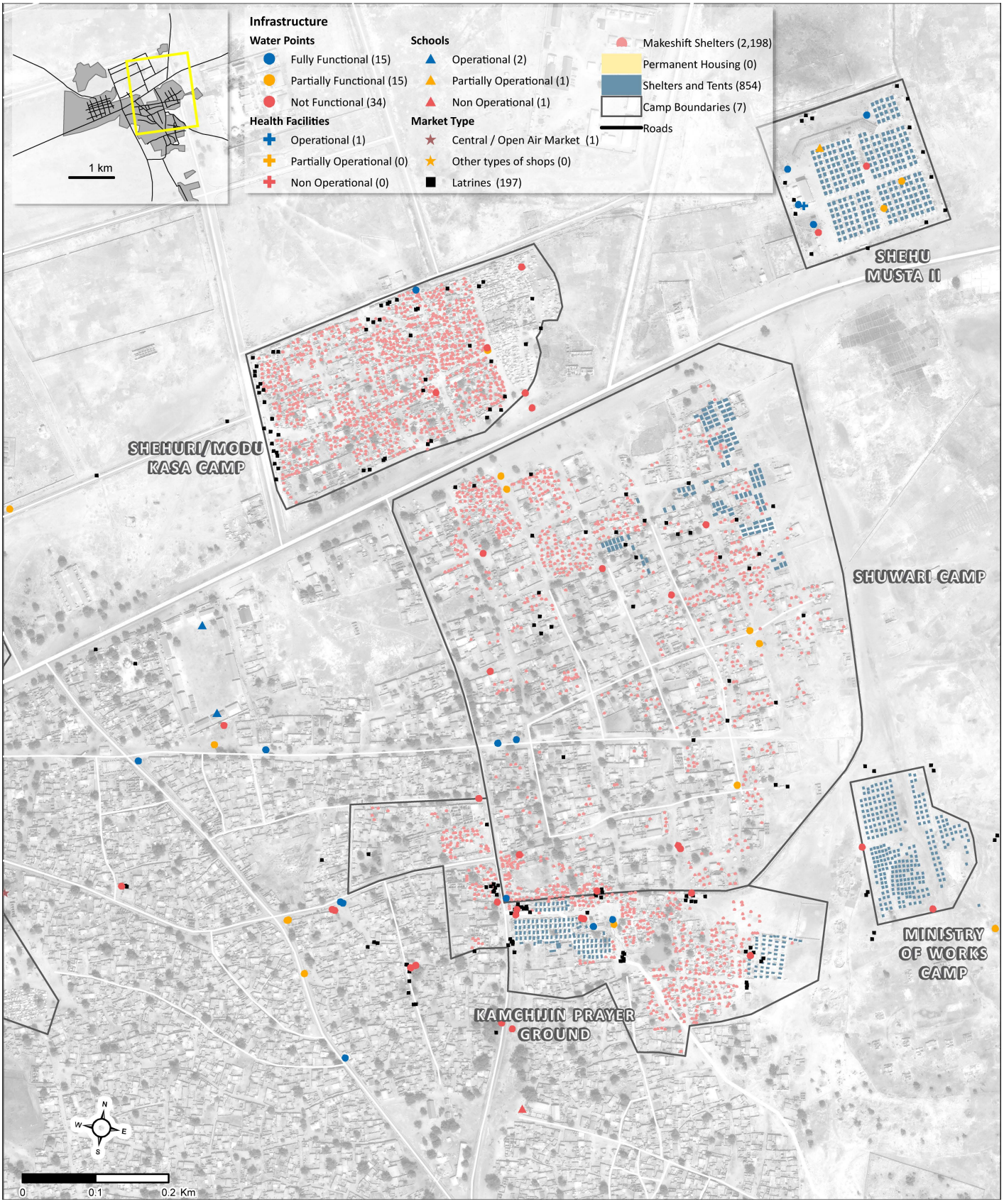
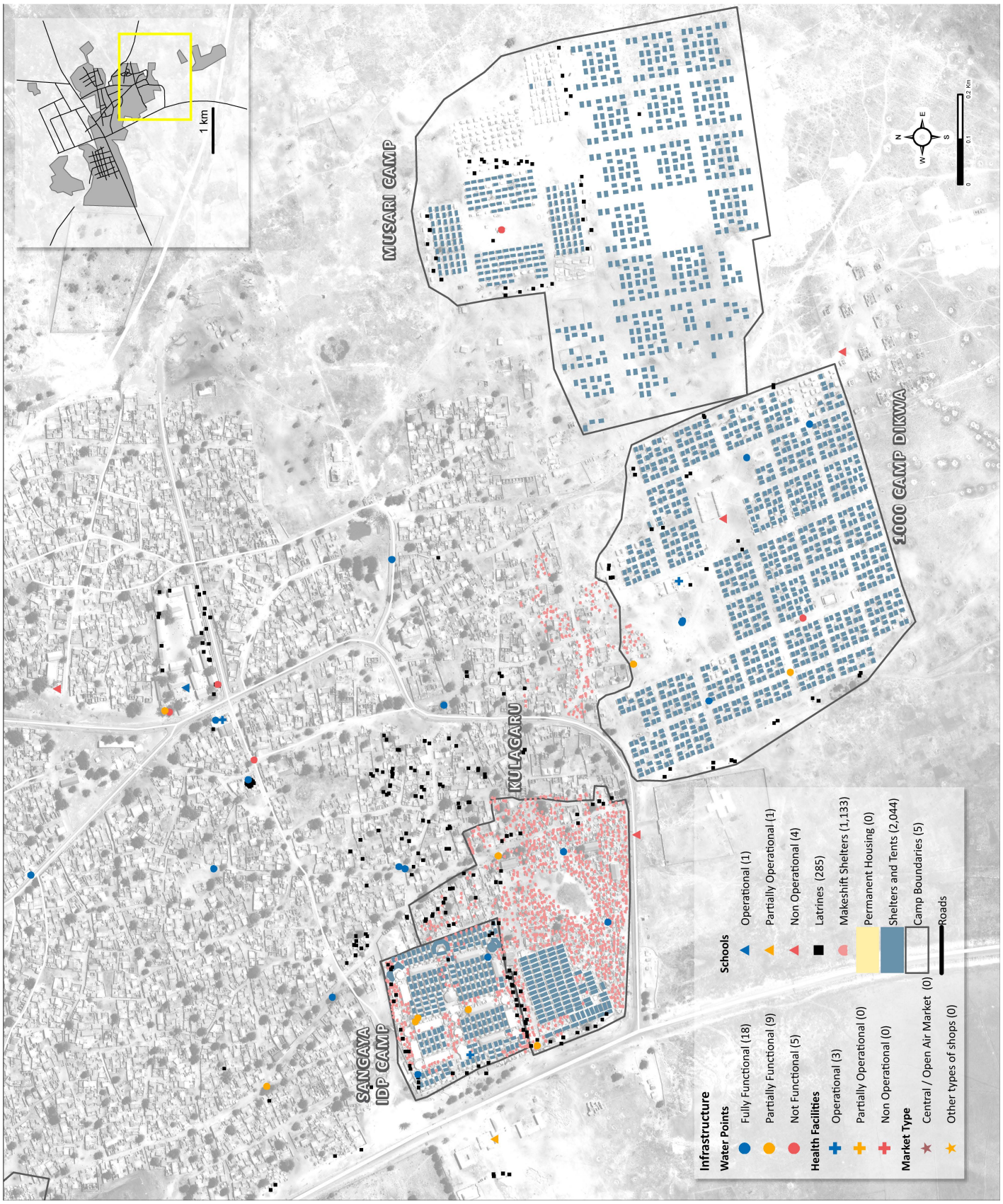
Protection
DRC, IA, INTERSOS, IOM, MC, MoWASD, NRC, UNHCR, UNICEF

Shelter / NFI
IOM, NRC, UNHCR

WASH
IOM, MC, UNICEF

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

Dikwa Settlement Infrastructure - Zone 2



Dikwa Settlement Infrastructure - Zone 3